TABLE OF CHANGES – FORM Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker OMB Number: 1615-0111 08/04/2020

Reason for Revision: Public Charge Rule Injunction

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 12/31/2020 Edition Date 06/18/2020

Current Page Number and Section	Current Text	Proposed Text
Page 1, Part 1.	[Page 1]	[Page 1]
Information about the Employer Filing This Petition	Part 1. Information about the Employer Filing This Petition	Part 1. Information about the Employer Filing This Petition
	If you are an individual employer or sole proprietor filing this application, complete Item Numbers 1.a 2. All petitioners should complete Item Numbers 3 9.c.	If you are an individual employer or sole proprietor filing this application, complete Item Numbers 1.a 2. All petitioners should complete Item Numbers 3 9.c.
	Legal Name of Individual Petitioner or Sole Proprietor	Legal Name of Individual Petitioner or Sole Proprietor
	1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name	1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name
	2. Date of Birth (mm/dd/yyyy)	2. Date of Birth (mm/dd/yyyy)
	Petitioning Company or Organization Name and Address	Petitioning Company or Organization Name and Address
	 3. Name of Employer/Organization 4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt./Ste./Flr. Number 4.d. City or Town 4.e. State 4.f. ZIP Code 	 3. Name of Employer/Organization 4.a. In Care Of Name (if any) 4.b. Street Number and Name 4.c. Apt./Ste./Flr. Number 4.d. City or Town 4.e. State 4.f. ZIP Code
	4.g. If your place of business does not have a physical address, provide a description of your location, (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition. If you need more space to provide your explanation, use the space provided in Part 11. Additional information .	4.g. If your place of business does not have a physical address, provide a description of your location, (for example: "3 miles southwest of Anytown Post Office, near the water tower") and provide a map with your petition. If you need more space to provide your explanation, use the space provided in Part 10. Additional information .

Pages 1-2, Part 2.	[Page 1]	[Page 2]
Information About This Petition	Part 2. Information About This Petition	Part 2. Information About This Petition
	Basis for Classification (Select only one box):	Basis for Classification (Select only one box):
	 1.a. New employment (including a duplicate for U.S. Department of State notification). 1.b. Continuation of previously approved employment without change with the same employer. 1.c. Change in previously approved employment (provide an explanation in Part 11. Additional Information). 1.d. New concurrent employment. 1.e. Change of employer for a worker already in the requested classification. 1.f. Amended petition (provide an explanation in Part 11. Additional Information). 	 1.a. New employment (including a duplicate for U.S. Department of State notification). 1.b. Continuation of previously approved employment without change with the same employer. 1.c. Change in previously approved employment (provide an explanation in Part 10. Additional Information). 1.d. New concurrent employment. 1.e. Change of employer for a worker already in the requested classification. 1.f. Amended petition (provide an explanation in Part 10. Additional Information).
	2. Prior Petition. Provide the most recent petition receipt number for the worker. If none exists, type or print "None."	2. Prior Petition. Provide the most recent petition receipt number for the worker. If none exists, type or print "None."
Pages 2-4, Part 3. Worker Information	[Page 2]	[Page 2]
	Part 3. Worker Information	Part 3. Worker Information
	19. Have you ever filed an immigrant petition for this worker?YesNo	19. Have you ever filed an immigrant petition for this worker?YesNo
	19. Have you ever filed an immigrant petition for this worker? Yes	19. Have you ever filed an immigrant petition for this worker? Yes
	 19. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 11. 	 19. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 10.
	 19. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information. 20. Have you ever filed a nonimmigrant petition for this worker? Yes 	 19. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 10. Additional Information. 20. Have you ever filed a nonimmigrant petition for this worker? Yes
	 19. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 11. Additional Information. 20. Have you ever filed a nonimmigrant petition for this worker? Yes No If you answered "Yes" to Item Number 20., identify the classification sought and the receipt number for those petitions in Part 11. 	 19. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 19., identify the classification sought and the receipt number for those petitions in Part 10. Additional Information. 20. Have you ever filed a nonimmigrant petition for this worker? Yes No If you answered "Yes" to Item Number 20., identify the classification sought and the receipt number for those petitions in Part 10.

