

**TABLE OF CHANGES – INSTRUCTIONS**  
**Form I-129CW, Instructions for Petition for a CNMI-Only Nonimmigrant Transitional Worker**  
**OMB Number: 1615-0111**  
**02/10/2021**

**Reason for Revision: PC Recission**  
**Project Phase:**

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 12/31/2020

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Current Page Number and Section	Current Text	Proposed Text
<b>Pages 1-5, General Instructions</b>	<b>[Page 1]</b>	<b>[Page 1]</b>
	<b>General Instructions</b>	<b>General Instructions</b>
	<p>USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <a href="http://get.adobe.com/reader/">http://get.adobe.com/reader/</a>. If you do not have Internet access, you may call 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>.</p> <p>...</p>	<p>USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <a href="http://get.adobe.com/reader/">http://get.adobe.com/reader/</a>. If you do not have Internet access, you may call the USCIS <b>National Customer Service Center</b> at <b>1-800-375-5283</b>. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b>.</p> <p>...</p>
	<b>[Page 2]</b>	<b>[Page 2]</b>
	<p>2. If you need extra space to complete any item within this petition, use the space provided in <b>Part 11. Additional Information</b> or attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p>	<p>2. If you need extra space to complete any item within this petition, use the space provided in <b>Part 10. Additional Information</b> or attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p>

