

TABLE OF CHANGES –INSTRUCTIONS
Instructions for Form I-129, Petition for a Nonimmigrant Worker
OMB Number: 1615-0009
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Reason for Revision: Public Charge Rule Injunction

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

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Pages 3-6, General Filing Instructions	<p>[Page 3]</p> <p>General Filing Instructions</p> <p>...</p> <p>[Page 4]</p> <p>...</p> <p>3. If you need extra space to complete any item, go to Part 10., Additional Information About Your Petition for Nonimmigrant Worker, indicate the Page Number, Part Number, and Item Number to which your answer refers, and</p>	<p>[Page 3]</p> <p>General Filing Instructions</p> <p>...</p> <p>[Page 4]</p> <p>...</p> <p>3. If you need extra space to complete any item, go to Part 9., Additional Information About Your Petition for Nonimmigrant Worker, indicate the Page Number, Part Number, and Item Number to which your answer refers, and</p>

	<p>date and sign each sheet.</p> <p>...</p>	<p>date and sign each sheet.</p> <p>...</p>
<p>Page 6, Classification - Initial Evidence</p>	<p>[Page 6]</p> <p>Classification - Initial Evidence</p> <p>For all classifications, if a beneficiary is seeking a change of status or extension of stay, evidence of maintenance of status must be included with the new petition. If the beneficiary is employed in the United States, the petitioner may submit copies of the beneficiary’s last 2 pay stubs, Form W-2, Internal Revenue Service (IRS) transcripts of the beneficiary's federal individual income tax return for the three most recent tax years, and other relevant evidence. You must also include a copy of the beneficiary’s Form I-94, passport, travel document, or I-797.</p> <p>...</p>	<p>[Page 6]</p> <p>Classification - Initial Evidence</p> <p>For all classifications, if a beneficiary is seeking a change of status or extension of stay, evidence of maintenance of status must be included with the new petition. If the beneficiary is employed in the United States, the petitioner may submit copies of the beneficiary’s last 2 pay stubs, Form W-2, and other relevant evidence, as well as a copy of the beneficiary’s Form I-94, passport, travel document, or I-797.</p> <p>...</p>
<p>Pages 7-10, Part 6. Information About The Beneficiary’s Public Benefits</p>	<p>[Page 7]</p> <p>Part 6. Information About The Beneficiary’s Public Benefits</p> <p>In general, a condition of the approval of a request to extend the beneficiary’s stay or change the beneficiary’s status is that the beneficiary must demonstrate that, since obtaining the nonimmigrant status that you seek to extend or from which you seek to change on behalf of the beneficiary, he or she has not received one or more public benefits as set forth in 8 CFR 212.21(b) (and listed below), for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months). This condition only applies to beneficiaries who are seeking to change status or extend their stay in the United States. Therefore, you only have to complete the information in Part 6. if you are also requesting an extension of the beneficiary’s stay in the United States or a change of the beneficiary’s status with this petition. If you are filing this petition without a request for the beneficiary’s change of status or extension of stay, you may skip Part 6.</p>	<p>[Page 7]</p> <p>[delete]</p>

Item Number 1. Public Benefits. Provide the information requested about the beneficiary's receipt or the beneficiary's current certification for receipt of public benefits, as defined in 8 CFR 212.21(b) (and which are listed below), unless the nonimmigrant classification you are seeking for the beneficiary is exempt from the public charge inadmissibility ground under INA 212(a)(4). Provide the requested information and documentation. For additional beneficiaries, please respond to the questions in **Attachment 1** for each beneficiary.

Item Number 2. You must provide information about all public benefits as defined in 8 CFR 212.21(b) (and which are listed below) received by the beneficiary in his or her current nonimmigrant status regardless of how long the beneficiary has received the public benefit, or the beneficiary's current certification for receipt of public benefits. USCIS will calculate the duration of each public benefit to be considered. If the beneficiary received public benefits intermittently throughout the year, provide each instance separately. For example, if the beneficiary received Supplemental Nutrition Assistance Program (SNAP) from January to February and June to December, list the information separately. If you require additional space, use the space provided in **Part 10**.

Additional Information.

Receipt means when a benefit-granting agency provides a public benefit to the beneficiary whether in the form of cash, voucher, services, or insurance coverage. Only the public benefits received by or attributable to the beneficiary will be considered.

