



Form I-129CW, Petition for a CNMI-Only Nonimmigrant Transitional Worker

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

USCIS
Form I-129CW
OMB No. 1615-0111
Expires 12/31/2020

For USCIS Use Only		
Receipt	Partial Approval (<i>explain</i>)	Action Block
Class: _____ # of Workers: _____ Job Code: _____ Priority Number: _____ Validity Dates: From: _____ To: _____	Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted	

▶ **START HERE - Type or print in black ink.**

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.**

Legal Name of Individual Petitioner or Sole Proprietor

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

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.

4.d. City or Town

4.e. State 4.f. ZIP Code

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

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.**

5. Trade Name or "Doing Business As" Name (if applicable)

Petitioner's Contact Information

6.a. Daytime Telephone Number

6.b. Mobile Telephone Number (if any)

6.c. Email Address (if any)

Part 1. Information about the Employer Filing This Petition (continued)

Taxpayer Identification Numbers

Provide the following information as applicable:

7.a. Employer Identification Number (EIN)

7.b. Individual Taxpayer Identification Number (ITIN)

7.c. U.S. Social Security Number (if any)

8. USCIS Online Account Number (if any)

E-Verify Information

9.a. Do you certify that you are a participant in good standing in the E-Verify program? Yes No

9.b. Employer's Name as Listed in E-Verify

9.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

Part 2. Information About This Petition

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**).
- 2. Prior Petition. Provide the most recent petition receipt number for the worker. If none exists, type or print "None."

Requested Action (Select **only one** box):

- 3.a. Notify the office in **Part 4**, so each worker can obtain a visa or be admitted.
- 3.b. Change the worker's status and extend their stay since the worker is in the CNMI in another status. This option is available only if you selected **Item Number 1.a.**, "New Employment" as the Basis for Classification (see the Instructions for limitations).
- 3.c. Extend stay of each worker since they now hold this status.
- 3.d. Amend the stay of each worker since they now hold this status.

If you selected **Item Number 3.b.**, indicate the type of status change you are requesting (Select **only one** box):

- 4.a. Initial Grant of CW-1 Status in CNMI.
- 4.b. Change of Federal Nonimmigrant Status to CW-1
- 5. **Total number of workers in petition** (See Instructions relating to when more than one worker can be included):
- 6.a. Are you requesting a long-term CW-1 worker(s)? Yes No
- 6.b. If you answered "Yes" to **Item Number 6.a.**, how much time are you are requesting for the CW-1 long-term worker(s)?
 - Up to 1 Year
 - More Than 1 Year, up to 2 Years
 - More Than 2 Years, up to 3 Years
- 6.c. If you answered "Yes" to **Item Number 6.a.**, did each worker continuously maintain CW-1 nonimmigrant status during the required fiscal years? Yes No

Part 3. Worker Information

Provide the information requested about the worker(s) for whom you are filing. If you are providing information for more than one worker, complete a separate copy of the **Additional Worker Attachment for Form I-129CW** for each additional worker.

Worker's Full Name

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

Part 3. Worker Information (continued)

Other Names the Worker Has Used

Include nicknames, aliases, maiden name, and names from all previous marriages.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

Other Information

- 3. Date of Birth (mm/dd/yyyy)
- 4. Gender Male Female
- 5. U.S. Social Security Number (if any)
- 6. Alien Registration Number (A-Number) (if any)
- 7. City or Town of Birth
- 8. State or Province of Birth
- 9. Country of Birth
- 10. Country of Citizenship or Nationality

Worker's Foreign Address (if any)

- 11.a. Street Number and Name
- 11.b. Apt. Ste. Flr.
- 11.c. City or Town
- 11.d. State 11.e. ZIP Code
- 11.f. Province
- 11.g. Postal Code
- 11.h. Country

If the worker is in the CNMI, provide the information requested in **Item Numbers 12. - 17.**

- 12. Date of Last Arrival (mm/dd/yyyy)
- 13. Form I-94 Arrival-Departure Record Number
- 14.a. Passport or Travel Document Number
- 14.b. Date Passport or Travel Document Issued (mm/dd/yyyy)
- 14.c. Date Passport or Travel Document Expires (mm/dd/yyyy)
- 14.d. Passport or Travel Document Country of Issuance
- 15.a. Current Nonimmigrant Status
- 15.b. Date Status Expires (mm/dd/yyyy) or Duration of Stay (D/S) (see Form I-94 Arrival/Departure Document)
- 16. Student and Exchange Visitor Information System (SEVIS) Number (if any)
- 17. Employment Authorization Document (EAD) Number (if any)

If the worker is in the CNMI, provide their current residential address.

