



# Petition for a Nonimmigrant Worker

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

USCIS  
Form I-129

| For USCIS Use Only  | Receipt   | Partial Approval (explain) | Action Block |
|---|---|----------------------------|--------------|
| Class: _____<br>No. of Workers: _____<br>Job Code: _____<br>Validity Dates: _____<br>From: _____<br>To: _____ | <input type="checkbox"/> Classification Approved<br><input type="checkbox"/> Consulate/POE/PFI Notified<br>At: _____<br><input type="checkbox"/> Extension Granted<br><input type="checkbox"/> [Redacted] |                            |              |

► START HERE - Type or print in black ink.

## Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1**. If you are a company or an organization filing this petition, complete **Item Number 2**.

### 1. Legal Name of Individual Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

### 2. Company or Organization Name

### 3. Mailing Address of Individual, Company or Organization

(USPS ZIP Code Lookup)

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

### 4. Contact Information

Daytime Telephone Number

Mobile Telephone Number

Email Address (if any)

### 5. Other Information

Federal Employer Identification Number (FEIN)

Individual IRS Tax Number

U.S. Social Security Number (if any)

## Part 2. Information About This Petition (See instructions for fee information)

(Write classification symbol):

### 2. Basis for Classification (select only one box):

- a. New employment.
- b. Continuation of previously approved employment without change with the same employer.
- c. Change in previously approved employment.
- d. New concurrent employment.
- e. Change of employer.
- f. Amended petition.

### 3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

► [REDACTED]

### 4. Requested Action (select only one box):

- a. [REDACTED] or be admitted. (NOTE: A petition is not required for

- b. [REDACTED]

**Number 2.**, above.

- c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

### 5. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.)

► [REDACTED]

## Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

### 1. If an Entertainment Group, Provide the Group Name

[REDACTED]

### 2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

[REDACTED]

[REDACTED]

[REDACTED]

### 3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

Given Name (First Name)

Middle Name

[REDACTED]

[REDACTED]

[REDACTED]

### 4. Other Information

Date of birth (mm/dd/yyyy)

Gender

U.S. Social Security Number (if any)

[REDACTED]

Male

Female

► [REDACTED]

**Part 3. Beneficiary Information** (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) Country of Birth

► A- [REDACTED]

[REDACTED]

Province of Birth

Country of Citizenship or Nationality

[REDACTED]

[REDACTED]

Date of Last Arrival (mm/dd/yyyy)

I-94 Arrival-Departure Record Number

Passport or Travel Document Number

[REDACTED]

► [REDACTED]

[REDACTED]

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

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

Passport or Travel Document Country of Issuance

[REDACTED]

[REDACTED]

[REDACTED]

Current Nonimmigrant Status

Date Status Expires or D/S (mm/dd/yyyy)

[REDACTED]

[REDACTED]

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

Employment Authorization Document (EAD) Number (if any)

[REDACTED]

[REDACTED]

[REDACTED] (if applicable) (do not list a P.O. Box)

Street Number and Name

Apt. Ste. Flr. Number

[REDACTED]

[REDACTED]

City or Town

State ZIP Code

[REDACTED]

[REDACTED]

[REDACTED]

**Part 4. Processing Information**

1. If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

[REDACTED] (select only one box):  Consulate  Pre-flight inspection  Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

[REDACTED]

[REDACTED]

d. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

[REDACTED]

[REDACTED]

City or Town

State

[REDACTED]

[REDACTED]

Province

Postal Code

Country

[REDACTED]

[REDACTED]

[REDACTED]

2. Does each person in this petition have a valid passport?  Yes  No. If no, go to **Part 9.** and type or print your explanation.

#### Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?

Yes. If yes, how many? ► [Redacted]

No

4.

[Redacted]

Yes. If yes, how many? ► [Redacted]

No

5. Are you filing any applications for dependents with this petition?

Yes. If yes, how many? ► [Redacted]

No

6. Is any beneficiary in this petition in removal proceedings?

Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s).

