



**Petition for a Nonimmigrant Worker:
H-3, P, Q, or R Classifications
Department of Homeland Security
U.S. Citizenship and Immigration Services**

USCIS
Form I-129MISC
OMB No. 1615-0009
Expires xx/xx/20xx

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <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.** 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.

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 on behalf of a beneficiary, complete **Item Number 3.** All petitioners should complete **Item Numbers 4. - 14.,** 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. Name of Petitioning Enterprise

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4. Trade Name or "Doing Business As" Name

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5. USCIS Online Account Number

▶

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6. Petitioner's Primary U.S. Office Address

Street Number and Name	Apt. Ste. Flr.	Number
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town	State	ZIP Code (USPS ZIP Code Lookup)



Part 1. Petitioner Information (continued)

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

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

E-Verify Information

15. Are you a participant in the E-Verify program?

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 except as noted in box **C.**)
- A. H-3 Trainee
 - B. H-3 Special education exchange visitor program
 - C. Major League Sports (must also select a P-1 or P-1S classification below)
 - D. P-1A Internationally Recognized Athlete or Team
 - E. P-1A Professional Athlete
 - F. P-1A Amateur Athlete or Coach
 - G. P-1A Theatrical Ice Skater
 - H. P-1B Entertainment Group
 - I. P-1S Essential Support Personnel for P-1
 - J. P-2 Artist or entertainer for reciprocal exchange program
 - K. P-2S Essential Support Personnel for P-2
 - L. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
 - M. P-3S Essential Support Personnel for P-3
 - N. Q-1 International Cultural Exchange Alien
 - O. R-1 Religious Worker
2. 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 10. Additional Information**).
 - D. New concurrent employment.
 - E. Change of employer for a beneficiary already in the requested classification.
 - F. Amended petition (provide an explanation in **Part 10. Additional Information**).
3. If you selected **F. Amended petition** in **Item Number 2.**, provide the receipt number of the petition you seek to amend.
- ▶
4. 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 **A. New employment** in **Item Number 2.** 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.
5. Total number of beneficiaries included in this petition. (You may include up to 25 beneficiaries in a single I-129MISC petition. See the **Information About Form I-129MISC** section of the Instructions for more information.) ▶



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-129MISC** to provide information about each additional beneficiary included in this petition.

1. If the beneficiary is an entertainment group, provide the group name.

2. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

Given Name (First Name)

Middle Name

Other Information

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

5. Gender

Male

Female

6. U.S. Social Security Number

7. Alien Registration Number (A-Number)

▶ A-

8. USCIS Online Account Number

▶

9. City or Town of Birth

10. Province of Birth

11. Country of Birth

12. Country of Citizenship or Nationality

13. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

Province

Postal Code

Country

14. 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)



Part 3. Beneficiary Information (continued)

Student and Exchange Visitor Information System (SEVIS) Number

Employment Authorization Document (EAD) Number

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

If you answered "Yes" to **Item Number 15.**, you must provide the beneficiary's U.S. residential address information in **Item Number 16.**

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

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

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

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

▶

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

If you answered "Yes" to **Item Number 18.**, provide the receipt number for each petition you have filed for this beneficiary in **Part 10. Additional Information.**

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

If you answered "Yes" to **Item Number 19.**, identify the classification requested and the receipt number for each petition in **Part 10. 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-129MISC.**

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



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

- 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 Public Benefit Agency that Granted the Public Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended
Date the Beneficiary Will Start Receiving the Benefit or Expires
(mm/dd/yyyy) (mm/dd/yyyy)

B. Type of Public Benefit Agency that Granted the Public Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended
Date the Beneficiary Will Start Receiving the Benefit or Expires
(mm/dd/yyyy) (mm/dd/yyyy)

C. Type of Public Benefit Agency that Granted the Public Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended
Date the Beneficiary Will Start Receiving the Benefit or Expires
(mm/dd/yyyy) (mm/dd/yyyy)

D. Type of Public Benefit Agency that Granted the Public Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified, Date Benefit or Coverage Ended
Date the Beneficiary Will Start Receiving the Benefit or Expires
(mm/dd/yyyy) (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.



