

**TABLE OF CHANGES – INSTRUCTIONS**  
**Form I-129CW, Instructions for Petition for a CNMI-Only Nonimmigrant Transitional Worker**  
**OMB Number: 1615-0111**  
**Date 09/02/2020**

**Reason for Revision: Fee Rule**  
**Project Phase: Post G-1056**

- Please note – all instances of “if any” and “if applicable” have been removed from Instructions for Form I-129CW

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 12/31/2020  
Edition Date 06/18/2020

Current Page Number and Section	Current Text	Proposed Text
<b>Pages 1-5, General Instructions</b>	<p>[Page 1]</p> <p>...</p> <p><b>Filing Fee.</b> Each petition must be accompanied by the appropriate filing fee and biometric services fee (if applicable). (See the <b>What Is the Filing Fee</b> section of these Instructions.)</p> <p>...</p> <p>[Page 2]</p> <p>2. If you need extra space to complete any item within this petition, use the space provided in <b>Part 11. Additional Information</b> or attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>...</p>	<p>[Page 1]</p> <p>...</p> <p><b>Filing Fee.</b> Each petition must be accompanied by the appropriate filing <b>fee</b>. (See the <b>What Is the Filing Fee</b> section of these Instructions.)</p> <p>...</p> <p>[Page 2]</p> <p>2. If you need extra space to complete any item within this petition, use the space provided in <b>Part 11. Additional Information</b> or attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-<b>Number</b>) <b>at</b> the top of each sheet; indicate the <b>Page Number, Part Number, and Item Number</b> to which your answer refers; and sign and date each sheet.</p> <p>...</p>