No

7. Have you ever filed an immigrant petition for any beneficiary in this petition?

Yes. If yes, how many? ► [Redacted]

No

8. Did you indicate you were filing a new petition in **Part 2.?**

Yes. If yes, answer the questions below.

No. If no, proceed to **Item Number 9.**

a.

[Redacted]

Yes. If yes, proceed to **Part 9.** and type or print your explanation.  No

b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?

Yes. If yes, proceed to **Part 9.** and type or print your explanation.  No

9. Have you ever previously filed a nonimmigrant petition for this beneficiary?

Yes. If yes, proceed to **Part 9.** and type or print your explanation.

No

10.

[Redacted]

Yes. If yes, proceed to **Part 9.** and type or print your explanation.  No

11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

Yes. If yes, proceed to **Item Number 11.b.**

No

11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

[Redacted]

#### Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

[Redacted]

2. LCA or ETA Case Number

[Redacted]

## Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in **Part 1**.

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

4. Did you include an itinerary with the petition?

Yes  No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location?

Yes  No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?  Yes  No

7. Is this a full-time position?

Yes  No

8. If the answer to **Item Number 7.** is no, how many hours per week for the position?



9. Wages: \$  per (Specify hour, week, month, or year)



10. Other Compensation (Explain)

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11. Dates of intended employment From: (mm/dd/yyyy)  To: (mm/dd/yyyy)

12. Type of Business

13.

14.  15.  16. Net Annual Income

ing the Release of Controlled Technology or Technical Data to Foreign

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1.  A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2.  A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

**Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory** (Read the information on penalties in the instructions before completing this section.)

the petitioner, I

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. 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 and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

**1. Name and Title of Authorized Signatory**

Family Name (Last Name)

Given Name (First Name)

Title

**2. Signature and Date**

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

**3. Signatory's Contact Information**

Daytime Telephone Number

Email Address (if any)

**NOTE:** If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

## **Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner**

Provide the following information concerning the preparer:

### **1. Name of Preparer**

Family Name (Last Name)

Given Name (First Name)

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

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

### **3. Preparer's Mailing Address**

Street Number and Name

Apt. Ste. Flr. Number

  

State

ZIP Code

Province

Postal Code

Country

### **4. Preparer's Contact Information**

Daytime Telephone Number

Fax Number

Email Address (if any)

### ***Preparer's Declaration***

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

### **5. Signature and Date**

Signature of Preparer

Date of Signature (mm/dd/yyyy)

## **Part 9. Additional Information About Your Petition For Nonimmigrant Worker**

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

1. A-Number ► A-

2. **Page Number** **Part Number** **Item Number**

3. **Page Number** **Part Number** **Item Number**

4. **Page Number** **Part Number** **Item Number**



# O and P Classifications Supplement to Form I-129

USCIS  
Form I-129

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

## Section 1. Complete This Section if Filing for O or P Classification

1. Name of the Petitioner

Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.

2.a. Name of the Beneficiary

OR

2.b. Provide the total number of beneficiaries:

3. Classification sought (select only one box)

- a. O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- b. O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- c. [REDACTED]
- d. [REDACTED]
- e. P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- f. P-1S Essential Support Personnel for P-1
- g. P-2 Artist or entertainer for reciprocal exchange program
- h. P-2S Essential Support Personnel for P-2
- i. P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- j. P-3S Essential Support Personnel for P-3

4. Explain the nature of the event.

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5. Describe the duties to be performed.

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6. If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the principal O-1 or P alien.

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7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

- Yes. If yes, please explain in Item Number 7.b.       No.

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## Section 1. Complete This Section if Filing for O or P Classification (continued)

7.b. Explanation

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8. Does an appropriate labor organization exist for the petition?

Yes       No. If no, proceed to **Part 9.** and type or print your explanation.

9. Is the required consultation or written advisory opinion being submitted with this petition?

Yes       No - copy of request attached       N/A

If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.