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	behalf of this beneficiary? Yes	behalf of this beneficiary? Yes
	No	No
	If you answered "Yes" to Item Number 21. ,	If you answered "Yes" to Item Number 21. ,
	identify the receipt number for the petition and	identify the receipt number for the petition and
	the date of the decision in Part 11. Additional	the date of the decision in Part 10. Additional
	Information.	Information.
	Durani da tha a coultour's puise pourie da of store in	Durani da tha anadaw?a puian pouia da af ataw in
	Provide the worker's prior periods of stay in CW-1 classification in the United States for the	Provide the worker's prior periods of stay in CW-1 classification in the United States for the
	last three years in Item Numbers 22.a 24.c. .	last three years in Item Numbers 22.a 24.c. .
	Be sure to only provide those periods in which	Be sure to only provide those periods in which
	the worker was actually in the CNMI in CW-1	the worker was actually in the CNMI in CW-1
	status. Do not include periods in which the	status. Do not include periods in which the
	worker was in a dependent status, for example,	worker was in a dependent status, for example,
	CW-2 status. If you need extra space to	CW-2 status. If you need extra space to
	complete this section, use the space provided in	complete this section, use the space provided in
	Part 11. Additional Information.	Part 10. Additional Information.
Pages 4-5, Part 4.	[Page 4]	[Page 4]
Processing Information	Part 4. Processing Information	Part 4. Processing Information
	If any of the workers in Part 3. Worker	If any of the workers in Part 3. Worker
	Information or in an Additional Worker	Information or in an Additional Worker
	Attachment for Form I-129CW are outside	Attachment for Form I-129CW are outside
	the CNMI, or if a requested extension of stay or	the CNMI, or if a requested extension of stay or
	change of status cannot be granted, provide the	change of status cannot be granted, provide the
	U.S. Consulate or CBP inspection facility you want notified if this petition is approved.	U.S. Consulate or CBP inspection facility you want notified if this petition is approved.
	want notified if this petition is approved.	want notified if this petition is approved.
	1.a. Type of Office (Select only one box):	1.a. Type of Office (Select only one box):
	U.S. Embassy or U.S. Consulate	U.S. Embassy or U.S. Consulate
	CBP Pre-flight Inspection	CBP Pre-flight Inspection
	LUC Dowt of Entwork	
	U.S. Port of Entry	U.S. Port of Entry
	1.b. Office Location (City or Town)	1.b. Office Location (City or Town)
		1.b. Office Location (City or Town)
	1.b. Office Location (City or Town)1.c. Foreign Country or U.S. State	1.b. Office Location (City or Town)1.c. Foreign Country or U.S. State
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport?
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes
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	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 10.
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type
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	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 10.
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. Additional Information. 3. Are you filing any other petitions with this 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 10. Additional Information. 3. Are you filing any other petitions with this
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. Additional Information. 3. Are you filing any other petitions with this one? Yes No 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 10. Additional Information. 3. Are you filing any other petitions with this one? Yes No
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. Additional Information. 3. Are you filing any other petitions with this one? Yes 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 10. Additional Information. 3. Are you filing any other petitions with this one? Yes
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. Additional Information. 3. Are you filing any other petitions with this one? Yes No If yes, how many? 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 10. Additional Information. 3. Are you filing any other petitions with this one? Yes No If yes, how many?
	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 11. Additional Information. 3. Are you filing any other petitions with this one? Yes No 	 1.b. Office Location (City or Town) 1.c. Foreign Country or U.S. State 2. Does each worker in this petition have a valid passport? Yes No If you answered "No" to Item Number 2., type or print a brief explanation in Part 10. Additional Information. 3. Are you filing any other petitions with this one? Yes No