	<p><b>4. Part 6. Information about the Beneficiary’s Public Benefits.</b> On July 29, 2020, the U.S. District Court for the Southern District of New York (SDNY) in <i>State of New York, et al. v. DHS, et al. and Make the Road NY et al. v. Cuccinelli, et al.</i> enjoined the Department of Homeland Security (DHS) from enforcing, applying, implementing, or treating as effective the Inadmissibility on Public Charge Grounds Final Rule (“Public Charge Final Rule”) for any period during which there is a declared national health emergency in response to the COVID-19 outbreak. (84 FR 41292, Aug. 14, 2019, final rule; as amended by 84 FR 52357, Oct. 2, 2019, final rule correction). Subsequently, on August 12, 2020, the U.S. Court of Appeals for the Second Circuit, in <i>State of New York, et al. v. DHS, et al. and Make the Road NY et al. v. Cuccinelli</i>, granted an administrative stay of the July 29, 2020 nationwide injunction in all states outside of the Second Circuit, i.e. all states except New York, Connecticut, and Vermont. This stay allows DHS to continue implementing the Public Charge Final Rule everywhere except in New York, Connecticut, and Vermont.</p> <p>During the injunction, petitioners requesting an extension of stay or change of status using Form I-129CW on behalf of a beneficiary using Form I-129CW, in which the petitioner/employer has a physical address or in which the beneficiary physically resides in New York, Connecticut, or Vermont, should not provide information requested in <i>Part 6. Information about the Beneficiary’s Public Benefit-or Information about Additional Beneficiary’s Public Benefits in the Additional Worker Attachment Section.</i></p> <p><b>[Page 3]</b></p> <p>In general, a condition on the approval of a request to extend the beneficiary’s stay or change the beneficiary’s status is that the beneficiary must demonstrate that, since obtaining the nonimmigrant status that you seek to extend or which you seek to change on behalf of the beneficiary, he or she has not received one or more public benefits as set forth in 8 CFR 212.21(b) (and listed below), for more than 12 months in the</p>	<p><b>4. Part 6. Information about the Beneficiary’s Public Benefits.</b> On July 29, 2020, the U.S. District Court for the Southern District of New York (SDNY) in <i>State of New York, et al. v. DHS, et al. and Make the Road NY et al. v. Cuccinelli, et al.</i> enjoined the Department of Homeland Security (DHS) from enforcing, applying, implementing, or treating as effective the Inadmissibility on Public Charge Grounds Final Rule (“Public Charge Final Rule”) for any period during which there is a declared national health emergency in response to the COVID-19 outbreak. (84 FR 41292, Aug. 14, 2019, final rule; as amended by 84 FR 52357, Oct. 2, 2019, final rule correction). Subsequently, on August 12, 2020, the U.S. Court of Appeals for the Second Circuit, in <i>State of New York, et al. v. DHS, et al. and Make the Road NY et al. v. Cuccinelli</i>, granted an administrative stay of the July 29, 2020 nationwide injunction in all states outside of the Second Circuit, i.e. all states except New York, Connecticut, and Vermont. This stay allows DHS to continue implementing the Public Charge Final Rule everywhere except in New York, Connecticut, and Vermont.</p> <p>During the injunction, petitioners requesting an extension of stay or change of status using Form I-129CW on behalf of a beneficiary using Form I-129CW, in which the petitioner/employer has a physical address or in which the beneficiary physically resides in New York, Connecticut, or Vermont, should not provide information requested in <i>Part 6. Information about the Beneficiary’s Public Benefit-or Information about Additional Beneficiary’s Public Benefits in the Additional Worker Attachment Section.</i></p> <p><b>[Page 3]</b></p> <p>In general, a condition on the approval of a request to extend the beneficiary’s stay or change the beneficiary’s status is that the beneficiary must demonstrate that, since obtaining the nonimmigrant status that you seek to extend or which you seek to change on behalf of the beneficiary, he or she has not received one or more public benefits as set forth in 8 CFR 212.21(b) (and listed below), for more than 12 months in the</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>aggregate within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months). This condition only applies to beneficiaries who are seeking to change status or extend their stay while they are in the CNMI. Therefore, you only have to complete the information in <b>Part 6</b>, if you are also requesting an extension of the beneficiary's stay in the CNMI or a change of the beneficiary's status with this petition. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip <b>Part 6</b>.</p> <p>...</p> <p><b>[Page 4]</b></p> <p><b>Evidence You Must Submit for the Beneficiary to Qualify for Exclusion</b></p> <ul style="list-style-type: none"> <li>• A statement with information regarding the "emergency medical condition" determination (if applicable);</li> </ul> <p>...</p> <p><b>[Page 5]</b></p> <p>(5) Date the benefit or coverage ended or expires (mm/dd/yyyy) (if applicable).</p> <p>...</p>	<p>aggregate within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months). This condition only applies to beneficiaries who are seeking to change status or extend their stay while they are in the CNMI. Therefore, you only have to complete the information in <b>Part 6</b>, if you are also requesting an extension of the beneficiary's stay in the CNMI or a change of the beneficiary's status with this petition. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip <b>Part 6</b>.</p> <p>...</p> <p><b>[Page 4]</b></p> <p><b>Evidence You Must Submit for the Beneficiary to Qualify for Exclusion</b></p> <ul style="list-style-type: none"> <li>• A statement with information regarding the "emergency medical condition" <b>determination</b>;</li> </ul> <p>...</p> <p><b>[Page 5]</b></p> <p>(5) Date the benefit or coverage ended or expires (<b>mm/dd/yyyy</b>).</p> <p>...</p>
<b>Pages 7-9, Initial Evidence</b>	<p><b>[Page 8]</b></p> <p>...</p> <p><b>2.</b> Evidence showing that each beneficiary meets the minimum job requirements, if any, stated on the temporary labor certification;</p> <p>...</p> <p><b>Change of Status</b></p> <p>...</p> <p><b>1.</b> A copy of the worker's Form I-94, Nonimmigrant Arrival/Departure Record, passport, travel document, or Form I-797;</p>	<p><b>[Page 8]</b></p> <p>...</p> <p><b>2.</b> Evidence showing that each beneficiary meets the minimum job <b>requirements stated</b> on the temporary labor certification;</p> <p>...</p> <p><b>Change of Status</b></p> <p>...</p> <p><b>2.</b> A copy of the worker's last two pay stubs and most recent <b>W-2; and</b></p>

