

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

**Reason for Revision: PC Recission**

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 1-2, Part 1. Information about the Employer Filing This Petition</b>	[Page 1]  ...  <b>4.g.</b> 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 <b>Part 11. Additional information.</b>  ...	[Page 1]  ...  <b>4.g.</b> 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 <b>Part 10. Additional information.</b>  ...
<b>Page 2, Part 2. Information About This Petition</b>	[Page 2]  ...  <b>1.c.</b> Change in previously approved employment (provide an explanation in <b>Part 11. Additional Information</b> ).  ...  <b>1.f.</b> Amended petition (provide an explanation in <b>Part 11. Additional Information</b> ).  ...	[Page 2]  ...  <b>1.c.</b> Change in previously approved employment (provide an explanation in <b>Part 10. Additional Information</b> ).  ...  <b>1.f.</b> Amended petition (provide an explanation in <b>Part 10. Additional Information</b> ).  ...
<b>Pages 2-4, Part 3. Worker Information</b>	[Page 3]  ...  If you answered “Yes” to <b>Item Number 19.</b> , identify the classification sought and the receipt number for those petitions in <b>Part 11. Additional Information.</b>	[Page 3]  ...  If you answered “Yes” to <b>Item Number 19.</b> , identify the classification sought and the receipt number for those petitions in <b>Part 10. Additional Information.</b>

	<p>...</p> <p>If you answered “Yes” to <b>Item Number 20.</b>, identify the classification sought and the receipt number for those petitions in <b>Part 11. Additional Information.</b></p> <p><b>[Page 4]</b></p> <p>...</p> <p>If you answered “Yes” to <b>Item Number 21.</b>, identify the receipt number for the petition and the date of the decision in <b>Part 11. Additional Information.</b></p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in <b>Item Numbers 22.a. - 24.c.</b> 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 <b>Part 11. Additional Information.</b></p> <p>...</p>	<p>...</p> <p>If you answered “Yes” to <b>Item Number 20.</b>, identify the classification sought and the receipt number for those petitions in <b>Part 10. Additional Information.</b></p> <p><b>[Page 4]</b></p> <p>...</p> <p>If you answered “Yes” to <b>Item Number 21.</b>, identify the receipt number for the petition and the date of the decision in <b>Part 10. Additional Information.</b></p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in <b>Item Numbers 22.a. - 24.c.</b> 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 <b>Part 10. Additional Information.</b></p> <p>...</p>
<p><b>Pages 4-5, Part 4. Processing Information</b></p>	<p><b>[Page 4]</b></p> <p>...</p> <p>If you answered “No” to <b>Item Number 2.</b>, type or print a brief explanation in <b>Part 11. Additional Information.</b></p> <p>...</p> <p><b>6.</b> Is any worker in this petition in removal proceedings? Yes</p> <p>No If yes, how many? [fillable field]</p> <p>Provide the name and A-Number of each worker in removal proceedings in <b>Part 11. Additional Information.</b></p> <p>...</p>	<p><b>[Page 4]</b></p> <p>...</p> <p>If you answered “No” to <b>Item Number 2.</b>, type or print a brief explanation in <b>Part 10. Additional Information.</b></p> <p>...</p> <p><b>6.</b> Is any worker in this petition in removal proceedings? Yes</p> <p>No If yes, how many? [fillable field]</p> <p>Provide the name and A-Number of each worker in removal proceedings in <b>Part 10. Additional Information.</b></p> <p>...</p>
<p><b>Page 5, Part 5. Basic Information About the Proposed Employment and Employer</b></p>	<p><b>[Page 5]</b></p> <p>...</p> <p>If you answered “No” to <b>Item Number 5.</b>, provide the address where the worker(s) will work if different from the address in <b>Part 1.</b> If the location has no address, describe the</p>	<p><b>[Page 5]</b></p> <p>...</p> <p>If you answered “No” to <b>Item Number 5.</b>, provide the address where the worker(s) will work if different from the address in <b>Part 1.</b> If the location has no address, describe the</p>