Indicate whether the beneficiary has received or been certified to receive the following public benefits, since having obtained the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary. You need to respond even if the beneficiary falls within one of the categories of individuals for whom receipt of public benefits will not be considered – see table below for evidence that must be provided to document that the

beneficiary qualifies for the exclusion):

- Any Federal, state, local, or tribal cash assistance for income maintenance;
- Supplemental Security Income (SSI);
- Temporary Assistance for Needy Families (TANF);
- Federal, state or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names);
- 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.; and
- Federally-Funded Medicaid.

NOTE: You need only to report public benefits received by the beneficiary on or after October 15, 2019 but not any received by the beneficiary before October 15, 2019.

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If the beneficiary has not received any of the public benefits listed above, please select that option.

If the beneficiary is currently not certified to receive any of the public benefits listed above, please select that option.

If the beneficiary has received or is certified to receive the public benefits but requested disenrollment, please provide, in addition to providing the information about any exclusions below, evidence of the disenrollment or the request to disenroll if the public benefit-granting agency has not processed the request.

Unless the beneficiary qualifies for certain exclusions listed in the table below, the beneficiary is ineligible for extension of

stay and change of status if the beneficiary has received, since obtaining the nonimmigrant status that you seek to extend or which you seek to change on behalf of the beneficiary, the public benefits listed above for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two public benefits in one month counts as two months).

The following is a list of exclusions from the public benefit considerations listed above. If the beneficiary belongs to one of the following categories, submit the evidence listed for the applicable categories.

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[Table]

Exclusion

U.S. Armed Forces Service Members

Description

At the time the public benefit was received or at the time you file the Form I-129, or at time of adjudication of the I-129, the beneficiary is:

- An alien enlisted in the U.S. Armed Forces, serving in active duty or in the Ready Reserve component of the U.S. Armed Forces;
- The spouse or child of the service member (listed above); or
- The spouse or child of an individual enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces.

Evidence you must submit for the beneficiary to qualify for exclusion (as applicable)

- Service Members: Certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving.
- Spouses and Children of Service Members: Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).

Exclusion

Federally-funded Medicaid

Description

- Receipt by an alien child under 21 years of age;
- The recipient of Medicaid payment(s) for a an "emergency medical condition";
- The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA); or
- Receipt during pregnancy and during the 60-day period after the last day of the pregnancy.

Evidence you must submit for the beneficiary to qualify for exclusion (as applicable)

- A statement with information regarding the "emergency medical condition" determination (if applicable);
- Documentation of payments under the IDEA or school-based service; or
- Pregnancy verification letter from medical professional including estimated duration of pregnancy.

Exclusion

Children Who Will Naturalize under INA 322

Description

- Child currently residing abroad who entered the United States with a nonimmigrant visa to attend N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.

Evidence you must submit for the beneficiary to qualify for exclusion (as applicable)

- A copy of the N-600K interview notice.

Exclusion

Public Benefits While in an Immigration Category Exempt from Public Charge

Description

- Received public benefits while in a category that is exempt from public charge inadmissibility; or
- Received public benefits while in a category for which the beneficiary

had received a waiver for public charge inadmissibility.

Evidence you must submit for the beneficiary to qualify for exclusion (as applicable)

Information that evidences the beneficiary's status or that the beneficiary received a waiver for the public charge ground of inadmissibility, such as:

- Approval notice (Form I-797, Notice of Action); or
- Form I-94, Arrival/Departure Record.

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Documentation

If the beneficiary has received or is currently certified to receive, any of the public benefits listed above, submit evidence in the form of a letter, notice, certification, or other agency documents that contain the following:

1. Beneficiary's name;
2. Name and contact information for the public benefit granting agency;
3. Type of public benefit;
4. Date the beneficiary started receiving the public benefit or, if certified, date the beneficiary will start receiving the public benefit; and
5. Date the benefit or coverage ended or expires (mm/dd/yyyy)(if applicable).

If the beneficiary has received or is currently certified to receive public benefits, please indicate whether an exclusion applies to the beneficiary in **Item Number 3.**, and provide the evidence listed in the chart above to demonstrate why the benefit should not be considered.