



Petition for a Nonimmigrant Worker: O Classifications

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

USCIS
Form I-1290
OMB No. 1615-xxxx
Expires xx/xx/20xx

- ▶ **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have?" or "How many times have you departed the United States?"), type or print "None" unless otherwise directed.

If you are filing this petition for an O-1 classification, you may only include one beneficiary on this petition. If you are filing this petition for O-2 classification, you may include up to 25 beneficiaries on the same petition if they will be assisting the same O-1 for the same events or performances, during the same period of time, and in the same location.

Part 1. Petitioner Information

If you are an individual or sole proprietor filing this petition, you must complete **Item Numbers 1. - 2.** If you are a company or an organization filing this petition, complete **Item Number 3.** **All petitioners should complete Item Numbers 4. - 11.,** as applicable.

1. Legal Name of Petitioning Individual or Sole Proprietor

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Petitioning Company or Organization Name

4. Trade Name or "Doing Business As" Name

5. USCIS Online Account Number

▶

6. Primary U.S. Office Address of Petitioner

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code ([USPS ZIP Code Lookup](#))

7. Is your mailing address different from your Primary U.S. Office Address?

Yes No

If you answered "Yes," to **Item Number 7.**, provide your mailing address below.

8. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code ([USPS ZIP Code Lookup](#))

Province

Postal Code

Country

Part 1. Petitioner Information (continued)

Petitioner's Contact Information

9. U.S. Daytime Telephone Number

10. U.S. Mobile Telephone Number

11. Email Address

Tax Payer Identification Numbers

Provide the following information, as applicable.

12. Employer Identification Number (EIN)

▶

13. Individual Taxpayer Identification Number (ITIN)

▶

14. U.S. Social Security Number (SSN)

▶

E-Verify Information

15. Are you a participant in the E-Verify program and filing this petition as an employer?

Yes No

If you answered "Yes" to **Item Number 15.**, provide the information requested in **Item Numbers 16. - 17.**

16. Employer's Name as Listed in E-Verify

17. Employer's E-Verify Company Identification Number or an E-Verify Client Company Identification Number

Part 2. Information About This Petition

1. Requested Nonimmigrant Classification (Select **only one** box.)

- A. O-1A Alien of extraordinary ability in sciences, education, business, or athletics (not including the arts, motion picture, or television industry).
- B. O-1B Alien of extraordinary ability in the arts.
- C. O-1B Alien of extraordinary achievement in the motion picture or television industry.
- D. O-2 Accompanying alien who is coming to the United States to assist in the performance of an O-1 artist or athlete.
- E. O-2 Accompanying alien who is coming to the United States to assist in the performance of an O-1 alien in the motion picture or television industry.

2. If filing for an O-2 classification, provide the total number of beneficiaries included in this petition. (You may include up to 25 beneficiaries on a single I-129O petition in certain instances. See the **Information About Form I-129O** section of these Instructions.): ▶

3. Basis for Classification (Select **only one** box)

- A. New Employment
- B. Continuation of Previously Approved Employment Without Change With the Same Employer
- C. Change in Previously Approved Employment (provide an explanation in **Part 11. Additional Information**)
- D. New Concurrent Employment

Part 2. Information About This Petition

- E. Change of Employer For a Beneficiary Already in the Requested Classification
- F. Amended Petition (provide an explanation in **Part 11. Additional Information**)
4. If you selected **Item F. Amended petition** in **Item Number 3.**, provide the receipt number of the petition you seek to amend.
▶
5. Requested Action (Select **only one** box)
- A. Notify the office in **Part 5.** so that each beneficiary can apply for and obtain a visa or be admitted, if eligible.
- B. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see the Instructions for limitations). This is available only when you select **Item A. New Employment** in **Item Number 3.** above.
- C. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- D. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.

Part 3. Beneficiary Information

Provide the information requested about the beneficiary(ies) for whom you are filing. Use Attachment 1-Additional Beneficiary for Form I-129O to provide information about each additional beneficiary included in this petition.

1. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Provide all other names the beneficiary has ever used. Include nicknames, aliases, maiden name, and names from all previous marriages. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

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

4. Gender

Male Female

5. U.S. Social Security Number

6. Alien Registration Number (A-Number)

▶ A-

7. USCIS Online Account Number

8. City or Town of Birth

9. Province of Birth

10. Country of Birth

11. Country of Citizenship or Nationality

Part 3. Beneficiary Information (continued)

12. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

13. If the beneficiary is in the United States, complete the following:

Date of Last Arrival

(mm/dd/yyyy)

Form I-94 Arrival-Departure Record Number



Passport or Travel Document Number

Date Passport or Travel Document Issued

(mm/dd/yyyy)

Date Passport or Travel Document Expires

(mm/dd/yyyy)

