



# Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-129CW  
OMB No. 1615-0111  
Expires 05/31/2020

For USCIS Use Only		
Receipt	Partial Approval ( <i>explain</i> )	Action Block
PC DRAFT		
<b>Class:</b> _____ <b># of Workers:</b> _____ <b>Job Code:</b> _____ <b>Priority Number:</b> _____ <b>Validity Dates: From:</b> _____ <b>To:</b> _____	<b>Classification Approved</b> <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

▶ **START HERE - Type or print in black ink.**

## Part 1. Information about the Employer Filing This Petition

### Name of Representative for Employer/Organization

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

### Name of Employer/Organization and Address

2.a. Name of Employer/Organization

2.b. In Care Of Name (if any)

2.c. Street Number and Name

2.d.  Apt.  Ste.  Flr.

2.e. City or Town

2.f. State  2.g. ZIP Code   
*(USPS ZIP Code Lookup)*

3. Federal Employer Identification Number

4. USCIS Online Account Number (if any)

## Part 2. Information About This Petition

**NOTE:** See the Instructions for fee information.

1. Requested Nonimmigrant Classification

Basis for Classification (Select **only one** box):

2.a.  New employment (including a duplicate for U.S. Department of State notification).

2.b.  Continuation of previously approved employment without change with the same employer.

2.c.  Change in previously approved employment.

2.d.  New concurrent employment.

2.e.  Change of employer.

2.f.  Amended petition.

3. If you selected **Item Number 2.b., 2.c., 2.d., 2.e., or 2.f.**, provide the petition receipt number.  
▶

4. **Prior Petition.** If the beneficiary is in the CNMI as a nonimmigrant and is applying to change and/or extend his or her status, provide the prior petition or application receipt number.

**Part 2. Information About This Petition**  
(continued)

**Requested Action** (Select **only one** box):

- 5.a.  Notify the office in **Part 4**, so the beneficiary can obtain a visa or be admitted.
- 5.b.  Change the beneficiary's status and extend their stay since the beneficiary is in the CNMI in another status (see the **Instructions** for limitations). This option is available only where you select "New Employment" in **Item Number 2.a.**, above. Select the appropriate box indicating the type of status change.
- Initial Grant of CW-1 Status in CNMI
- Change of Federal Nonimmigrant Status to CW-1
- 5.c.  Extend the stay of the beneficiary since they now hold this status.
- 5.d.  Amend the stay of the beneficiary since they now hold this status.
6. **Total number of workers in petition** (See instructions relating to when more than one worker can be included):

▶

**Part 3. Information About the Beneficiaries For Whom You Are Filing**

Provide the requested information below. If you need additional space to complete this section, use the space provided in **Part 10. Additional Information**. If you need additional space to name each beneficiary included in this petition use Form I-129CW Classification Supplement.

**Beneficiary's Full Name**

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

**Other Names Used (if any)**

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

3. Date of Birth (mm/dd/yyyy)
4. U.S. Social Security Number (if any)

5. Alien Registration Number (A-Number) (if any)

6. Country of Birth

7. Province of Birth

8. Country of Citizenship or Nationality

If in the CNMI, complete the following:

9. Date of Last Arrival (mm/dd/yyyy)

10. Form I-94 Arrival-Departure Record Number

- 11.a. Current Nonimmigrant Status

- 11.b. Date Status Expires (mm/dd/yyyy)

- 12.a. Passport Number

- 12.b. Country Where Passport Was Issued

- 12.c. Date Passport Issued (mm/dd/yyyy)

- 12.d. Date Passport Expires (mm/dd/yyyy)

**Beneficiary's Current CNMI Address**

- 13.a. Street Number and Name

- 13.b.  Apt.  Ste.  Flr.

- 13.c. City or Town

- 13.d. State  13.e. ZIP Code

## Part 4. Processing Information

If the beneficiary named in **Part 3.** is outside the CNMI, or a requested extension of stay, or change of status cannot be granted, provide the U.S. Consulate or inspection facility you want notified if this petition is approved.