	as this petition?	as this petition?
	Yes	Yes
	No	No
	If you answered "Yes" to Item Number 4. , provide the previous receipt numbers(s). [fillable field]	If you answered "Yes" to Item Number 4. , provide the previous receipt numbers(s). [fillable field]
	5. Are you filing any applications for dependents with this petition?YesNoIf yes, how many?	5. Are you filing any applications for dependents with this petition?YesNoIf yes, how many?
	6. Is any worker in this petition in removal proceedings? Yes	6. Is any worker in this petition in removal proceedings? Yes
	No If yes, how many? [fillable field]	No If yes, how many? [fillable field]
	Provide the name and A-Number of each worker in removal proceedings in Part 11. Additional Information .	Provide the name and A-Number of each worker in removal proceedings in Part 10 . Additional Information .
Daga E. Dawt E. Pasia	[Page 5]	[Page 5]
Page 5, Part 5. Basic Information About the Proposed Employment	Part 5. Basic Information About the Proposed Employment and Employer	Part 5. Basic Information About the Proposed Employment and Employer
and Employer		
	1. Job Title	1. Job Title
	2. Employment and Training Administration (ETA) Case Number For Temporary Labor Certification (TLC)	2. Employment and Training Administration (ETA) Case Number For Temporary Labor Certification (TLC)
	3. SOC Code	3. SOC Code
	4. Nontechnical Job Description	4. Nontechnical Job Description
	5. Will the worker(s) be working at multiple worksites? Yes No	5. Will the worker(s) be working at multiple worksites? Yes No
	worksites? Yes No If you answered "Yes" to Item Number 5. , you must submit a detailed itinerary with your	worksites? Yes No If you answered "Yes" to Item Number 5. , you must submit a detailed itinerary with your

Pages 6-7, Part 6.	[Page 6]	
Information about the Beneficiary's Public Benefits	Part 6. Information about the Beneficiary's Public Benefits	[Deleted]
	This Part 6. only applies to beneficiaries who are seeking to change nonimmigrant status or extend their nonimmigrant stay while they are in the CNMI. If the beneficiary is not seeking a change of status or extension of stay, you may skip this Part 6.	
	Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in Part 2., Information about the Additional Beneficiary's Public Benefits , in the Form I-129CW Classification Supplement.	
	1. Has the beneficiary, since obtaining the nonimmigrant status that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits? (Select all that apply)	
	[] Yes, the beneficiary has received or is currently certified to receive the following benefits (select all that apply):	
	 [] Any Federal, State, local, or Tribal Cash Assistance For Income Maintenance [] Supplemental Security Income (SSI) [] Temporary Assistance for Needy Families (TANF) [] General Assistance (GA) [] Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps") [] Section 8 Housing Assistance under the Housing Choice Voucher Program [] Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation) [] Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq. [] Federally-funded Medicaid 	
	[] No, the beneficiary has not received any of the above listed public benefits.	
	[] No, the beneficiary is not certified to receive any of the above listed public benefits.	
	2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part , use	

the space provided in Part 11. Additional Information. Submit evidence as outlined in the Instructions. A. Type of Benefit Agency that Ganced the Benefit Date the Beneficiary Started Receiving the Benefit or 1 Coverage Ended or Expires (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy) Date the Beneficiary Startel Receiving the Benefit or Benefit or Startel Receiving the Benefit or Start	г		
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the U.S. Armed Forces, or was serving in active		-	
auty or in the Ready Reserve Component of the			
U.S. Armed Forces.			

	[] At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility and the beneficiary received the public benefits during that time.	
	[]At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.	
	[] The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.	
	[] None of the above statements apply to the beneficiary.	
	4.a. Has the beneficiary received, applied for, or have been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply):	
	NOTE: Submit evidence as outlined in the Instructions.	
	 [] An Emergency Medical Condition [] For a Service Under the Individuals with Disabilities Education Act (IDEA) [] Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law [] While Under 21 Years of Age [] While Pregnant or During the 60-day Period Following the Last Day of Pregnancy 	
	4.b. Provide the Applicable Dates Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)	
Pages 7-8, Part 7.	[Page 7]	[Page 6]
Employer's Attestation	Part 7. Employer's Attestation	Part 6. Employer's Attestation
Pages 8-9, Part 8.	[Page 8]	[Page 7]
Statement, Contact Information, Declaration, Certification, and	Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory	Part 7. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory
Signature of the Petitioner or Authorized Signatory	NOTE: Read the Penalties section of the Form I-129CW Instructions before completing this section. You, the petitioner, must file Form I-129CW while in the United States.	NOTE: Read the Penalties section of the Form I-129CW Instructions before completing this section. You, the petitioner, must file Form I-129CW while in the United States.