Passport or Travel Document Country of Issuance

Current Nonimmigrant
Category

Date Status Expires or Duration of Status (D/S)
(see Form I-94 Arrival/Departure Document)

(mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS)
Number

Employment Authorization Document (EAD)
Number

14. Does the beneficiary have a U.S. residential address?

Yes No

If you answered "Yes" to **Item Number 14.**, you must provide the beneficiary's U.S. residential address information in **Item Number 15.**

15. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the Commonwealth of Northern Mariana Islands (CNMI).)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

16. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

▶

17. Have you ever filed an immigrant petition for this beneficiary?

Yes No

If you answered "Yes" to **Item Number 17.**, provide the receipt number for each petition you have filed for this beneficiary in **Part 11. Additional Information.**

18. Have you ever filed a nonimmigrant petition for this beneficiary?

Yes No

If you answered "Yes" to **Item Number 18.**, identify the classification requested and the receipt number for each petition in **Part 11. Additional Information.**

Part 4. Information About The Beneficiary's Public Benefits

Part 4. only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 4.**

For the beneficiary named above in **Part 3. Beneficiary Information**, provide the requested information and submit documentation as outlined in the Instructions. For each additional beneficiary, please respond to the questions in a separate copy of the **Attachment 1-Additional Beneficiary for Form I-129O.**

1. Has the beneficiary received, 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, the following public benefits? (**select all** that apply).

- Yes, the beneficiary has received or is currently certified to receive the following public 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.
 - Federal-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 11. Additional Information.** Submit evidence as outlined in the Instructions.

| | | |
|-----------|---|---|
| A. | Type of Public Benefit <input type="text"/> | Agency that Granted the Public Benefit <input type="text"/> |
| | Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) <input type="text"/> | Date Benefit or Coverage Ended or Expires (mm/dd/yyyy) <input type="text"/> |
| B. | Type of Public Benefit <input type="text"/> | Agency that Granted the Public Benefit <input type="text"/> |
| | Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) <input type="text"/> | Date Benefit or Coverage Ended or Expires (mm/dd/yyyy) <input type="text"/> |
| C. | Type of Public Benefit <input type="text"/> | Agency that Granted the Public Benefit <input type="text"/> |
| | Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) <input type="text"/> | Date Benefit or Coverage Ended or Expires (mm/dd/yyyy) <input type="text"/> |

Part 4. Information About The Beneficiary's Public Benefits (continued)

D. Type of Public Benefit Agency that Granted the Public 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-129 Instructions.

- The beneficiary is enlisted in the 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 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 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 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.

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): 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 the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

B. Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy

Part 5. Processing Information

1. Indicate the U.S. Consulate or U.S. Customs and Border Protection (CPB) inspection facility you would like notified if the petition will be approved with consular notification (for example, you requested consular notification or a requested extension of stay or change of status cannot be granted).

A. Type of Office (Select **only one** box)

- U.S. Consulate CBP Pre-flight inspection Facility U.S. Port of Entry

B. City Where Office is Located

C. U.S. State or Foreign Country

2. Are you filing any other petitions with this one? Yes No

If yes, how many? ►

Part 5. Processing Information (continued)

3. Are you filing any applications for replacement/initial Form I-94, Arrival-Departure Records with this petition? (If the beneficiary(ies) was/were issued an electronic Form I-94 by CBP when admitted to the United States at an air or sea port, they may be able to obtain the Form I-94 from the CBP website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.) Yes No

If yes, how many? ►

4. Is any beneficiary in this petition in removal proceedings? Yes No

If you answered "Yes" to **Item Number 4.**, list the beneficiary's(ies) name(s) in **Part 11. Additional Information.**

5. Has any beneficiary in this petition ever been granted the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 5.**, provide an explanation in **Part 11. Additional Information.**

6. Has any beneficiary in this petition ever been denied the classification you are now requesting? Yes No

If you answered "Yes" to **Item Number 6.**, provide explanation in **Part 11. Additional Information.**

7. Has this beneficiary ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? Yes No

If you answered "Yes" to **Item Number 7.**, provide a response to **Item Number 8.**

8. If you answered "Yes" to **Item Number 7.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp. Additionally, if applicable, provide evidence that the applicant or employee fulfilled the two-year foreign residence requirement or had such residence requirement waived.

9. Does any beneficiary in this petition have ownership interest in the petitioning organization? Yes No

If you answered "Yes" to **Item Number 9.**, provide an explanation of the beneficiary's(ies) ownership interests in **Item Number 10.**

10. Explanation

11. Does an appropriate labor organization exist for the petition? Yes No

If you answered "No" to **Item Number 11.**, provide an explanation in **Part 11. Additional Information.**

12. Is the required consultation or written advisory opinion being submitted with this petition?

Yes No - a copy of the request is attached Consultation not required

If you answered "No" to **Item Number 12.**, indicate to which organizations you have sent a duplicate of this petition. In either **Item Numbers 13. - 14.** or **Item Numbers 15. - 17.**, provide the information about the organizations to which you have sent a duplicate of this petition, as relevant to the O classification you are seeking.

