TABLE OF CHANGES – FORM Form I-918, Petition for U Nonimmigrant Status OMB Number: 1615-0104 06/09/2020

Reason for Revision: Fee Rule Project Phase: Post G-1056

• Please note – all instances of "if any" and "if applicable" have been removed from Form I-918.

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 04/30/2021 Edition Date 04/24/2019

| Current Page Number and Section | Current Text | Proposed Text |
|--|--|--|
| Page 1 | [Page 1] | [Page 1] |
| | | |
| | To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any) | To be completed by an attorney or accredited representative. Select this box if Form G-28 is attached. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number |
| Pages 1-2, | [Page 1] | [Page 1] |
| Part 1. Information About You (Person filing this petition as a victim) | | |
| | Other Names Used (Include maiden name, nicknames, and aliases, if applicable) | Other Names Used (Include maiden name, nicknames, and aliases) |
| | | |
| | 5. Alien Registration Number (A-Number) (if any) | 5. Alien Registration Number (A-Number) |
| | 6. U.S. Social Security Number (if any) | 6. U.S. Social Security Number |
| | 7. USCIS Online Account Number (if any) | 7. USCIS Online Account Number |
| | | |
| Pages 3-6, | [Page 3] | [Page 3] |
| Part 3. Processing Information | | |
| | Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or | Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, even if your records were sealed or otherwise cleared |

| | otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. | or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. |
|--------------------------------|---|---|
| Page 11, | [Page 11] | [Page 11] |
| Part 8. 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. Include 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. | 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. Include your name and A-Number 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. |
| | 2. A-Number (if any) | 2. A-Number |
| | | |