	 Petitioner's or Authorized Signatory's Statement NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. 1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question. 1.b. The interpreter named in Part 9. has read to me every question and instruction on this petition and my answer to every question in [fillable field] a language in which I am fluent. I understood all of this information as interpreted. 	 <i>Petitioner's or Authorized Signatory's Statement</i> NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2. 1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question. 1.b. The interpreter named in Part 8. has read to me every question and instruction on this petition on this petition and instruction in [fillable field] a language in which I am fluent. I understood all of this information as interpreted.
	 2. At my request, the preparer named in Part 10., [Fillable field] prepared this petition for me based only upon information I provided or authorized. 	 2. At my request, the preparer named in Part 9., [Fillable field] prepared this petition for me based only upon information I provided or authorized.
Page 9, Part 9.	[Page 9]	[Page 8]
Interpreter's Contact Information, Certification, and	Part 9. Interpreter's Contact Information, Certification, and Signature	Part 8. Interpreter's Contact Information, Certification, and Signature
Signature	Provide the following information about the interpreter.	Provide the following information about the interpreter.
	Interpreter's Full Name	Interpreter's Full Name
	1.a. Interpreter's Family Name (Last Name)1.b. Interpreter's Given Name (First Name)2. Interpreter's Business or Organization Name (if any)	1.a. Interpreter's Family Name (Last Name)1.b. Interpreter's Given Name (First Name)2. Interpreter's Business or Organization Name (if any)
	Interpreter's Mailing Address	Interpreter's Mailing Address
	 3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country 	 3.a. Street Number and Name 3.b. Apt./Ste./Flr. Number 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country
	Interpreter's Contact Information	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 Daytime Telephone Number Interpreter's Mobile Telephone Number (if any) Interpreter's Email Address (if any)

	Interpreter's Certification	Interpreter's Certification
	I certify, under penalty of perjury, that: I am fluent in English and [Fillable field] which is the same language specified in Part 8. , Item Number 1.b. , and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Certification , and has verified the accuracy of every answer.	I certify, under penalty of perjury, that: I am fluent in English and [Fillable field] which is the same language specified in Part 7., Item Number 1.b. , and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Certification , and has verified the accuracy of every answer.
	Interpreter's Signature	Interpreter's Signature
	7.a. Interpreter's Signature7.b. Date of Signature (mm/dd/yyyy)	7.a. Interpreter's Signature7.b. Date of Signature (mm/dd/yyyy)
Page 10, Part 10.	[Page 10]	[Page 8]
Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the	Part 10. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory	Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory
Petitioner or Authorized Signatory		
Page 11, Part 11.	[Page 11]	[Page 10]
Additional Information		
	Part 11. Additional Information	Part 10. Additional Information
	Part 11. Additional Information	Part 10. Additional Information
Pages 12-15, Additional	Part 11. Additional Information [Page 12]	
Pages 12-15, Additional Worker Attachment for	 [Page 12] Additional Worker Attachment for Form I-	 [Page 11] Additional Worker Attachment for Form I-
Pages 12-15, Additional Worker Attachment for	 [Page 12] Additional Worker Attachment for Form I- 129CW	 [Page 11] Additional Worker Attachment for Form I- 129CW
Pages 12-15, Additional Worker Attachment for	 [Page 12] Additional Worker Attachment for Form I- 129CW 22. Have you ever filed an immigrant petition 	 [Page 11] Additional Worker Attachment for Form I- 129CW 22. Have you ever filed an immigrant petition
Pages 12-15, Additional Worker Attachment for	 [Page 12] Additional Worker Attachment for Form I- 129CW 22. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 22., identify the classification sought and the receipt number for those petitions in Part 11. 	 [Page 11] Additional Worker Attachment for Form I- 129CW 22. Have you ever filed an immigrant petition for this worker? Yes No If you answered "Yes" to Item Number 22., identify the classification sought and the receipt number for those petitions in Part 10.