### **O-1 Extraordinary Ability**

10.a. Name of Recognized Peer/Peer Group or Labor Organization

10.b. Physical Address

Street Number and Name

 Apt. Ste. Flr. Number  
  

City or Town

 State ZIP Code  

10.c. Date Sent (mm/dd/yyyy)

10.d. Daytime Telephone Number

### **O-1 Extraordinary achievement in motion pictures or television**

11.a. Name of Labor Organization

11.b. Complete Address

Street Number and Name

 Apt. Ste. Flr. Number  
  

City or Town

 State ZIP Code  

11.c. Date Sent (mm/dd/yyyy)

11.d. Daytime Telephone Number

12.a. Name of Management Organization

12.b. Physical Address

Street Number and Name

 Apt. Ste. Flr. Number  
  

City or Town

 State ZIP Code  

12.c. Date Sent (mm/dd/yyyy)

Daytime Telephone Number

## Section 1. Complete This Section if Filing for O or P Classification (continued)

### O-2 or P alien

13.a. Name of Labor Organization

13.b. Complete Address

|                        |   |
|------------------------|---|
| Street Number and Name | Apt. Ste. Flr. Number   |
| <input type="text"/>   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/> |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| City or Town         | State                | ZIP Code             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

13.c. Date Sent (mm/dd/yyyy)

13.d. Daytime Telephone Number

## Section 2. Statement by the Petitioner

I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

1. Name of Petitioner

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name          |
| <input type="text"/>    | <input type="text"/>    | <input type="text"/> |

2. Signature and Date

|   |                                |
|---|--------------------------------|
| Signature of Petitioner   | Date of Signature (mm/dd/yyyy) |
|  <input type="text"/> | <input type="text"/>           |

3. Petitioner's Contact Information

|                          |                        |
|--------------------------|------------------------|
| Daytime Telephone Number | Email Address (if any) |
| <input type="text"/>     | <input type="text"/>   |



# Request for Premium Processing Service

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

USCIS  
Form I-907

|                           |                                      |            |             |              |
|---------------------------|--------------------------------------|------------|-------------|--------------|
| <b>For USCIS Use Only</b> | Request Physically Received by USCIS | Returned   | Resubmitted | Receipt      |
|                           | Date _____                           | Date _____ | Date _____  |              |
|                           | Date _____                           | Date _____ | Date _____  | Action Block |
| Remarks                   |                                      |            |             |              |

|   |  |   |  |
|---|--|---|--|
| To be completed by an attorney or accredited representative (if any). | <input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached. | Attorney State Bar Number (if applicable)<br><input type="text"/> | Attorney or Accredited Representative USCIS Online Account Number (if any)<br><input type="text"/> |
|---|--|---|--|

► START HERE - Type or print in black ink.

## Part 1. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any)

► A-

2. USCIS Online Account Number (if any)

►

3. Family Name (Last Name)

Given Name (First Name)

Middle Name

4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization)

5. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code [USPS ZIP Code Lookup](#)

Province

Postal Code

Country

6. Is your current mailing address the same as your physical address?

Yes  No

If you answered "No" to Item Number 6., provide your physical address in Item Number 7.

## Part 1. Information About the Person Filing This Request (continued)

### 7. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

### 8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited [REDACTED] outside the Geographical Confines of [REDACTED])
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

## Part 2. Information About the Request

### 1. Form Number of Related Petition or Application

### 2. Receipt Number of Related Petition or Application

### 3. Classification or Eligibility Requested

### 4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

### 5. Beneficiary in the Related Case

Family Name (Last Name)

Given Name (First Name)

Middle Name

### 6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Given Name (First Name)

Middle Name

Position Title

### 7. Company or Organization IRS Employer Identification Number (EIN) (if any)

## Part 2. Information About the Request (continued)

### 8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Postal Code

Country

## Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-907 Instructions before completing this section.

understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

### Requestor's Statement

**NOTE:** Select the box for either **Item A.** or **Item B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

#### 1. Requestor's Statement Regarding the Interpreter

- A.  I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B.  The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in , a language in which I am fluent, and I understood everything.

#### 2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.** , prepared this request for me based only upon information I provided or authorized.