	<p>2. A copy of the worker’s last two pay stubs and most recent W-2, if applicable; and</p> <p>...</p> <p><b>[Page 9]</b></p> <p>2. A copy of the worker’s last two pay stubs and most recent W-2, if applicable;</p> <p>...</p> <p>4. Evidence the worker continues to meet the licensing requirements for the profession or occupation, if applicable.</p> <p>...</p>	<p>3. Evidence the worker continues to meet the licensing requirements for the profession or <b>occupation</b>.</p> <p>...</p> <p><b>[Page 9]</b></p> <p>2. A copy of the worker’s last two pay stubs and most recent <b>W-2</b>;</p> <p>...</p> <p>4. Evidence the worker continues to meet the licensing requirements for the profession or <b>occupation</b>.</p> <p>...</p>
<p><b>Pages 12-13, What Is the Filing Fee?</b></p>	<p><b>[Page 12]</b></p> <p>...</p> <p>The filing fee for Form I-129CW is <b>\$460</b>.</p> <p><b>[Page 13]</b></p> <p>An employer filing Form I-129CW for a CW-1 worker must submit the <b>\$460</b> petition filing fee and a <b>\$50</b> fraud prevention and detection fee per petition. An additional <b>\$200</b> supplemental CNMI education fee per worker, per year is also required. For example, petitioners filing for a three-year validity period pay a supplemental CNMI education fee of <b>\$600</b> per worker.</p> <p>An additional biometric services fee of <b>\$85</b> per beneficiary is required if the alien is present in the CNMI when filing for <b>initial</b> grant of CW-1 status. (See 8 CFR 103.7(b)). After submission of the petition, USCIS will notify the beneficiary about when and where to go for biometric services.</p> <p><b>NOTE:</b> Fees are not refundable, regardless of any action USCIS takes on this petition. <b>DO NOT MAIL CASH.</b> You must submit all fees in the exact amounts.</p>	<p><b>[Page 12]</b></p> <p>...</p> <p>The filing fee for Form I-129CW is <b>\$695</b>.</p> <p><b>[Page 13]</b></p> <p>An employer filing Form I-129CW for a CW-1 worker must submit the <b>\$695</b> petition filing fee and a <b>\$50</b> fraud prevention and detection fee per petition. An additional <b>\$200</b> supplemental CNMI education fee per worker, per year is also required. For example, petitioners filing for a three-year validity period pay a supplemental CNMI education fee of <b>\$600</b> per worker.</p> <p><b>[delete]</b></p> <p><b>NOTE:</b> Fees are not refundable, regardless of any action USCIS takes on this petition. <b>DO NOT MAIL CASH.</b> You must submit all fees in the exact amounts. <b>The CNMI education funding fee must be paid separately from any other fees. It will be refunded if the petition is accepted.</b></p>

	<p><b>Payments by Checks or Money Orders</b></p> <p>Use the following guidelines when you prepare your checks or money orders for the Form I-129CW filing fee and biometric services fee:</p> <p>...</p> <p>You will not receive your original check back. We will destroy your original check, but will keep a copy of it. If USCIS cannot process the EFT for technical reasons, you authorize us to process the copy in place of your original check. If your check is returned as unpayable, USCIS will re-submit the payment to the financial institution one time. If the check is returned as unpayable a second time, we will reject your petition and charge you a returned check fee.</p> <p><b>How To Check If the Fees Are Correct</b></p> <p>Form I-129 CW's filing fee and biometric services fee are current as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fees are correct by following one of the steps below.</p> <p>...</p> <p><b>Fee Waiver</b> You may be eligible for a fee waiver under 8 CFR 103.7(c). If you believe you are eligible for a fee waiver, complete Form I-912, Request for fee Waiver, and submit it and any required evidence of your inability to pay the filing fee with this petition. You can review the fee waiver guidance at <a href="http://www.uscis.gov/feewaiver">www.uscis.gov/feewaiver</a>.</p> <p><b>NOTE:</b> The fraud prevention and detection fee and the CNMI education funding fee cannot be waived.</p>	<p><b>Payments by Checks or Money Orders</b></p> <p>Use the following guidelines when you prepare your checks or money orders for the Form I-129CW filing <b>fee</b>:</p> <p>...</p> <p>You will not receive your original check back. We will destroy your original check, but will keep a copy of it. If USCIS cannot process the EFT for technical reasons, you authorize us to process the copy in place of your original check. If your check is returned as unpayable, <b>we will reject your petition.</b></p> <p><b>How To Check If the Fees Are Correct</b></p> <p>Form I-129 CW's filing <b>fee is current</b> as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fees are correct by following one of the steps below.</p> <p>...</p> <p><b>[delete]</b></p> <p><b>NOTE:</b> The fraud prevention and detection fee and the CNMI education funding fee cannot be waived.</p>
<b>Pages 15-16, DHS Privacy Notice</b>	<p><b>[Page 15]</b></p> <p>...</p>	<p><b>[Page 15]</b></p> <p>...</p>

	<p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in a rejection or denial of your petition.</p> <p>...</p>	<p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in a <b>rejection or</b> denial of your petition.</p> <p>...</p>
<p><b>Page 16, Paperwork Reduction Act</b></p>	<p><b>[Page 16]</b></p> <p>...</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 4 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the petition, preparing statements, attaching necessary documentation, and submitting the petition. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0111. <b>Do not mail your completed Form I-129CW to this address.</b></p>	<p><b>[Page 16]</b></p> <p>...</p> <p>An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at <b>3 hours, and 30 minutes</b> per response, including the time for reviewing instructions, gathering the required documentation and information, completing the petition, preparing statements, attaching necessary documentation, and submitting the petition. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0111. <b>Do not mail your completed Form I-129CW to this address.</b></p>