24. Has this worker ever been denied CW-1 classification on any prior petition you filed on behalf of this beneficiary? Yes No	24. Has this worker ever been denied CW-1 classification on any prior petition you filed on behalf of this beneficiary? Yes No
If you answered "Yes" to Item Number 24. , identify the receipt number for the petition and the date of the decision in Part 11. Additional Information .	If you answered "Yes" to Item Number 24. , identify the receipt number for the petition and the date of the decision in Part 10. Additional Information .
Provide the worker's prior periods of stay in CW-1 classification in the United States for the last three years in Item Numbers 25.a 27.c. Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status (for example, CW-2 status). If you need extra space to complete this section, use the space provided in Part 11. Additional Information .	Provide the worker's prior periods of stay in CW-1 classification in the United States for the last three years in Item Numbers 25.a 27.c. Be sure to only provide those periods in which the worker was actually in the CNMI in CW-1 status. Do not include periods in which the worker was in a dependent status (for example, CW-2 status). If you need extra space to complete this section, use the space provided in Part 10. Additional Information .
NOTE: Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the CW-1 classification. (If more space is needed, attach an additional sheet.)	NOTE: Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the CW-1 classification. (If more space is needed, attach an additional sheet.)
Period of Stay 1 25.a. Employer's Name 25.b. Period of Stay From (mm/dd/yyyy) 25.c. To (mm/dd/yyyy)	Period of Stay 1 25.a. Employer's Name 25.b. Period of Stay From (mm/dd/yyyy) 25.c. To (mm/dd/yyyy)
Period of Stay 2 26.a. Employer's Name 26.b. Period of Stay From (mm/dd/yyyy) 26.c. To (mm/dd/yyyy)	Period of Stay 2 26.a. Employer's Name 26.b. Period of Stay From (mm/dd/yyyy) 26.c. To (mm/dd/yyyy)
Period of Stay 3 27.a. Employer's Name 27.b. Period of Stay From (mm/dd/yyyy) 27.c. To (mm/dd/yyyy)	Period of Stay 3 27.a. Employer's Name 27.b. Period of Stay From (mm/dd/yyyy) 27.c. To (mm/dd/yyyy)
[Page 14]	
Information about the Additional Beneficiary's Public Benefits	[Delete]
28. Has the beneficiary, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, any of the following public benefits (select all that apply)?	
Yes, the beneficiary has received or is currently certified to receive the following benefits:	
Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance	

Supplemental Security Income (SSI)	
Temporary Assistance for Needy Families (TANF)	
General Assistance (GA)	
Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")	
Section 8 Housing Assistance under the Housing Choice Voucher Program	
Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)	
Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.	
Federally-Funded Medicaid	
No, the beneficiary has not received any of the above listed public benefits.	
No, the beneficiary is not certified to receive any of the above listed public benefits.	
29. 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 Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)	
B. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)	
C. Type of Benefit Agency that Granted the Benefit Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)	

Date Benefit or Coverage Ended or Expires (mm/dd/yyyy)	
D. Type of Benefit Agency that Granted the Benefit	
Date the Beneficiary Started Receiving the Benefit or if Certified, Date the Beneficiary	
Will Start Receiving the Benefit (mm/dd/yyyy) Date Benefit or Coverage Ended or Expires	
(mm/dd/yyyy)	
[Page 15]	
30. If you answered "Yes" to Item Number 1 ., do any of the following apply to the	
beneficiary? Provide the evidence listed in the Form I-129CW Instructions.	
The beneficiary is enlisted in the U.S. Armed	
Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.	
The beneficiary is the spouse or the child of an individual who is enlisted in the U.S. Armed	
Forces, or who is serving in active duty or in the	
Ready Reserve Component of the U.S. Armed Forces.	
At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's	
spouse or parent) was enlisted in the U.S. Armed Forces, or was serving in active duty or	
in the Ready Reserve Component of the U.S. Armed Forces.	
At the time the beneficiary received the public benefits, the beneficiary was present in the	
United States in a status exempt from the public	
charge ground of inadmissibility.	
At the time the beneficiary received the public benefits, the beneficiary was previously present	
in the United States after being granted a waiver of the public charge ground of inadmissibility.	
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.	
31.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):	
over the second se	

NOTE: Submit evidence as outlined in the Instructions.	
An Emergency Medical Condition	
For a Service Under the Individuals with Disabilities Education Act (IDEA)	
Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law	
While Under 21 Years of Age	
While Pregnant or During the 60-day Period Following the Last Day of Pregnancy	
31.b. Provide the Applicable Dates Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)	