- 18.a. Street Number and Name
- 18.b. Apt. Ste. Flr.
- 18.c. City or Town
- 18.d. State 18.e. ZIP Code
- 19. Have you ever filed an immigrant petition for this worker? Yes No
- 20. Have you ever filed a nonimmigrant 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.**

If you answered "Yes" to **Item Number 20.**, identify the classification sought and the receipt number for those petitions in **Part 11. Additional Information.**

Part 3. Worker Information (continued)

- 21.** 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 21.**, identify the receipt number for the petition and the date of the decision 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 22.a. - 24.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.**

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

- 22.a.** Employer's Name
- 22.b.** Period of Stay From (mm/dd/yyyy)
- 22.c.** To (mm/dd/yyyy)

Period of Stay 2

- 23.a.** Employer's Name
- 23.b.** Period of Stay From (mm/dd/yyyy)
- 23.c.** To (mm/dd/yyyy)

Period of Stay 3

- 24.a.** Employer's Name
- 24.b.** Period of Stay From (mm/dd/yyyy)
- 24.c.** To (mm/dd/yyyy)

Part 4. Processing Information

If any of the workers in **Part 3. Worker Information** or in an **Additional Worker Attachment for Form I-129CW** are outside the CNMI, or if a requested extension of stay or change of status cannot be granted, provide the U.S. Consulate or CBP inspection facility you want notified if this petition is approved.

- 1.a.** Type of Office (Select **only one** box):

- U.S. Embassy or U.S. Consulate
 CBP Pre-flight Inspection
 U.S. Port of Entry

- 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?

- 4.** Have you previously filed any other petitions based on the same temporary labor certification as this petition?
 Yes No

If you answered "Yes" to **Item Number 4.**, provide the previous receipt numbers(s).

- 5.** Are you filing any applications for dependents with this petition?
 Yes No

If yes, how many?

- 6.** Is any worker in this petition in removal proceedings?
 Yes No

If yes, how many?

Provide the name and A-Number of each worker in removal proceedings in **Part 11. Additional Information.**

Part 6. Information about the Beneficiary's Public Benefits

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 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 Expire (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)

Part 6. Information about the Beneficiary's Public Benefits (continued)

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.
- 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 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)

Part 7. Employer's Attestation

The above named petitioning employer has not displaced and will not displace a United States worker in order to employ the worker as agreed to in the application for Temporary Labor Certification.

The above named petitioning employer is doing business as defined in the regulations at 8 CFR 214.2(w)(1)(iii).

The above named petitioning employer is a legitimate business as defined in the regulations at 8 CFR 214.2(w)(1)(vii).

The above named petitioning employer is an eligible employer as described in 8 CFR 214.2(w)(4) and will continue to comply with the requirements for an eligible employer until such time as the employer no longer employs any CW-1 nonimmigrant worker.

Each worker meets the qualifications for the position.

Each worker, if present in the CNMI, is lawfully present in the CNMI.

The position is not temporary or seasonal employment, and the above named petitioning employer does not reasonably believe the position to qualify for any other nonimmigrant worker classification including H-2A or H-2B.

Part 7. Employer's Attestation (continued)

The position falls within the list of occupational categories designated by USCIS (Select **only one** box):

- 5.a. Professional, Technical, or Management Occupations
- 5.b. Clerical and Sales Occupations
- 5.c. Service Occupations
- 5.d. Agricultural, Fisheries, Forestry, and Related Occupations
- 5.e. Processing Occupations
- 5.f. Machine Trade Occupations
- 5.g. Benchwork Occupations
- 5.h. Structural Occupations
- 5.i. Miscellaneous Occupations

The above named petitioning employer will pay each worker a wage that is not less than the greater of:

- 1) The CNMI minimum wage;
- 2) The Federal minimum wage; or
- 3) The prevailing wage in the CNMI for the occupation in which the worker will be employed as established by the U.S. Department of Labor; and

The above named petitioning employer will comply with the reporting and retention requirements in 8 CFR 214.2(w)(26).