**1.a.** Type of Office (Select **only one** box):

- Consulate  
 Pre-flight Inspection  
 Port of Entry

**1.b.** Office Address (City)

**1.c.** U.S. State or Foreign Country

### Beneficiary's Foreign Address

**2.a.** Street Number and Name

**2.b.**  Apt.  Ste.  Flr.

**2.c.** City or Town

**2.d.** State

**2.e.** ZIP Code

**2.f.** Province

**2.g.** Postal Code

**2.h.** Country

**3.** Does each beneficiary in this petition have a valid passport?

- Yes  
 No. If no, type or print a brief explanation in **Part 10. Additional Information.**  
 Not Required to Have Passport

**4.** Are you filing any other petitions with this one?

- Yes. If yes, how many?   
 No

**5.** Are applications for replacement/initial Form I-94's being filed with this petition?

- Yes. If yes, how many?   
 No

**6.** Are applications by dependents being filed with this petition?

- Yes. If yes, how many?   
 No

**7.** Is any beneficiary in this petition in removal proceedings?

- Yes. If yes, explain in **Part 10. Additional Information.**  
 No

**8.** Have you ever filed an immigrant petition for any beneficiary in this petition?

- Yes. If yes, explain in **Part 10. Additional Information.**  
 No

If you indicated you were filing a new petition in **Part 2.**, has any beneficiary in this petition:

**9.** Ever been given the classification you are now requesting?

- Yes. If yes, explain in **Part 10. Additional Information.**  
 No

**10.** Ever been denied the classification you are now requesting?

- Yes. If yes, explain in **Part 10. Additional Information.**  
 No

**11.** Have you ever previously filed a petition for this beneficiary?

- Yes. If yes, explain in **Part 10. Additional Information.**  
 No

## Part 5. Basic Information About the Proposed Employment and Employer

**NOTE:** Attach Form I-129CW Classification Supplement for each beneficiary you are petitioning for.

**1.** Job Title

**2.** SOC Code

 - 

**3.** Nontechnical Job Description

**Part 5. Basic Information About the Proposed Employment and Employer** (continued)

Address where the beneficiary will work if different from address in **Part 1**.

4.a. Street Number and Name

4.b.  Apt.  Ste.  Flr.

4.c. City or Town

4.d. State  4.e. ZIP Code

5. Is this a full-time position?

Yes - Wages per week or per year: \$

No - Hours per week:

6. Other Compensation (Explain)

Dates of Intended Employment

7.a. Date From (mm/dd/yyyy)

7.b. Date To (mm/dd/yyyy)

8. Type of Petitioner (Select **only one** box):

- Business
- Organization
- Other (Type or print a brief explanation in **Part 10. Additional Information.**)

9. Type of Business

10. Year Established

11. Current Number of Employees

12. Gross Annual Income

13. Net Annual Income

**Part 6. Information about the Beneficiary's Public Benefits**

This **Part 6** only applies to beneficiaries who are seeking to change nonimmigrant status or extend their nonimmigrant stay while they are in the CNMI. If the beneficiary is not seeking a change of status or extension of stay, you may skip this **Part 6**.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Part 2., Information about the Additional Beneficiary's Public Benefits**, in the Form I-129CW Classification Supplement.

1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (Select all that apply)

- Yes, the beneficiary has received or is currently certified to receive the following benefits (select all that apply):
  - Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance
  - Supplemental Security Income (SSI)
  - Temporary Assistance for Needy Families (TANF)
  - General Assistance (GA)
  - Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
  - Section 8 Housing Assistance under the Housing Choice Voucher Program
  - Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
  - Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
  - Federally-funded Medicaid
- No, the beneficiary has not received any of the above listed public benefits.
- No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any **Item Number** in this **Part**, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**Part 6. Information about the Beneficiary's Public Benefits (continued)**

**A. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**B. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**C. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**D. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**3. If you answered "Yes" to Item Number 1., do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.**

- The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility and the beneficiary received the public benefits during that time.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- None of the above statements apply to the beneficiary.

**Part 6. Information about the Beneficiary's Public Benefits** (continued)

**4.a.** Has the beneficiary received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):

**NOTE:** Submit evidence as outlined in the Instructions.

- An Emergency Medical Condition
- For a Service Under the Individuals with Disabilities Education Act (IDEA)
- Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law
- While Under 21 Years of Age
- While Pregnant or During the 60-day Period Following the Last Day of Pregnancy

**4.b.** Provide the Applicable Dates

Start Date (mm/dd/yyyy)    End Date (mm/dd/yyyy)

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**Part 7. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory**

**NOTE:** Read the **Penalties** section of the Form I-129CW Instructions before completing this part. You, the petitioner, must file Form I-129CW while in the United States.

**Petitioner's or Authorized Signatory's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.**  I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b.**  The interpreter named in **Part 8.** has read to me every question and instruction on this petition and my answer to every question in   
,  
 a language in which I am fluent. I understood all of this information as interpreted.
- 2.**  At my request, the preparer named in **Part 9.**,  
,  
 prepared this petition for me based only upon information I provided or authorized.