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

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 (CBP) 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
3. If yes, how many?
4. 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
5. If yes, how many?
6. Are you filing any applications for dependents with this petition? Yes No
7. If yes, how many?
8. Is any beneficiary in this petition in removal proceedings? Yes No
If you answered "Yes" to **Item Number 8.**, list the beneficiary's(ies) name(s) in **Part 10. Additional Information.**
9. Has any beneficiary in this petition ever been given the classification you are now requesting? Yes No
If you answered "Yes" to **Item Number 9.**, provide an explanation in **Part 10. Additional Information.**
10. Has any beneficiary in this petition ever been denied the classification you are now requesting? Yes No
If you answered "Yes" to **Item Number 10.**, provide an explanation in **Part 10. Additional Information.**
11. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year? Yes No
If you answered "Yes" to **Item Number 11.**, provide an explanation in **Part 10. Additional Information.**

Part 5. Processing Information (continued)

12. Has any beneficiary in this petition 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 12.**, provide a response to **Item Number 13.**

13. If you selected yes in **Item Number 12.**, provide the dates the beneficiary(ies) 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 beneficiary(ies) fulfilled the two-year foreign residence requirement or had such residence requirement waived.

Part 6. Basic Information About the Proposed Employment and Employer

Attach the Form I-129MISC Supplement relevant to the classification you are requesting.

1. Job Title
2. Did you include an itinerary with this petition? Yes No
3. Will the beneficiary(ies) work for you off-site at another company or organization's location? Yes No
4. Will the beneficiary(ies) work exclusively in the CNMI? Yes No
5. Is this a full-time position? Yes No
6. If you answered "No" to **Item Number 5.**, how many hours per week for the position? ▶
7. Wages (in U.S. dollars): \$ per (Specify hour, week, month, or year) ▶
8. Other Compensation (Explain)

9. Dates of intended employment
From (mm/dd/yyyy) To (mm/dd/yyyy)

10. Type of Business 11. Year Established

12. Current Number of Employees in the United States ▶

13. Gross Annual Income ▶ 14. Net Annual Income ▶



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

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

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 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, and I understood all of this information as interpreted.
2. Petitioner's or Authorized Signatory's Statement Regarding the Preparer

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 Certification

Copies of any documents I have 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, under penalty of perjury, that I provided or authorized all of the information in my petition, I understand 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 7.** is being completed by an Authorized Signatory, provide the name and title of the Authorized Signatory.

Name and Title of Authorized Signatory

4. Family Name (Last Name) Given Name (First Name)
5. Title



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

Authorized Signatory's Contact Information

- 6. Daytime Telephone Number
- 7. Mobile Telephone Number (if any)
- 8. 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 8. 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. Flr. Number
- City or Town State ZIP Code ([USPS ZIP Code Lookup](#))
- 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 7.**,

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.



Part 8. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)
- | | |
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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. 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
- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|--|--------------------------|--------------------------|--------------------------|--|
- City or Town State ZIP Code ([USPS ZIP Code Lookup](#))
- | | | | |
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| | | | |
|--|--|--|--|
- Province Postal Code Country
- | | | |
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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)
- | |
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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 request.

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, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.



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

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 then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's or Authorized Signatory's Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner or authorized signatory provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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Production
09/03/2020



Part 10. Additional Information

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 10.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number, and Item Number** corresponding to the additional information.

1. Individual Petitioner or Company Name (same as Part 1.)

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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D.





H-3 Classification Supplement to Form I-129MISC

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

USCIS
Form I-129MISC
OMB No. 1615-0009
Expires xx/xx/20xx

Provide the same petitioner name information that was provided in **Part 1.** of Form I-129MISC.

1. Legal Name of Individual Petitioner

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

2. Name of Petitioning Enterprise

3. Address where the beneficiary(ies) will receive training or participate in the special education program, if different from address in Part 1. of Form I-129MISC.

Street Number and Name	Apt. Ste. Fl.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code (USPS ZIP Code Lookup)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. List each beneficiary's prior periods of stay in H or L classification in the United States for the last 6 years (beneficiaries requesting H-2A or H-2B classification need to list only the last 3 years). Only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If you need more space, use Part 10. Additional Information of Form I-129MISC or attach an additional sheet of paper.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification.

Beneficiary's Name	Period of Stay (mm/dd/yyyy)	
	From	To

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

6. If you answered "Yes" to Item Number 5., provide an explanation.

If you answer "Yes" to any of the questions in **Item Numbers 7. - 13.**, provide an explanation in **Part 10. Additional Information** of form I-129MISC or attach an additional sheet of paper.

7. Is the training you intend to provide, or similar training, available in the beneficiary's country? Yes No

8. Will the training benefit the beneficiary in pursuing a career abroad? Yes No

If you answered "No", provide an explanation in **Part 10. Additional Information** or attach an additional sheet of paper.



9. Does the training involve productive employment incidental to the training? Yes No

If you answered "Yes" to **Item Number 9.**, explain the amount of compensation employment versus the classroom in **Part 10. Additional Information** or attach an additional sheet of paper.

10. Does the beneficiary already have skills related to the training? Yes No

11. Is this training an effort to overcome a labor shortage? Yes No

12. Do you intend to employ the beneficiary abroad at the end of this training? Yes No

13. If you do not intend to employ the beneficiary abroad at the end of this training, explain why you wish to incur the cost of providing this training and your expected return from this training. If you need more space, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper.