	<p>3. 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.</p> <p><b>4. Part 6. Information about the Beneficiary’s Public Benefits.</b> In general, a condition on 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 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 while they are in the CNMI. Therefore, you only have to complete the information in <b>Part 6.</b> if you are also requesting an extension of the beneficiary’s stay in the CNMI 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 <b>Part 6.</b></p> <p><b>Item Number 1.</b> 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 is exempt from the public charge inadmissibility under INA section 212(a)(4). Provide the requested information and documentation. For additional beneficiaries, please respond to the questions in <b>Part 2. Information about the Additional Beneficiary’s Public Benefits</b>, in the Form I-129CW</p>	<p>3. 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 <b>directed.</b></p> <p><b>[delete]</b></p>
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	<p>Classification Supplement for each beneficiary.</p> <p><b>[Page 3]</b></p> <p><b>Item Number 2.</b> 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 received the public benefit, or the beneficiary's 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 through 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, provide the information separately. If you require additional space, use the space provided in <b>Part 11. Additional Information.</b></p> <p>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 benefits received by or attributable to the beneficiary will be considered.</p> <p>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 qualified for the exclusion):</p> <ol style="list-style-type: none"> <li>1. Any Federal, state, local, or tribal cash assistance for income maintenance;</li> <li>2. Supplemental Security Income (SSI);</li> <li>3. Temporary Assistance for Needy Families (TANF);</li> <li>4. Federal, state, or local cash benefit programs for income maintenance (often</li> </ol>	
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	<p>called “General Assistance” in the state context, but which may exist under other names);</p> <p>5. Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”);</p> <p>6. Section 8 Housing Assistance under the Housing Choice Voucher Program;</p> <p>7. Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation);</p> <p>8. Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.; and</p> <p>9. Federally-funded Medicaid.</p> <p><b>NOTE:</b> 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.</p> <p>If the beneficiary has not received any of the public benefits listed above, please select that option.</p> <p>If the beneficiary is currently not certified to receive any of the public benefits listed above, please select that option.</p> <p>If the beneficiary has received or is certified to receive the public benefits but requested disenrollment, please provide, in addition to providing 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.</p> <p>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).</p> <p><b>[Page 4]</b></p>	
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	<p>The following is a list of exemptions from the public benefits listed above. If the beneficiary belongs to one of the following categories, submit the evidence listed for the applicable categories.</p> <p>[Table]</p> <p><b>Exclusion</b> U.S. Armed Forces Service Members</p> <p><b>Description</b> At the time the public benefit was received, or at the time you file Form I-129CW, or at time of adjudication of Form I-129CW, the beneficiary is:</p> <ul style="list-style-type: none"> <li>• An alien enlisted in the U.S. Armed Forces, or serving in active duty or in the Ready Reserve component of the U.S. Armed Forces; or</li> <li>• The spouse or child of the service member (listed above); or</li> <li>• 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.</li> </ul> <p><b>Evidence You Must Submit for the Beneficiary to Qualify for Exclusion</b></p> <ul style="list-style-type: none"> <li>• Service Members: Certified evidence of alien's enlistment/service issued by the authorizing official of the executive department in which service member is serving.</li> <li>• Spouses and Children of Service Members: <ul style="list-style-type: none"> <li>o Copy of Form DD-1173, United States Uniformed Services Identification and Privilege Card (Dependent).</li> </ul> </li> </ul> <p><b>Exclusion</b> Federally-funded Medicaid</p> <p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Receipt by an alien under 21 years of age;</li> <li>• The recipient of Medicaid payments for an "emergency medical condition";</li> <li>• The receipt of Medicaid for services provided under the Individuals with Disabilities Education Act (IDEA);</li> </ul>	
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	<ul style="list-style-type: none"> <li>• The receipt of Medicaid for school-based non-emergency benefits for children who are of an age eligible for secondary education as determined under state law; or</li> <li>• Receipt during pregnancy and during the 60-Day period after the last day of the pregnancy.</li> </ul> <p><b>Evidence You Must Submit for the Beneficiary to Qualify for Exclusion</b></p> <ul style="list-style-type: none"> <li>• A statement with information regarding the “emergency medical condition” determination (if applicable);</li> <li>• Documentation of payments under the IDEA or school-based service;</li> <li>• Pregnancy verification letter from medical professional including estimated duration of pregnancy.</li> </ul> <p><b>Exclusion</b> Children Who Will Naturalize Under INA Section 322</p> <p><b>Description</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>Evidence You Must Submit to Qualify for Exemption</b></p> <ul style="list-style-type: none"> <li>• A copy of the N-600K interview notice.</li> </ul> <p><b>Exclusion</b> Public Benefits While in an Immigration Category Exempt from Public Charge</p> <p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Received public benefits while in a category that is exempt from public charge inadmissibility; or</li> <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</b></p> <ul style="list-style-type: none"> <li>• Information that evidences the beneficiary’s status or that the beneficiary received a waiver for the public charge ground of inadmissibility, such as: <ul style="list-style-type: none"> <li>o Approval notice (Form I-797, Notice of Action); or</li> </ul> </li> </ul>	
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	<p>o Form I-94, Arrival-Departure Record.</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> <p>(1) Beneficiary name;  (2) Name and contact information for the public benefit granting agency;</p> <p><b>[Page 5]</b></p> <p>(3) Type of public benefit;  (4) Date the beneficiary started receiving the public benefit or, if certified, date the beneficiary will start receiving the public benefit; and  (5) Date the benefit or coverage ended or expires (mm/dd/yyyy) (if applicable).</p> <p>If the beneficiary has received or is currently certified to receive such 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>5. Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory.</b> Select the appropriate box to indicate whether you read this petition yourself or whether you had an interpreter assist you. If someone assisted you in completing the petition, select the box indicating that you used a preparer. Further, you must sign and date your petition and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every petition <b>MUST</b> contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p>	<p><b>4. Part 7. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory.</b> Select the appropriate box to indicate whether you read this petition yourself or whether you had an interpreter assist you. If someone assisted you in completing the petition, select the box indicating that you used a preparer. Further, you must sign and date your petition and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every petition <b>MUST</b> contain the signature of the petitioner (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.</p> <p><b>5. Part 8. Interpreter's Contact</b></p>
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	<p><b>6. Part 9. Interpreter’s Contact Information, Certification, and Signature.</b> If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the petition.</p> <p><b>7. Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner.</b> This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter <b>and</b> your preparer, that person should complete both <b>Part 9.</b> and <b>Part 10.</b> If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition <b>MUST</b> sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your petition is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.</p> <p>...</p>	<p><b>Information, Certification, and Signature.</b> If you used anyone as an interpreter to read the Instructions and questions on this petition to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the petition.</p> <p><b>6. Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner.</b> This section must contain the signature of the person who completed your petition, if other than you, the petitioner. If the same individual acted as your interpreter <b>and</b> your preparer, that person should complete both <b>Part 8.</b> and <b>Part 9.</b> If the person who completed this petition is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this petition <b>MUST</b> sign and date the petition. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your petition is an attorney or accredited representative, he or she may be obliged to also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your petition.</p> <p>...</p>
<p><b>Pages 5-7, Information About Form I-129CW</b></p>	<p><b>[Page 7]</b></p> <p>...</p> <p><b>NOTE: Part 7. Employer Attestation</b> requires an attestation by the petitioning employer with the appropriate documentation. The authorizing official of the petitioning employer must complete, sign, and date the Employer Attestation. The attestation certifies, under penalty of perjury under the laws of the United States of America, that the contents of the</p>	<p><b>[Page 4]</b></p> <p>...</p> <p><b>NOTE: Part 6. Employer Attestation</b> requires an attestation by the petitioning employer with the appropriate documentation. The authorizing official of the petitioning employer must complete, sign, and date the Employer Attestation. The attestation certifies, under penalty of perjury under the laws of the United States of America, that the contents of the</p>



