

**TABLE OF CHANGES – INSTRUCTIONS**  
**Form I-129, Petition for Nonimmigrant Worker**  
**OMB Number: 1615-0009**  
**Date 02/12/2021**

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**Project Phase:**

Legend for Proposed Text:

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

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Current Page Number and Section	Current Text	Proposed Text
<b>Page 1,</b>	<b>[Page 1]</b>	<b>[Page 1]</b>
<b>Table of Contents</b>	<p><b>Table of Contents</b> Page</p> <p><b>Instructions for Form I-129</b></p> <p><b>General Information</b>            The Purpose of Form I-129                   <b>2</b>            Who May File Form I-129?                   <b>3</b>            General Filing Instructions               <b>3</b>            Classification-Initial Evidence           <b>6</b>            Information about the Beneficiary’s Public Benefits                   <b>7</b></p> <p><b>Part 1. Petition Always Required</b>            E-2 CNMI Classification                   <b>9</b>            H Classifications                           <b>10</b>            H-1B Data Collection                       <b>11</b>            L Classification                              <b>18</b>            O and P Classifications                   <b>19</b>            Q-1 Classification                           <b>23</b>            R-1 Classification                           <b>23</b></p> <p><b>Part 2. Petition Only Required for an Alien in the United States to Change Status or Extend Stay</b>            E Classifications (not including E-2 CNMI) <b>24</b>            Free Trade Nonimmigrant Classifications (H-1B1 and TNs)                   <b>26</b></p> <p><b>Filing Requirements</b>            Written Consultation for O and P</p>	<p><b>Table of Contents</b> <b>Page</b></p> <p><b>Instructions for Form I-129</b></p> <p><b>General Information</b>            The Purpose of Form I-129                   <b>2</b>            Who May File Form I-129?                   <b>3</b>            General Filing Instructions               <b>3</b>            Classification-Initial Evidence           <b>6</b>  <b>[deleted]</b></p> <p><b>Part 1. Petition Always Required</b>            E-2 CNMI Classification                   <b>7</b>            H Classifications                           <b>7</b>            H-1B Data Collection                       <b>9</b>            L Classification                              <b>16</b>            O and P Classifications                   <b>17</b>            Q-1 Classification                           <b>21</b>            R-1 Classification                           <b>21</b></p> <p><b>Part 2. Petition Only Required for an Alien in the United States to Change Status or Extend Stay</b>            E Classifications (not including E-2 CNMI) <b>22</b>            Free Trade Nonimmigrant Classifications (H-1B1 and TNs)                   <b>24</b></p> <p><b>Filing Requirements</b>            Written Consultation for O and P</p>

	<p>Nonimmigrants 27</p> <p>What Is the Filing Fee? 28</p> <p>When To File? 29</p> <p>Where To File? 29</p> <p><b>Additional Information</b></p> <p>Processing Information 29</p> <p>USCIS Forms and Information 30</p> <p>DHS Privacy Act 30</p> <p>USCIS Compliance Review and Monitoring 31</p> <p>Paperwork Reduction Act 31</p> <p><b>Supplements to Form I-129</b></p> <p>E-1/E-2 Classification Supplement 11</p> <p>Trade Agreement Supplement 13</p> <p>H Classification Supplement 15</p> <p>H-1B Data Collection and Filing Fee Exemption Supplement 21</p> <p>L Classification Supplement 24</p> <p>O and P Classifications Supplement 28</p> <p>Q-1 Classification Supplement 31</p> <p>R-1 Classification Supplement 32</p> <p>Attachment - 1 (Used when more than one alien is included on the form) 37</p>	<p>Nonimmigrants 25</p> <p>What Is the Filing Fee? 26</p> <p>When To File? 27</p> <p>Where To File? 27</p> <p><b>Additional Information</b></p> <p>Processing Information 28</p> <p>USCIS Forms and Information 28</p> <p>USCIS Privacy Act Statement 29</p> <p>USCIS Compliance Review and Monitoring 29</p> <p>Paperwork Reduction Act 30</p> <p><b>Supplements to Form I-129</b></p> <p>E-1/E-2 Classification Supplement 9</p> <p>Trade Agreement Supplement 11</p> <p>H Classification Supplement 13</p> <p>H-1B Data Collection and Filing Fee Exemption Supplement 19</p> <p>L Classification Supplement 22</p> <p>O and P Classifications Supplement 26</p> <p>Q-1 Classification Supplement 29</p> <p>R-1 Classification Supplement 30</p> <p>Attachment - 1 (Used when more than one alien is included on the form) 35</p>
<p><b>Page 3-6,</b></p> <p><b>General Filing Instructions</b></p>	<p><b>[Page 3]</b></p> <p><b>General Filing Instructions</b></p> <p>...</p> <p><b>[Page 4]</b></p> <p>...</p> <p><b>How to Fill Out Form I-129</b></p> <p>1. Type or print legibly in black ink.</p> <p>2. Complete the basic form and any relating supplements.</p> <p>3. If you need extra space to complete any item, go to <b>Part 10., Additional Information About Your Petition for Nonimmigrant Worker</b>, indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers, and date and sign each sheet.</p> <p>...</p> <p><b>[Page 6]</b></p> <p>...</p>	<p><b>[Page 3]</b></p> <p><b>General Filing Instructions</b></p> <p>...</p> <p><b>[Page 4]</b></p> <p>...</p> <p><b>How to Fill Out Form I-129</b></p> <p>1. Type or print legibly in black ink.</p> <p>2. Complete the basic form and any relating supplements.</p> <p>3. If you need extra space to complete any item, go to <b>Part 9., Additional Information About Your Petition for Nonimmigrant Worker</b>, indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers, and date and sign each sheet.</p> <p>...</p> <p><b>[Page 6]</b></p>