I certify under penalty of perjury, under the laws of the United States of America, that the contents of this attestation and the evidence submitted with it are true and correct to the best of my knowledge. If filing on behalf of an organization, I certify that I am empowered to do so by the organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as stated in the prior approved petition.

- 6. Employer's Printed Name
- 7. Title
- 8. Employer/Organization Name

Employer's Signature

- 9.a. Employer's Signature
➔
- 9.b. Date of Signature (mm/dd/yyyy)

Part 8. Statement, Contact Information, Certification, and 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.

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 , 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.**, , prepared this petition for me based only upon information I provided or authorized.

Petitioner's or Authorized Signatory's Contact Information

- 3.a. Authorized Signatory's Family Name (Last Name)
- 3.b. Authorized Signatory's Given Name (First Name)
- 4. Authorized Signatory's Title
- 5. Authorized Signatory's Daytime Telephone Number
- 6. Authorized Signatory's Mobile Telephone Number (if any)
- 7. Authorized Signatory's Email Address (if any)

Part 8. Statement, Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory (continued)

Petitioner's or Authorized Signatory's Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information contained in this petition, in supporting documents, in my USCIS records, and in the petitioning organization's USCIS records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

8.a. Petitioner's Signature

➔

8.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

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

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and ,

which is the same language specified in **Part 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.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing This Petition, if Other Than the Petitioner or Authorized Signatory

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. I am an attorney or accredited representative and my representation of the petitioner in this case extends does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 11. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____



Additional Worker Attachment for Form I-129CW

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

USCIS
Form I-129CW
OMB No. 1615-0111
Expires 12/31/2020

Complete a separate copy of this attachment for each additional worker included in this petition. (Do not complete a copy of this Attachment for the worker you already named in **Part 3** of Form I-129CW.)

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

Legal Name of Individual Petitioner or Sole Proprietor

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Petitioning Company or Organization Name and Address

- 2. Name of Employer/Organization
- 3.a. In Care Of Name (if any)
- 3.c. Street Number and Name
- 3.d. Apt. Ste. Flr.
- 3.e. City or Town
- 3.f. State 3.g. ZIP Code
[\(USPS ZIP Code Lookup\)](#)

Information About the Worker

- Worker's Full Name
- 4.a. Family Name (Last Name)
 - 4.b. Given Name (First Name)
 - 4.c. Middle Name

Other Names the Worker Has Used

Include nicknames, aliases, maiden name, and names from all previous marriages.

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name

Other Information

- 6. Date of Birth (mm/dd/yyyy)
- 7. Gender Male Female
- 8. U.S. Social Security Number (if any)
- 9. Alien Registration Number (A-Number) (if any)
- 10. City or Town of Birth
- 11. State or Province of Birth
- 12. Country of Birth
- 13. Country of Citizenship or Nationality

Worker's Foreign Address (if any)

- 14.a. Street Number and Name
- 14.b. Apt. Ste. Flr.
- 14.c. City or Town
- 14.d. State 14.e. ZIP Code
- 14.f. Province
- 14.g. Postal Code
- 14.h. Country

If the worker is in the CNMI, provide the information requested in **Item Numbers 15. - 20.**

15. Date of Last Arrival (mm/dd/yyyy)

16. Form I-94 Arrival-Departure Record Number
▶

17.a. Passport or Travel Document Number

17.b. Date Passport or Travel Document Issued
(mm/dd/yyyy)

17.c. Date Passport or Travel Document Expires
(mm/dd/yyyy)

17.d. Passport or Travel Document Country of Issuance

18.a. Current Nonimmigrant Status

18.b. Date Status Expires(mm/dd/yyyy) or Duration of Stay
(D/S) (see Form I-94 Arrival/Departure Document)

19. Student and Exchange Visitor Information System
(SEVIS) Number (if any)

20. Employment Authorization Document (EAD) Number (if
any)

If the worker is in the CNMI, provide their current residential
address.

21.a. Street Number and Name

21.b. Apt. Ste. Flr.

21.c. City or Town

21.d. State 21.e. ZIP Code

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. Additional Information.**

23. Have you ever filed a nonimmigrant petition for this
worker? Yes No

If you answered "Yes" to **Item Number 23.**, identify the
classification sought and the receipt number for those
petitions in **Part 11. Additional Information.**

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.**

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.**

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 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)

Information about the Additional Beneficiary's Public Benefits

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)

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 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)