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09/03/2020





P Classification Supplement to Form I-129MISC

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

USCIS
Form I-129MISC
OMB No. 1615-0009
Expires xx/xx/20xx

Provide the same petitioner name information that was provided in **Part 1.** of Form I-129MISC. If you need more space to answer any of the **Item Numbers** in this Supplement, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper.

1. Legal Name of Individual Petitioner

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

2. Name of Petitioning Enterprise

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

Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

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

4. Explain the nature of the event.

(This area contains a large 'Production' watermark)

5. Describe the duties to be performed.

(This area contains a large '09/03/2020' watermark)

6. If filing for any P support classification, list the dates of the beneficiary's prior work experience under the principal P alien. For Major League Sports support personnel, please see the **Information About Form I-129MISC section of the Instructions.**

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7. Does an appropriate labor organization exist for the petition?

Yes No

If you answered "No" to **Item Number 7.**, provide an explanation in **Part 10. Additional Information** or attach an additional sheet of paper.

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

Yes No - a copy of the request is attached N/A

If you answered "No" to **Item Number 8.**, provide the following information about the organization(s) to which you have sent a duplicate of this petition.



9. Name of Labor Organization

10. Labor Organization's Address

Street Number and Name

Apt. Ste. Fl. Number

City or Town

State

ZIP Code

11. Labor Organization's Daytime Telephone Number

12. Date Request Sent (mm/dd/yyyy)

P Nonimmigrant Classification Petitioner's or Authorized Signatory's Statement

I certify that I, the petitioner or authorized signatory, 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.

13. Petitioner's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

14. Signature and Date

Signature of Petitioner

Date of Signature (mm/dd/yyyy)





**Q-1 International Cultural Exchange Alien
Supplement to Form I-129MISC
Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-129MISC**
OMB No. 1615-0009
Expires xx/xx/20xx

Provide the same petitioner name information that was provided in **Part 1.** of Form I-129MISC.

1. Legal Name of Individual Petitioner

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

2. Name of Petitioning Enterprise

3. Address where the beneficiary(ies) will work if different from address in Part 1. If you need to provide more than one additional address, use **Part 10. Additional Information** or attach an additional sheet of paper.

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	State	ZIP Code (USPS ZIP Code Lookup)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. I hereby certify that the beneficiary(ies) of this petition:

- A.** Is/are at least 18 years of age;
- B.** Is/are qualified to perform the service or labor or receive the type of training stated in the petition;
- C.** Has/have the ability to communicate effectively about the cultural attributes of their country of nationality to the American public; and
- D.** Has/have resided and been physically present outside the United States for the 12 months immediately prior to the filing of this petition. (Applies only if the beneficiary was previously admitted as a Q-1).

I also certify that I will offer the beneficiary(ies) wages and working conditions comparable to those accorded to local domestic workers who are similarly employed.

5. Petitioner's Full Name

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

6. Signature and Date

Signature of Petitioner	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>





R-1 Classification Supplement to Form I-129MISC

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

USCIS
Form I-129MISC
OMB No. 1615-0009
Expires xx/xx/20xx

Provide the same petitioner name information that was provided in **Part 1.** of Form I-129MISC.

1. Legal Name of Individual Petitioner

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

2. Name of Petitioning Enterprise

Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker

- 3.** Has the beneficiary or any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the R visa classification in the last 5 years? Yes No

If you answered "Yes" to **Item Number 3.**, complete the table below. List the beneficiary and any dependent family member's prior periods of stay in the R visa classification in the United States in the last five years. Be sure to list only those periods in which the beneficiary and/or family members were actually in the United States in an R classification.

NOTE: Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If you need more space, use **Part 10. Additional Information** or attach an additional sheet of paper.

Alien or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy)	
	From	To

- 4.** Describe the relationship between the religious organization in the United States and the organization abroad of which the beneficiary is a member. If you need more space, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper.

5. The beneficiary will be working (select **one** of the following):

- As a minister In a religious vocation In a religious occupation

Petitioner Attestations

If you answer "No" to any of the questions in **Item Numbers 6. - 14.**, provide an explanation in **Part 10. Additional Information** or attach an additional sheet of paper

- 6.** The prospective employer is a bona fide non-profit religious organization or a bona fide organization which is affiliated with the religious denomination and is exempt from taxation. Yes No



Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

7. The alien has been a member of the denomination for at least two years and is otherwise qualified for the position offered. Yes No
8. The number of members of the perspective employer's organization is: ►
9. The number of employees who work at the same location where the beneficiary will be employed is: ►
10. Provide a summary of those employees' responsibilities. (At our discretion, USCIS may additionally request a list of all employees, their titles, and a brief description of their duties.)