	<p>attestation and the evidence submitted with it are true and correct for the worker included on the Form I-129CW and <b>EVERY</b> worker named in an Additional Worker Attachment. The attestation is subject to verification.</p> <p>...</p>	<p>attestation and the evidence submitted with it are true and correct for the worker included on the Form I-129CW and <b>EVERY</b> worker named in an Additional Worker Attachment. The attestation is subject to verification.</p> <p>...</p>
<b>Pages 7-9, Initial Evidence</b>	<p><b>[Page 8]</b></p> <p>...</p> <p><b>4.</b> Evidence that supports the elements in the attestation, <b>Part 7.</b> of Form I-129CW, to the extent available;</p> <p>...</p>	<p><b>[Page 5]</b></p> <p>...</p> <p><b>4.</b> Evidence that supports the elements in the attestation, <b>Part 6.</b> of Form I-129CW, to the extent available;</p> <p>...</p>
<b>Pages 10-12, Other Instructions for Filling Out Form I-129CW</b>	<p><b>[Page 12]</b></p> <p>...</p> <p><b>Part 7. Employer Attestation.</b> The authorizing official of the petitioning employer must complete, sign, and date the Employer Attestation. The attestation certifies, under penalty of perjury under the laws of the United States of America, that the contents of the attestation are true and correct for the worker included on the Form I-129CW and every worker named in a Named Worker Attachment. The attestation is subject to verification.</p> <p>...</p>	<p><b>[Page 10]</b></p> <p>...</p> <p><b>Part 6. Employer Attestation.</b> The authorizing official of the petitioning employer must complete, sign, and date the Employer Attestation. The attestation certifies, under penalty of perjury under the laws of the United States of America, that the contents of the attestation are true and correct for the worker included on the Form I-129CW and every worker named in a Named Worker Attachment. The attestation is subject to verification.</p> <p>...</p>
<b>Pages 12-13, What Is the Filing Fee?</b>	<p><b>[Page 13]</b></p> <p>...</p> <p><b>2.</b> Call the USCIS Contact Center at <b>1-800-375-5283</b> and ask for fee information. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833.</b></p> <p>...</p>	<p><b>[Page 11]</b></p> <p>...</p> <p><b>2.</b> Call the USCIS <b>National Customer Service Center</b> at <b>1-800-375-5283</b> and ask for fee information. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833.</b></p> <p>...</p>
<b>Page 14, Where To File?</b>	<p><b>[Page 14]</b></p> <p><b>Where To File?</b></p> <p>Please see our website at <a href="http://www.uscis.gov/I-129CW">www.uscis.gov/I-129CW</a> or visit the USCIS Contact Center at <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a> to</p>	<p><b>[Page 11]</b></p> <p><b>Where To File?</b></p> <p>Please see our website at <a href="http://www.uscis.gov/I-129CW">www.uscis.gov/I-129CW</a> or call our National Customer Service Center at <b>1-800-375-5283</b> for the</p>

	connect with a USCIS representative for the most current information about where to file this petition. Petitions filed at the incorrect location may be rejected or denied. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .	most current information about where to file this <b>petition</b> . For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b> .
<b>Page 14, Address Change</b>	<p><b>[Page 14]</b></p> <p><b>Address Change</b></p> <p>A petitioner or beneficiary who is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous residence. USCIS will use the most recent address to notify the beneficiary that a petition requesting an extension of stay or change of status has been denied. For information on filing a change of address, go to the USCIS website at <a href="http://www.uscis.gov/addresschange">www.uscis.gov/addresschange</a> or contact the USCIS Contact Center at <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a> for help. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b>.</p>	<p><b>[Page 12]</b></p> <p><b>Address Change</b></p> <p>A <b>petitioner who</b> is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous <b>residence</b>. For information on filing a change of address, go to the USCIS website at <a href="http://www.uscis.gov/addresschange">www.uscis.gov/addresschange</a> or contact the USCIS <b>National Customer Service Center</b> at <b>1-800-375-5283</b>. For TTY (deaf or hard of hearing) call: <b>1-800-767-1833</b>.</p>
<b>Page 15, Paperwork Reduction Act</b>	<p><b>[Page 15]</b></p> <p><b>Paperwork Reduction Act</b></p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 4 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the petition, preparing statements, attaching necessary documentation, and submitting the petition. 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, 20 Massachusetts Ave NW, Washington, DC 20529-2140;</p>	<p><b>[Page 15]</b></p> <p><b>Paperwork Reduction Act</b></p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at <b>3.5</b> hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the petition, preparing statements, attaching necessary documentation, and submitting the petition. 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, 20 Massachusetts Ave NW, Washington, DC 20529-2140;</p>

	OMB No. 1615-0111. <b>Do not mail your completed Form I-129CW to this address.</b>	OMB No. 1615-0111. <b>Do not mail your completed Form I-129CW to this address.</b>
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