	<p>The petitioner must indicate whether or not a license is required in <b>Part 7., Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</b>, of Form I-129.</p> <p>...</p>	<p>...</p> <p>The petitioner must indicate whether or not a license is required in <b>Part 6., Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States</b>, of Form I-129.</p> <p>...</p>
<p><b>Page 6,</b></p> <p><b>Classification – Initial Evidence</b></p>	<p><b>[Page 6]</b></p> <p><b>Classification - Initial Evidence</b></p> <p>For all classifications, if a beneficiary is seeking a <b>change of status</b> or <b>extension of stay</b>, evidence of maintenance of status must be included with the new petition. If the beneficiary is employed in the United States, the petitioner may submit copies of the beneficiary’s last 2 pay stubs, Form W-2, Internal Revenue Service (IRS) transcripts of the beneficiary's federal individual income tax return for the three most recent tax years, and other relevant evidence. You must also include a copy of the beneficiary’s Form I-94, passport, travel document, or I-797.</p> <p>...</p>	<p><b>[Page 6]</b></p> <p><b>Classification - Initial Evidence</b></p> <p>For all classifications, if a beneficiary is seeking a <b>change of status</b> or <b>extension of stay</b>, evidence of maintenance of status must be included with the new petition. If the beneficiary is employed in the United States, the petitioner may submit copies of the beneficiary’s last 2 pay stubs, <b>Form W-2, and other relevant evidence, as well as</b> a copy of the beneficiary’s Form I-94, passport, travel document, or I-797.</p> <p>...</p>
<p><b>Page 7-10,</b></p> <p><b>Part 6. Information About the Beneficiary’s Public Benefits</b></p>	<p><b>[Page 7]</b></p> <p><b>Part 6. Information About The Beneficiary’s Public Benefits</b></p> <p>In general, a condition of the approval of a request to extend the beneficiary’s stay or change the beneficiary’s status is that the beneficiary must demonstrate that, since obtaining the nonimmigrant status that you seek to extend or from which you seek to change on behalf of the beneficiary, he or she has not received one or more public benefits as set forth in 8 CFR 212.21(b) (and listed below), for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months). This condition only applies to beneficiaries who are seeking to change status or extend their stay in the United States. Therefore, you only have to complete the information in <b>Part 6.</b> if you are also requesting an extension of the</p>	<p><b>[Page 7]</b></p> <p><b>[deleted]</b></p>

beneficiary's stay in the United States or a change of the beneficiary's status with this petition. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

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

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

**Additional Information.**

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

Indicate whether the beneficiary has received or been certified to receive the following public benefits, since having obtained the nonimmigrant status that you seek to extend or that you seek to change

on behalf of the beneficiary. You need to respond even if the beneficiary falls within one of the categories of individuals for whom receipt of public benefits will not be considered – see table below for evidence that must be provided to document that the beneficiary qualifies for the exclusion):

- Any Federal, state, local, or tribal cash assistance for income maintenance;
- Supplemental Security Income (SSI);
- Temporary Assistance for Needy Families (TANF);
- Federal, state or local cash benefit programs for income maintenance (often called “General Assistance” in the state context, but which may exist under other names);
- Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”);
- Section 8 Housing Assistance under the Housing Choice Voucher Program;
- Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);
- Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and
- Federally-Funded Medicaid.

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

**[Page 8]**

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

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

If the beneficiary has received or is certified to receive the public benefits but requested disenrollment, please provide, in addition to providing the information about any exclusions below, evidence of the disenrollment or the request to disenroll if

the public benefit-granting agency has not processed the request.

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

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

**[Page 9]**

[Table]

**Exclusion**

U.S. Armed Forces Service Members

**Description**

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

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

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

- Service Members: Certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service

member is serving.

- Spouses and Children of Service Members: Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).