	<p>location where the worker will work and provide a map with your petition. If you need more space, use the space provided in <b>Part 11. Additional Information.</b></p> <p>...</p>	<p>location where the worker will work and provide a map with your petition. If you need more space, use the space provided in <b>Part 10. Additional Information.</b></p> <p>...</p>
<p><b>Pages 6-7, Part 6. Information about the Beneficiary’s Public Benefits</b></p>	<p><b>[Page 6]</b></p> <p><b>Part 6. Information about the Beneficiary’s Public Benefits</b></p> <p>This <b>Part 6.</b> 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 <b>Part 6.</b></p> <p>Provide the requested information and submit documentation as outlined in the Instructions. 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 Classification Supplement.</p> <p><b>1.</b> 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)</p> <p><input type="checkbox"/> Yes, the beneficiary has received or is currently certified to receive the following benefits (select all that apply):</p> <p><input type="checkbox"/> Any Federal, State, local, or Tribal Cash Assistance For Income Maintenance  <input type="checkbox"/> Supplemental Security Income (SSI)  <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)  <input type="checkbox"/> General Assistance (GA)  <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called “Food Stamps”)  <input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program  <input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)  <input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.  <input type="checkbox"/> Federally-funded Medicaid</p> <p><input type="checkbox"/> No, the beneficiary has not received any of the above listed public benefits.</p> <p><input type="checkbox"/> No, the beneficiary is not certified to receive any of the above listed public benefits.</p>	<p><b>[delete]</b></p>

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 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)

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**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)

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-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.

	<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> None of the above statements apply to the beneficiary.</p> <p><b>4.a.</b> 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):</p> <p><b>NOTE:</b> Submit evidence as outlined in the Instructions.</p> <p><input type="checkbox"/> An Emergency Medical Condition  <input type="checkbox"/> For a Service Under the Individuals with Disabilities Education Act (IDEA)  <input type="checkbox"/> Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law  <input type="checkbox"/> While Under 21 Years of Age  <input type="checkbox"/> While Pregnant or During the 60-day Period Following the Last Day of Pregnancy</p> <p><b>4.b.</b> Provide the Applicable Dates  Start Date (mm/dd/yyyy)  End Date (mm/dd/yyyy)</p>	
<p><b>Pages 7-8, Part 7. Employer's Attestation</b></p>	<p>[Page 7]</p> <p><b>Part 7. Employer's Attestation</b></p> <p>...</p>	<p>[Page 7]</p> <p><b>Part 6. Employer's Attestation</b></p> <p>...</p>
<p><b>Pages 8-9, Part 8. Statement, Contact Information,</b></p>	<p>[Page 8]</p> <p><b>Part 8. Statement, Contact Information, Declaration, Certification, and Signature of</b></p>	<p>[Page 8]</p> <p><b>Part 7. Statement, Contact Information, Declaration, Certification, and Signature of</b></p>

<p><b>Certification, and Signature of the Petitioner or Authorized Signatory</b></p>	<p><b>the Petitioner or Authorized Signatory</b></p> <p>...</p> <p><b>1.b.</b> The interpreter named in <b>Part 9.</b> 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.</p> <p><b>2.</b> At my request, the preparer named in <b>Part 10.</b>, [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p>...</p>	<p><b>the Petitioner or Authorized Signatory</b></p> <p>...</p> <p><b>1.b.</b> The interpreter named in <b>Part 8.</b> 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.</p> <p><b>2.</b> At my request, the preparer named in <b>Part 9.</b>, [Fillable field] prepared this petition for me based only upon information I provided or authorized.</p> <p>...</p>
<p><b>Page 9, Part 9. Interpreter's Contact Information, Certification, and Signature</b></p>	<p>[Page 9]</p> <p><b>Part 9. Interpreter's Contact Information, Certification, and Signature</b></p> <p>...</p> <p>I am fluent in English and [Fillable field] which is the same language specified in <b>Part 8., Item Number 1.b.</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 <b>Petitioner's or Authorized Signatory's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p>...</p>	<p>[Page 9]</p> <p><b>Part 8. Interpreter's Contact Information, Certification, and Signature</b></p> <p>...</p> <p>I am fluent in English and [Fillable field] which is the same language specified in <b>Part 7., Item Number 1.b.</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 <b>Petitioner's or Authorized Signatory's Declaration and Certification</b>, and has verified the accuracy of every answer.</p> <p>...</p>
<p><b>Page 10, Part 10. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner</b></p>	<p>[Page 10]</p> <p><b>Part 10. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory</b></p> <p>...</p>	<p>[Page 10]</p> <p><b>Part 9. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory</b></p> <p>...</p>
<p><b>Page 11, Part 11. Additional Information</b></p>	<p>[Page 11]</p> <p><b>Part 11. Additional Information</b></p> <p>...</p>	<p>[Page 7]</p> <p><b>Part 10. Additional Information</b></p> <p>...</p>
<p><b>Pages 12-15, Additional Worker Attachment for Form I-129CW</b></p>	<p>[Page 13]</p> <p>...</p> <p>If you answered "Yes" to <b>Item Number 22.</b>,</p>	<p>[Page 13]</p> <p>...</p> <p>If you answered "Yes" to <b>Item Number 22.</b>,</p>