**Petitioner's or Authorized Signatory's Contact Information**

- 3.a.** Authorized Signatory's Family Name (Last Name)
- 3.b.** Authorized Signatory's Given Name (First Name)
- 4.** Authorized Signatory's Title
- 5.** Authorized Signatory's Daytime Telephone Number
- 6.** Authorized Signatory's Mobile Telephone Number (if any)
- 7.** Authorized Signatory's Email Address (if any)

**Petitioner's or Authorized Signatory's Declaration and Certification**

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my petition; and
- 2) All of this information was complete, true, and correct at the time of filing.



**Part 7. Statement, Contact Information, Declaration, Certification, and Signature of the Petitioner or Authorized Signatory (continued)**

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

**Petitioner's or Authorized Signatory's Signature**

8.a. Petitioner's Signature

➔

8.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

**Part 8. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and

, which is the same language specified in **Part 7, Item Number 1.b.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner**

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner** (continued)

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

**Preparer's Statement**

- 7.a.  I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the petitioner in this case  extends  does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

**Preparer's Signature**

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



**Part 10. Additional Information**

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number

3.b. Part Number

3.c. Item Number

3.d. \_\_\_\_\_

4.a. Page Number

4.b. Part Number

4.c. Item Number

4.d. \_\_\_\_\_

5.a. Page Number

5.b. Part Number

5.c. Item Number

5.d. \_\_\_\_\_

6.a. Page Number

6.b. Part Number

6.c. Item Number

6.d. \_\_\_\_\_

7.a. Page Number

7.b. Part Number

7.c. Item Number

7.d. \_\_\_\_\_

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Not for  
Production  
08/01/2019

**Part 11. Accommodations for Individuals With Disabilities and/or Impairments**

**NOTE:** Read the information in the Form I-129CW Instructions before completing this part.

1. Name of Employer or Organization Filing Petition:

2. Name of Person for Whom You Are Filing:

3. Are you, the petitioning employer, requesting an accommodation because of the beneficiary's disabilities and/or impairments?

Yes  No

If you answered "Yes" to **Item Number 3.**, select any applicable in **Item Numbers 4.a. - 4.c.** and provide an answer.

4.a.  The beneficiary is deaf or hard of hearing and requests the following accommodation. (If they are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)

4.b.  The beneficiary is blind or has low vision and requests the following accommodation:

4.c.  The beneficiary has another type of disability and/or impairment. (Describe the nature of their disability and/or impairment and the accommodation you are requesting.)

**Part 12. Employer Attestation**

**Employer Attestation**

There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.

The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(ii).

The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vi).

The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker.

The beneficiary meets the qualifications for the position.

The beneficiary, if present in the CNMI, is lawfully present in the CNMI.

The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification.

The position falls within the list of occupational categories designated by the Secretary at 8 CFR 214.2(w)(1)(ix).

Select **only one** box:

1.a.  Professional, Technical, or Management Occupations

1.b.  Clerical and Sales Occupations

1.c.  Service Occupations

1.d.  Agricultural, Fisheries, Forestry, and Related Occupations

1.e.  Processing Occupations

1.f.  Machine Trade Occupations

1.g.  Benchwork Occupations

1.h.  Structural Occupations

1.i.  Miscellaneous Occupations

I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

2. Petitioner's Printed Name

3. Title

4. Employer/Organization Name

**Part 12. Employer Attestation (continued)**

***Employer/Organization's Physical Address***

- 5.a. Street Number and Name
- 5.b.  Apt.  Ste.  Flr.
- 5.c. City or Town
- 5.d. State  5.e. ZIP Code

***Employer/Organization's Contact Information***

6. Daytime Telephone Number
7. Fax Number (if any)
8. Email Address (if any)

***Petitioner's Signature***

- 9.a. Petitioner's Signature
- 9.b. Date of Signature (mm/dd/yyyy)



# Form I-129CW Classification Supplement

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-129CW  
OMB No. 1615-0111  
Expires 05/31/2020

Attach to Form I-129CW when more than one beneficiary is included in the petition. (Provide each beneficiary separately. Do not include the person you named on Form I-129CW.)

### IF IN THE CNMI

9. Date of Last Arrival (mm/dd/yyyy)

10. Form I-94 Arrival-Departure Record Number

11.a. Current Nonimmigrant Status

11.b. Date Status Expires (mm/dd/yyyy)

12.a. Passport Number

12.b. Country Where Passport Issued

12.c. Date Passport Issued (mm/dd/yyyy)

12.d. Date Passport Expires (mm/dd/yyyy)

### Part 1. Information About the Additional Beneficiary (if applicable)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. U.S. Social Security Number (if any)

4. Alien Registration Number (A-Number) (if any)

### Beneficiary's Current CNMI Address

5.a. Street Number and Name

5.b.  Apt.  Ste.  Flr.