**Exclusion**

Federally-funded Medicaid

**Description**

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

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

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

**Exclusion**

Children Who Will Naturalize under INA 322

**Description**

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

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

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

**Exclusion**

Public Benefits While in an Immigration Category Exempt from Public Charge

**Description**

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

	<ul style="list-style-type: none"> <li>Received public benefits while in a category for which the beneficiary had received a waiver for public charge inadmissibility.</li> </ul> <p><b>Evidence you must submit for the beneficiary to qualify for exclusion (as applicable)</b></p> <p>Information that evidences the beneficiary’s status or that the beneficiary received a waiver for the public charge ground of inadmissibility, such as:</p> <ul style="list-style-type: none"> <li>Approval notice (Form I-797, Notice of Action); or</li> <li>Form I-94, Arrival/Departure Record.</li> </ul> <p><b>[Page 10]</b></p> <p><b>Documentation</b></p> <p>If the beneficiary has received or is currently certified to receive, any of the public benefits listed above, submit evidence in the form of a letter, notice, certification, or other agency documents that contain the following:</p> <ol style="list-style-type: none"> <li>Beneficiary’s name;</li> <li>Name and contact information for the public benefit granting agency;</li> <li>Type of public benefit;</li> <li>Date the beneficiary started receiving the public benefit or, if certified, date the beneficiary will start receiving the public benefit; and</li> <li>Date the benefit or coverage ended or expires (mm/dd/yyyy)(if applicable).</li> </ol> <p>If the beneficiary has received or is currently certified to receive public benefits, please indicate whether an exclusion applies to the beneficiary in <b>Item Number 3.</b>, and provide the evidence listed in the chart above to demonstrate why the benefit should not be considered.</p>	
<p><b>Page 29-30,</b></p> <p><b>What Is the Filing Fee</b></p>	<p><b>[Page 29]</b></p> <p><b>What Is the Filing Fee</b></p> <p>...</p> <p>2. Visit the USCIS Contact Center at <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a> to get</p>	<p><b>[Page 27]</b></p> <p><b>What Is the Filing Fee</b></p> <p>...</p> <p>2. Call the USCIS <b>National Customer</b></p>



	answers to your questions and connect with a live USCIS representative. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .	<b>Service Center at 1-800-375-5283 and ask for fee information.</b> For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .
<b>Page 30-31, Where To File?</b>	<b>[Page 30]</b>  <b>Where To File?</b>  <b><u>Regular Processing:</u></b>  Please see our website at <a href="http://www.uscis.gov/I-129">www.uscis.gov/I-129</a> or visit the USCIS Contact Center at <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a> to connect with a USCIS representative for the most current information about where to file this petition. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .  ...	<b>[Page 27]</b>  <b>Where To File?</b>  <b><u>Regular Processing:</u></b>  Please see our website at <a href="http://www.uscis.gov/I-129">www.uscis.gov/I-129</a> or <b>call</b> the USCIS <b>National Customer Service Center at 1-800-375-5283</b> for the most current information about where to file this <b>benefit request</b> . For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .  ...
<b>Page 31, USCIS Forms and Information</b>	<b>[Page 31]</b>  <b>USCIS Forms and Information</b>  To ensure you are using the latest version of this form, visit the USCIS website at <a href="http://www.uscis.gov">www.uscis.gov</a> where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may order USCIS forms by calling the USCIS Contact Center at <b>1-800-375-5283</b> . The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .  ...	<b>[Page 28]</b>  <b>USCIS Forms and Information</b>  To ensure you are using the latest version of this form, visit the USCIS website at <a href="http://www.uscis.gov">www.uscis.gov</a> where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may order USCIS forms by calling <b>our toll-free number at 1-800-870-3676</b> . <b>You may also obtain forms and information by calling the USCIS National Customer Service Center at 1-800-375-5283</b> . For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .  ...
<b>Page 32, DHS Privacy Notice</b>	<b>[Page 32]</b>  <b>DHS Privacy Notice</b>  ...	<b>[Page 29]</b>  <b>USCIS Privacy Act Statement</b>  ...
<b>Page 33, Paperwork Reduction Act</b>	<b>[Page 33]</b>  <b>Paperwork Reduction Act</b>  An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of	<b>[Page 30]</b>  <b>Paperwork Reduction Act</b>  An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of

	<p>information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated for Form I-129 at 2.84 hours; E-1/E-2 Classification at .67 hours; Trade Agreement Supplement at .67 hours; H Classification Supplement at 2 hours; H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement at 1 hour; L Classification Supplement to Form I-129 at 1.34 hours; P Classifications Supplement to Form I-129 at 1 hour; Q-1 Classification Supplement at .34 hours; R-1 Classification Supplement at 2.34 hours; and Form I-129 ATT at .33 hours, including the time for reviewing instructions, gathering the required documentation and completing and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No 1615-0009. <b>Do not mail your completed Form I-129 to this address.</b></p>	<p>information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated for Form I-129 at 2.34 hours; E-1/E-2 Classification at .67 hours; Trade Agreement Supplement at .67 hours; H Classification Supplement at 2 hours; H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement at 1 hour; L Classification Supplement to Form I-129 at 1.34 hours; P Classifications Supplement to Form I-129 at 1 hour; Q-1 Classification Supplement at .34 hours; R-1 Classification Supplement at 2.34 hours; and Form I-129 ATT at .33 hours, including the time for reviewing instructions, gathering the required documentation and completing and submitting the request. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No 1615-0009. <b>Do not mail your completed Form I-129 to this address.</b></p>
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