	<p>identify the classification sought and the receipt number for those petitions in <b>Part 11. Additional Information.</b></p> <p>...</p> <p>If you answered “Yes” to <b>Item Number 23.</b>, identify the classification sought and the receipt number for those petitions in <b>Part 11. Additional Information.</b></p> <p>...</p> <p>If you answered “Yes” to <b>Item Number 24.</b>, identify the receipt number for the petition and the date of the decision in <b>Part 11. Additional Information.</b></p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in <b>Item Numbers 25.a. - 27.c.</b> 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 <b>Part 11. Additional Information.</b></p> <p>...</p> <p>Period of Stay 3  <b>27.a.</b> Employer’s Name  <b>27.b.</b> Period of Stay From (mm/dd/yyyy)  <b>27.c.</b> To (mm/dd/yyyy)</p> <p><b>[Page 14]</b></p> <p><b><i>Information about the Additional Beneficiary’s Public Benefits</i></b></p> <p><b>28.</b> 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)?</p> <p>Yes, the beneficiary has received or is currently certified to receive the following benefits:</p> <p>Any Federal, State, Local, or Tribal Cash Assistance For Income Maintenance</p> <p>Supplemental Security Income (SSI)</p> <p>Temporary Assistance for Needy Families (TANF)</p>	<p>identify the classification sought and the receipt number for those petitions in <b>Part 10. Additional Information.</b></p> <p>...</p> <p>If you answered “Yes” to <b>Item Number 23.</b>, identify the classification sought and the receipt number for those petitions in <b>Part 10. Additional Information.</b></p> <p>...</p> <p>If you answered “Yes” to <b>Item Number 24.</b>, identify the receipt number for the petition and the date of the decision in <b>Part 10. Additional Information.</b></p> <p>Provide the worker’s prior periods of stay in CW-1 classification in the United States for the last three years in <b>Item Numbers 25.a. - 27.c.</b> 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 <b>Part 10. Additional Information.</b></p> <p>...</p> <p>Period of Stay 3  <b>27.a.</b> Employer’s Name  <b>27.b.</b> Period of Stay From (mm/dd/yyyy)  <b>27.c.</b> To (mm/dd/yyyy)</p> <p><b>[delete]</b></p>
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	<p>General Assistance (GA)</p> <p>Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")</p> <p>Section 8 Housing Assistance under the Housing Choice Voucher Program</p> <p>Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)</p> <p>Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.</p> <p>Federally-Funded Medicaid</p> <p>No, the beneficiary has not received any of the above listed public benefits.</p> <p>No, the beneficiary is not certified to receive any of the above listed public benefits.</p> <p><b>29.</b> 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 <b>Item Number</b> in this <b>Part</b>, use the space provided in <b>Part 11. Additional Information.</b> Submit evidence as outlined in the Instructions.</p> <p><b>A. Type of Benefit</b>  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)</p> <p><b>B. Type of Benefit</b>  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)</p> <p><b>C. Type of Benefit</b>  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)</p> <p><b>D. Type of Benefit</b>  Agency that Granted the Benefit  Date the Beneficiary Started Receiving the</p>	
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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):

**NOTE:** Submit evidence as outlined in the Instructions.

An Emergency Medical Condition

For a Service Under the Individuals with

	<p>Disabilities Education Act (IDEA)</p> <p>Other School-based Benefits or Services Available Up to the Oldest Age Eligible for Secondary Education Under State Law</p> <p>While Under 21 Years of Age</p> <p>While Pregnant or During the 60-day Period Following the Last Day of Pregnancy</p> <p><b>31.b.</b> Provide the Applicable Dates Start Date (mm/dd/yyyy) End Date (mm/dd/yyyy)</p>	
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