5.c. City or Town

5.d. State  5.e. ZIP Code

### Beneficiary's Foreign Address

6.a. Street Number and Name

6.b.  Apt.  Ste.  Flr.

6.c. City or Town

6.d. State  6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

7. Country of Birth

8. Country of Citizenship or Nationality

### Part 2. Information about the Additional Beneficiary's Public Benefits

1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits (select all that apply)?

- Yes, the beneficiary has received or is currently certified to receive the following benefits:
  - Any Federal, State, Local or Tribal Cash Assistance For Income Maintenance
  - Supplemental Security Income (SSI)
  - Temporary Assistance for Needy Families (TANF)
  - General Assistance (GA)
  - Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
  - Section 8 Housing Assistance under the Housing Choice Voucher Program
  - Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)

**Part 2. Information about the Additional Beneficiary's Public Benefits** (continued)

- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
- Federally-Funded Medicaid
- No, the beneficiary has not received any of the above listed public benefits.
- No, the beneficiary is not certified to receive any of the above listed public benefits.

2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits, below. If you need additional space to complete any **Item Number** in this **Part**, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

**A. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**B. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**C. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

**D. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit

(mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires

(mm/dd/yyyy)

3. If you answered "Yes" to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129CW Instructions.

- The beneficiary is enlisted in the U.S. Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- The beneficiary is the spouse or the child of an individual who is enlisted in the U.S. Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- At the time the beneficiary received the public benefits, the beneficiary was previously present in the United States after being granted a waiver of the public charge ground of inadmissibility.

**Part 2. Information about the Additional Beneficiary's Public Benefits (continued)**

- The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322, interview.
- None of the above statements apply to the beneficiary.

**4.a.** Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):

**NOTE:** Submit evidence as outlined in the Instructions.

- An Emergency Medical Condition
- For a Service Under the Individuals with Disabilities Education Act (IDEA)
- Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law
- While Under 21 Years of Age
- While Pregnant or During the 60-day Period Following the Last Day of Pregnancy

**4.b.** Provide the Applicable Dates

Start Date (mm/dd/yyyy)      End Date (mm/dd/yyyy)

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**Part 3. Accommodations for Individuals With Disabilities and/or Impairments**

**NOTE:** Read the information in the Form I-129CW Instructions before completing this part.

1. Name of Employer or Organization Filing Petition
2. Name of Person For Whom You Are Filing
3. Are you, the petitioning employer, requesting an accommodation because of the beneficiary's disabilities and/or impairments?       Yes     No

If you answered "Yes" to **Item Number 3.**, select any applicable box in **Item Numbers 4.a. - 4.c.** and provide an answer.

**4.a.**  The beneficiary is deaf or hard of hearing and requests the following accommodation. (If they are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)

**4.b.**  The beneficiary is blind or has low vision and requests the following accommodation:

**4.c.**  The beneficiary has another type of disability and/or impairment. (Describe the nature of their disability and/or impairment and the accommodation you are requesting.)

**Part 4. Employer Attestation**

**Employer Attestation**

There are no qualified U.S. workers available to fill the position offered by the above named petitioning employer.

The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(ii).

The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vi).

The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker.

The beneficiary meets the qualifications for the position.

The beneficiary, if present in the CNMI, is lawfully present in the CNMI.

The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification.

The position falls within the list of occupational categories designated by the Secretary at 8 CFR 214.2(w)(1)(ix).

Select **only one** box:

- 1.a.**  Professional, Technical, or Management Occupations
- 1.b.**  Clerical and Sales Occupations
- 1.c.**  Service Occupations
- 1.d.**  Agricultural, Fisheries, Forestry, and Related Occupations
- 1.e.**  Processing Occupations
- 1.f.**  Machine Trade Occupations

**Part 3. Accommodations for Individuals With Disabilities and/or Impairments (continued)**

- 1.g.  Benchwork Occupations
- 1.h.  Structural Occupations
- 1.i.  Miscellaneous Occupations

I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

2. Petitioner's Printed Name

3. Title

4. Employer/Organization Name

***Employer/Organization's Physical Address***

5.a. Street Number and Name

5.b.  Apt.  Ste.  Flr.

5.c. City or Town

5.d. State

5.e. ZIP Code

***Employer/Organization's Contact Information***

6. Daytime Telephone Number

7. Fax Number (if any)

8. Email Address (if any)

***Petitioner's Signature***

9.a. Petitioner's Signature

9.b. Date of Signature (mm/dd/yyyy)