Position	Summary of the Type of Responsibilities for That Position

11. The number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or have been employed within the past five years by the prospective employer's organization is: ►
12. The number of special immigrant religious worker and nonimmigrant religious worker petitions and applications filed by or on behalf of any aliens for employment by the prospective employer in the past 5 years is: ►
13. Provide the title of the position offered to the beneficiary and a detailed description of the beneficiary's proposed daily duties. If you need more space, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper.

14. The beneficiary will receive (select **only one** box):
- Salaried Compensation Non-Salaried Compensation
15. Provide the details of the beneficiary's compensation indicated in **Item Number 14**. If you need more space, use the space provided in **Part 10. Additional Information** or attach an additional sheet of paper.



Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

16. The beneficiary will be employed at least 20 hours per week. Yes No
17. Provide the specific location(s) of the proposed employment. If you need to provide information about more than two locations, use **Part 10. Additional Information** or attach an additional sheet of paper.

Location or Address 1

Name

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code [\(USPS ZIP Code Lookup\)](#)

Location or Address 2

Name

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code [\(USPS ZIP Code Lookup\)](#)

18. The beneficiary will be employed only in a religious worker position and will not be engaged in secular employment. Yes No
- If you answered "No" to **Item Number 18.**, provide an explanation in **Part 10. Additional Information** or attach an additional sheet of paper.
19. The petitioner will notify USCIS within fourteen days if an R-1 alien is working less than the required number of hours, or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay. Yes No
- If you answered "No" to **Item Number 19.**, provide an explanation in **Part 10. Additional Information** or attach an additional sheet of paper.

Attestation

I certify, under penalty of perjury, that the information in this Supplement, the evidence submitted with it, and the contents of this attestation are true and correct.

20. Petitioner's Full Name

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

21. Petitioner's Title

22. Signature of Petitioner Date of Signature (mm/dd/yyyy)



Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

23. Employer or Organization Address (Do not use a post office or private mail box)

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

24. Employer or Organization's Contact Information

Daytime Telephone Number

Fax Number

Email Address

Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination

Religious Denomination's Certification

I certify, under penalty of perjury, that:

Name of Employing Organization

is affiliated with:

Name of Religious Denomination

and

that the attesting organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

1. Name of Authorized Representative of Attesting Organization (The authorized representative of the attesting organization cannot be the petitioner.)

2. Authorized Representative's Title

3. Signature of Authorized Representative of Attesting Organization

Date (mm/dd/yyyy)

Attesting Organization's Name and Address (Do not use a post office or private mail box)

4. Attesting Organization's Name

5. Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code



Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination
(continued)

6. Attesting Organization's Contact Information

Daytime Telephone Number

Fax Number

Email Address

DRAFT
Not for
Production
09/03/2020





Attachment 1-Additional Beneficiary for Form I-129MISC

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

USCIS
Form I-129MISC
OMB No. 1615-0009
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-129MISC.)

Provide the same petitioner name information that was provided in Part 1. of Form I-129MISC.

1. Legal Name of Individual Petitioner

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

2. Name of Petitioning Enterprise

3. If the beneficiary is an entertainment group, provide the group name.

4. Beneficiary's Full Name

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

5. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

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

Other Information

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

7. Gender

Male Female

8. U.S. Social Security Number

9. Alien Registration Number (A-Number)

▶ A-

10. USCIS Online Account Number

▶

11. City or Town of Birth

12. Province of Birth

13. Country of Birth

14. Country of Citizenship or Nationality

15. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country



16. 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

[]

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

Yes No

If you answered "Yes" to **Item Number 17.**, you must provide the beneficiary's U.S. residential address information in **Item Number 18.**

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

Street Number and Name

[]

Apt. Ste. Flr. Number

[]

City or Town

[]

State

[]

ZIP Code

[]

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

▶ []

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

Yes No

If you answered "Yes" to **Item Number 20.**, provide the receipt number for each petition you have filed for this beneficiary in **Part 10. Additional Information** or attach an additional sheet of paper.

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

Yes No

If you answered "Yes" to **Item Number 21.**, identify the classification requested and the receipt number for each petition in **Part 10. Additional Information** or attach an additional sheet of paper.

Information About The Additional Beneficiary's Public Benefits

Item Numbers 22. - 25.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 22. - 25.B.**

22. 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)



Information About The Additional Beneficiary's Public Benefits (continued)

- 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 10. 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"/>
D.	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"/>



Information About The Additional Beneficiary's Public Benefits (continued)

24. If you answered "Yes" to **Item Number 22.**, 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

09/03/2020