### Requestor's Contact Information

#### 3. Requestor's Daytime Telephone Number

#### 4. Requestor's Mobile Telephone Number (if any)

#### 5. Requestor's Fax Number (if any)

#### 6. Requestor's Email Address (if any)

### Requestor's Declaration and Certification

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

### **Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature**

(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

#### ***Requestor's Signature***

|                          |                                |
|--------------------------|--------------------------------|
| 7. Requestor's Signature | Date of Signature (mm/dd/yyyy) |
|--------------------------|--------------------------------|

**NOTE TO ALL REQUESTORS:** If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

### **Part 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

#### ***Interpreter's Full Name***

|   |                                       |
|---|---------------------------------------|
| 1. Interpreter's Family Name (Last Name)                | Interpreter's Given Name (First Name) |
| 2. Interpreter's Business or Organization Name (if any) |                                       |

#### ***Interpreter's Mailing Address***

|                           |                               |                               |                               |        |
|---------------------------|-------------------------------|-------------------------------|-------------------------------|--------|
| 3. Street Number and Name | Apt. <input type="checkbox"/> | Ste. <input type="checkbox"/> | Flr. <input type="checkbox"/> | Number |
| City or Town              | State                         | ZIP Code                      |                               |        |
| Province                  | Postal Code                   | 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 [REDACTED], which is the same language specified in **Part 3.**,

**Item B.** in **Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.

## Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

### Interpreter's Signature

|                            |                                |
|----------------------------|--------------------------------|
| 7. Interpreter's Signature | Date of Signature (mm/dd/yyyy) |
|----------------------------|--------------------------------|

## Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

### Preparer's Full Name

|  |                                    |
|--|------------------------------------|
| 1. Preparer's Family Name (Last Name)                | Preparer's Given Name (First Name) |
| 2. Preparer's Business or Organization Name (if any) |                                    |

### Preparer's Mailing Address

|                           |   |         |
|---------------------------|---|---------|
| 3. Street Number and Name | Apt.   Ste.   Flr.   Number<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |         |
| City or Town              | State   ZIP Code<br><input checked="" type="checkbox"/>   |         |
| Province                  | Postal Code   | 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 request on behalf of the requestor with the requestor's consent.
- B.  I am an attorney or accredited representative and my representation of the requestor in this case  
     extends    does not extend beyond the preparation of this request.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.

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**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)**

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***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

***Preparer's Signature***

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

## Part 6. 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. Family Name (Last Name)      Given Name (First Name)      Middle Name

2. A-Number (if any) ► A-

Page Number    3.B. Part Number    3.C. Item Number

3.D.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Page Number    4.B. Part Number    4.C. Item Number

4.D.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Page Number     Part Number    5.C. Item Number

5.D.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► [REDACTED]

### Name of Attorney or Accredited Representative

- 2.a. Family Name (Last Name) [REDACTED]

- 2.b. Given Name (First Name) [REDACTED]

- 2.c. Middle Name [REDACTED]

### Address of Attorney or Accredited Representative

- 3.a. Street Number and Name [REDACTED]

- 3.b.  Apt.  Ste.  [REDACTED]

- 3.c. City or Town [REDACTED]

- 3.d. State [REDACTED] 3.e. ZIP Code [REDACTED]  
(USPS ZIP Code Lookup)

- 3.f. Province [REDACTED]

- 3.g. Postal Code [REDACTED]

- 3.h. Country [REDACTED]

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number [REDACTED]

5. Mobile Telephone Number (if any) [REDACTED]

6. Email Address (if any) [REDACTED]

7. Fax Number (if any) [REDACTED]

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories,

[REDACTED]  
need extra space to complete this section, use the space provided in Part 6. Additional Information.

Licensing Authority [REDACTED]

- 1.b. Bar Number (if applicable) [REDACTED]

- 1.c. I (select only one box)  am not  am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in Part 6. Additional Information to provide an explanation.

- 1.d. Name of Law Firm or Organization (if applicable) [REDACTED]

- 2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the

[REDACTED]  
Justice in accordance with 8 CFR part 1292.