If you are filing for an O-1 beneficiary, complete **Item Numbers 13.** and **14.**

13. Explain the nature of the event in which the O-1 beneficiary will participate.

Part 5. Processing Information (continued)

14. Describe the services the O-1 beneficiary will perform.

If you are filing for one or more O-2 beneficiaries, complete **Item Numbers 15. - 17.**

15. Explain the nature of the event in which the O-2 beneficiary(ies) will participate.

16. Describe the services the O-1 beneficiary(ies) will perform.

17. List the dates of the prior work experience under the principal O-1 alien for the O-2 beneficiary listed in **Part 3. Beneficiary Information**. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information** or attach an additional sheet of paper. If you are applying for more than one beneficiary, provide this information for each additional beneficiary in the **Attachment 1-Additional Beneficiary for Form I-129O**.

| Prior Work Experience | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |
|-----------------------|-------------------------|-----------------------|
| | | |
| | | |
| | | |

Additional Information for O Classifications

Provide the information requested below, as relevant to the type of O classification you are seeking.

O-1 Extraordinary Ability

18. Name of Recognized Peer/Peer Group or Labor Organization

19. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

20. Date Sent (mm/dd/yyyy)

21. Daytime Telephone Number

Part 5. Processing Information (continued)

O-1 Extraordinary Achievement in Motion Picture or Television Industry

Labor Organization

22. Name of Labor Organization

23. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

24. Date Sent (mm/dd/yyyy)

25. Daytime Telephone Number

Management Organization

26. Name of Management Organization

27. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

28. Date Sent (mm/dd/yyyy)

29. Daytime Telephone Number

O-2 Accompanying an O-1 Artist or Athlete

Labor Organization

30. Name of Labor Organization

31. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

32. Date Sent (mm/dd/yyyy)

33. Daytime Telephone Number

Part 5. Processing Information (continued)

O-2 Accompanying an O-1 in motion picture or television industry

Labor Organization

34. Name of Labor Organization

35. Complete Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

36. Date Sent (mm/dd/yyyy)

37. Daytime Telephone Number

Management Organization

38. Name of Management Organization

39. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

40. Date Sent (mm/dd/yyyy)

41. Daytime Telephone Number

Part 6. Basic Information About the Proposed Employment and Employer

1. Job Title/Title

2. Address where the beneficiary(ies) will work if different from the address in **Part 1**. (If beneficiary(ies) will work at more than one different address, include the additional addresses in the itinerary information submitted with the petition.)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

3. Did you include an itinerary with the petition?

Yes No

4. Will the beneficiary(ies) work for you off-site at another company or organization's location?

Yes No

5. Will the beneficiary(ies) work exclusively in the (CNMI)?

Yes No

6. Is this a full-time position?

Yes No

7. If you answered "No" to **Item Number 6.**, how many hours per week for the position? ▶

Part 6. Basic Information About the Proposed Employment and Employer (continued)

8. Wages (in U.S. dollars): \$ per(Specify hour, week, month, or year) ▶

9. Other Compensation (Explain)

10. Dates of Intended Employment

From (mm/dd/yyyy) To (mm/dd/yyyy)

11. Type of Business

12. Year Established

13. Current Number of Employees in the United States ▶

14. Gross Annual Income

\$

15. Net Annual Income

\$

Part 7. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

If you are seeking an O-1A classification, you must complete Part 7. Please review the Form I-129O Instructions before completing this section. If you are petitioning for any other O classifications, you do not need to complete Part 7.

Select **Item Number 1.** or **Item Number 2.,** as appropriate. Select **only one** option.

1. With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that either:

- A. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; **or**
- B. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

NOTE: Read the **Penalties** section of the Form I-129O Instructions before completing this section.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's or Authorized Signatory's Statement Regarding the Interpreter

- 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.
- B. The interpreter named in **Part 9.** 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, and I understood all of this information as interpreted.

Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory (continued)

2. Petitioner's or Authorized Signatory's Statement Regarding the Preparer

At my request, the preparer named in **Part 10.** , prepared this petition for me based only upon information I provided or authorized.

Petitioner's or Authorized Signatory's Certification

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

I authorize the release of any information contained in this petition, in supporting documents, in my USCIS records, and in the petitioning organization's USCIS 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 certify that the petitioner and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

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

Petitioner's or Authorized Signatory's Signature

3. Petitioner's or Authorized Signatory's Signature

Date of Signature (mm/dd/yyyy)

➔

If **Part 8.** is being completed by an Authorized Signatory, provide the following information.