- 2.b. Name of Recognized Organization [REDACTED]

- 2.c. Date of Accreditation (mm/dd/yyyy) [REDACTED]

3.  I am associated with [REDACTED],

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

- 4.b. Name of Law Student or Law Graduate [REDACTED]

### **Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
[Redacted]
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.  
[Redacted]
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.  
[Redacted]
4. Receipt Number (if any)  
► [Redacted]
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
 Applicant     Petitioner     Requestor  
 Beneficiary/Derivative     Respondent (ICE, CBP)

### **Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

- 6.a. Family Name (Last Name) [Redacted]
- 6.b. Given Name (First Name) [Redacted]
- 6.c. Middle Name [Redacted]
- 7.a. Name of Entity (if applicable)  
[Redacted]
- 7.b. Title of Authorized Signatory for Entity (if applicable)  
[Redacted]
8. Client's USCIS Online Account Number (if any)  
► [Redacted]
9. Client's Alien Registration Number (A-Number) (if any)  
► A- [Redacted]

### **Client's Contact Information**

10. Daytime Telephone Number  
[Redacted]

11. Mobile Telephone Number (if any)  
[Redacted]

12. Email Address (if any)  
[Redacted]

### **Mailing Address of Client**

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name [Redacted]
- 13.b.  Apt.     Ste.     [Redacted]  
[Redacted]
- 13.c. City or Town [Redacted]
- 13.d. State [Redacted] 13.e. ZIP Code [Redacted]
- 13.f. Province [Redacted]
- 13.g. Postal Code [Redacted]
- 13.h. Country [Redacted]

### **Part 4. Client's Consent to Representation and Signature**

#### **Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1**, [Redacted] and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

## Part 4. Client's Consent to Representation and Signature (continued)

### *Options Regarding Receipt of USCIS Notices and Documents*

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure [REDACTED] mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** [REDACTED]

Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

- 1.c.  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

### *Signature of Client or Authorized Signatory for an Entity*

- 2.a. Signature of Client or Authorized Signatory for an Entity

→ [REDACTED]

- 2.b. Date of Signature (mm/dd/yyyy)

## Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury [REDACTED]

[REDACTED] provided on this form is true and correct.

1.b. Date of Signature (mm/dd/yyyy) [REDACTED]

2.a. Signature of Law Student or Law Graduate [REDACTED]

2.b. Date of Signature (mm/dd/yyyy) [REDACTED]

## Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.** Page Number **2.b.** Part Number **2.c.** Item Number

**2.d.**   
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**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.** \_\_\_\_\_



# Authorization for Credit Card Transactions

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

USCIS  
Form G-1450

## How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Info" and "Credit Card Information" sections and sign the authorization. NOTE: [REDACTED]
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

**NOTE:** Failure to provide the requested information may result in USCIS and your financial institution not accepting the payment. USCIS cannot process credit card payments without an authorized signature.

**NOTE:** Please see the USCIS Form G-1450 website for additional information.

**We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.**

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action USCIS takes on an application, petition, or request. You must submit all fees in the exact amounts. USCIS will charge your credit card up to the amount you authorize below.

e form(s) you are filing for additional inf [REDACTED] may call the USCIS Customer Contact number at [REDACTED]. For TTY (deaf or hard of hearing) call: [REDACTED].

### Applicant's/Petitioner's/Requester's Information (Full Legal Name)

|                         |                      |                         |
|-------------------------|----------------------|-------------------------|
| Given Name (First Name) | Middle Name (if any) | Family Name (Last Name) |
|-------------------------|----------------------|-------------------------|

### Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)

|                         |                      |                         |
|-------------------------|----------------------|-------------------------|
| Given Name (First Name) | Middle Name (if any) | Family Name (Last Name) |
|-------------------------|----------------------|-------------------------|

### Credit Card Holder's Billing Address:

|  |  |                              |
|--|--|------------------------------|
| Street Number and Name<br><br>[Redacted] | Apt. Ste. Flr.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Number<br><br>State ZIP Code |
|--|--|------------------------------|

### Credit Card Holder's Signature and Contact Information:

|   |                                    |
|---|------------------------------------|
| Credit Card Holder's Signature                |                                    |
| Credit Card Holder's Daytime Telephone Number | Credit Card Holder's Email Address |