Authorized Signatory's Contact Information

4. Authorized Signatory's Family Name (Last Name)

Authorized Signatory's Given Name (First Name)

5. Authorized Signatory's Title

6. Authorized Signatory's Daytime Telephone Number

7. Authorized Signatory's Mobile Telephone Number (if any)

8. Authorized Signatory's Email Address (if any)

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 deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Fl. Number
City or Town State ZIP Code
Province Postal Code 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 8., Item B., in Item Number 1.**, 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 Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code 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 or authorized signatory's consent.
- B. I am an attorney or accredited representative and my representation of the petitioner or authorized signatory 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 or authorized signatory has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Certification**, and informed me that all of the information in the petition and in the supporting documents is complete, true, and correct.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 11. 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 the individual petitioner's legal name or the company or organization name 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. Individual Petitioner or Company Name (same as in Part 1.)

| Family Name Name (Last Name) | Given Name (First Name) | Middle Name |
|------------------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. Petitioning Company or Organization Name

3. A. Page Number B. Part Number C. Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

D.

4. A. Page Number B. Part Number C. Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

D.

5. A. Page Number B. Part Number C. Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

D.

6. A. Page Number B. Part Number C. Item Number

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

D.



Attachment 1-Additional Beneficiary for Form I-1290

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

USCIS
Form I-1290
OMB No. 1615-xxxx
Expires xx/xx/20xx

Complete a separate copy of this attachment for each additional beneficiary included in this petition. (Do not complete a copy of Attachment 1 for the beneficiary you already named in Part 3. of Form I-1290.)

Petitioner's Information

Provide the same petitioner name information that was provided in Part 1. of Form I-1290.

1. Legal Name of Petitioning Individual Petitioner

| | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. Petitioning Company or Organization Name

3. Beneficiary's Full Name

| | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

4. Provide all other names the beneficiary has ever used. Include nicknames, aliases, maiden name, and names from all previous marriages. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.

| | | |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Other Information

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

6. Gender

 Male Female

7. U.S. Social Security Number

8. Alien Registration Number (A-Number)

9. USCIS Online Account Number

10. City or Town of Birth

11. Province of Birth

12. Country of Birth

13. Country of Citizenship or Nationality

14. Beneficiary's Foreign Address

| | | |
|------------------------|--|----------------------|
| Street Number and Name | Apt. Ste. Flr. | Number |
| <input type="text"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="text"/> |
| City or Town | | |
| <input type="text"/> | | |
| Province | Postal Code | Country |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

15. If the beneficiary is in the United States, complete the following:

Date of Last Arrival
(mm/dd/yyyy)

Form I-94 Arrival-Departure Record Number
▶

Passport or Travel Document Number

Date Passport or Travel Document Issued
(mm/dd/yyyy)

Date Passport or Travel Document Expires
(mm/dd/yyyy)

Passport or Travel Document Country of Issuance

Current Nonimmigrant Status

Date Status Expires or Duration of Status (D/S)
(see Form I-94 Arrival/Departure Document)
(mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS) Number

Employment Authorization Document (EAD) Number

16. Does the beneficiary have a U.S. residential address? Yes No

If you answered "Yes" to **Item Number 16.**, you must provide the beneficiary's U.S. residential address information in **Item Number 17.**

17. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the (CNMI).)

Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code

18. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

▶

19. Have you ever filed an immigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 19.**, provide the receipt number for each petition you have filed for this beneficiary in **Part 11. Additional Information.**

20. Have you ever filed a nonimmigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 20.**, identify the classification requested and the receipt numbers for each petition in **Part 11. Additional Information.**

21. List the dates of the beneficiary's(ies') prior work experience under the principal O-1 alien. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

| Prior Work Experience | Start Date (mm/dd/yyyy) | End Date (mm/dd/yyyy) |
|-----------------------|-------------------------|-----------------------|
| | | |
| | | |
| | | |

Information About The Beneficiary's Public Benefits

Item Numbers 22. - 23.B. only apply to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Item Numbers 20. - 25.B.**

22. 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 public 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.
 - Federal-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.

23. 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 11. Additional Information.** Submit evidence as outlined in the Instructions.

| | |
|---|---|
| <p>A. Type of Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>Agency that Granted the Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div> | <p>Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div> |
| <p>B. Type of Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>Agency that Granted the Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div> | <p>Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div> |
| <p>C. Type of Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>Agency that Granted the Public Benefit</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p>Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div> | <p>Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)</p> <div style="border: 1px solid black; width: 100%;"></div> |

D. Type of Public Benefit

Agency that Granted the Public 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)

24. 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-129 Instructions.

- The beneficiary is enlisted in the 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 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 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 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.

25. 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): 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 the of age 21
- While pregnant or during the 60-day period following the last day of pregnancy

B. Provide the applicable dates mm/dd/yyyy to mm/dd/yyyy

07/10/2020