### Credit Card Information

|  |  |                                     |
|--|--|-------------------------------------|
| Credit Card Number                       | Credit Card Type: <input type="checkbox"/> Visa<br><input type="checkbox"/> MasterCard<br><input type="checkbox"/> American Express<br><input type="checkbox"/> Discover | Authorized Payment Amount<br>\$ .00 |
| Credit Card Expiration Date<br>(mm/yyyy) |  |                                     |



# e-Notification of Application/Petition Acceptance

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

USCIS  
Form G-1145

## What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

## General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

## USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-007 - System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS), which can be found at [REDACTED]]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

|                                     |                                      |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|
| Applicant/Petitioner Full Last Name | Applicant/Petitioner Full First Name | Applicant/Petitioner Full Middle Name |
| Email Address                       | Mobile Phone Number (Text Message)   |                                       |



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

►

### Name of Attorney or Accredited Representative

- 2.a. Family Name  
(Last Name)

- 2.b. Given Name  
(First Name)

- 2.c. Middle Name

### Address of Attorney or Accredited Representative

- 3.a. Street Number  
and Name

- 3.b.  Apt.  Ste.

- 3.c. City or Town

- 3.d. State  3.e. ZIP Code   
(USPS ZIP Code Lookup)

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a.  I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories,

need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

- 1.b. Bar Number (if applicable)

- 1.c. I (select **only one** box)  am not  am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

- 1.d. Name of Law Firm or Organization (if applicable)

- 2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the

Justice in accordance with 8 CFR part 1292.

- 2.b. Name of Recognized Organization

- 2.c. Date of Accreditation (mm/dd/yyyy)

3.  I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a.  I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

- 4.b. Name of Law Student or Law Graduate

### **Part 3. Notice of Appearance as Attorney or Accredited Representative**

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
[Redacted]
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.  
[Redacted]
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.  
[Redacted]
4. Receipt Number (if any)  
► [Redacted]
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
 Applicant     Petitioner     Requestor  
 Beneficiary/Derivative     Respondent (ICE, CBP)

### **Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)**

- 6.a. Family Name (Last Name) [Redacted]
- 6.b. Given Name (First Name) [Redacted]
- 6.c. Middle Name [Redacted]
- 7.a. Name of Entity (if applicable)  
[Redacted]
- 7.b. Title of Authorized Signatory for Entity (if applicable)  
[Redacted]
8. Client's USCIS Online Account Number (if any)  
► [Redacted]
9. Client's Alien Registration Number (A-Number) (if any)  
► A- [Redacted]

### **Client's Contact Information**

10. Daytime Telephone Number  
[Redacted]

11. Mobile Telephone Number (if any)  
[Redacted]

12. Email Address (if any)  
[Redacted]

### **Mailing Address of Client**

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name [Redacted]
- 13.b.  Apt.     Ste.     [Redacted]  
[Redacted]
- 13.c. City or Town [Redacted]
- 13.d. State [Redacted] 13.e. ZIP Code [Redacted]
- 13.f. Province [Redacted]
- 13.g. Postal Code [Redacted]
- 13.h. Country [Redacted]

### **Part 4. Client's Consent to Representation and Signature**

#### **Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1**, [Redacted] and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

## **Part 4. Client's Consent to Representation and Signature (continued)**

### ***Options Regarding Receipt of USCIS Notices and Documents***

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure [REDACTED] mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a.**  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b.**  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** [REDACTED]

Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c.**  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

### ***Signature of Client or Authorized Signatory for an Entity***

- 2.a.** Signature of Client or Authorized Signatory for an Entity

→ [REDACTED]

- 2.b.** Date of Signature (mm/dd/yyyy)

## **Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury [REDACTED]

[REDACTED] provided on this form is true and correct.

**1.b.** Date of Signature (mm/dd/yyyy) [REDACTED]

**2.a.** Signature of Law Student or Law Graduate [REDACTED]

**2.b.** Date of Signature (mm/dd/yyyy) [REDACTED]

## Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.** Page Number **2.b.** Part Number **2.c.** Item Number

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**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

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