TABLE OF CHANGES –FORM Form I-907, Request for Premium Processing Service OMB Number: 1615-0048 12/19/2017

Reason for Revision:

Legend for Proposed Text:

- Black font = Current text
- Purple font = Standard language
- Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
and Section	[Page 1]	[Page 1]
	To be completed by and attorney or accredited representative (if any).	[no change]
	Select this box if Form G-28 is attached.	Select this box if Form G-28 or Form G-28I is attached.
	Attorney State Bar Number (if applicable)	[no change]
	Attorney or Accredited Representative USCIS ELIS Account Number (if any)	Attorney or Accredited Representative USCIS Online Account Number (if any)
	START HERE - Type or print in black ink.	START HERE - Type or print in black ink.
Page 1,	[Page 1]	[Page 1]
Part 1. Information About the Person Filing This Request	Part 1. Information About the Person Filing This Request	Part 1. Information About the Person Filing This Request
This request	1. Alien Registration Number (A-Number) (if any)	1. Alien Registration Number (A-Number) (if any)
		2. USCIS Online Account Number (if any)
	2. Family Name (Last Name) Given Name (First Name) Middle Name	3. Family Name (Last Name) Given Name (First Name) Middle Name
	3. Company or Organization Named in the Related Case: If filed on behalf of a company or organization	4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization)
	4. Mailing Address	5. Mailing Address
	In Care Of Name Street Number and Name or PO Box Number Apt. Ste. Flr. Number City or Town State	In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State

	ZIP Code	ZIP Code
	Province	Province
	Postal Code	Postal Code
	Country	Country
	5. Is your current mailing address the same as your physical address? Yes/No	6. Is your current mailing address the same as your physical address? Yes/No
	If you answered "No," provide your physical address in Item Number 6.	If you answered "No" to Item Number 6. , provide your physical address in Item Number
		7. [Page 2]
	6. Physical Address	7. Physical Address
	Street Number and Name Apt. Ste. Flr.	Street Number and Name Apt. Ste. Flr.
	Number	Number
	City or Town	City or Town
	State	State
	ZIP Code	ZIP Code
	Province	Province
	Postal Code	Postal Code
	Country	Country
	7. Request for Premium Processing Service: (select only one box)	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.	[no change]
	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, if Form G-28 has not been submitted with the petition.)	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 Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
	I am the applicant who is filing or has filed an application eligible for Premium Processing Service.	[no change]
	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, if Form G-28 has not been submitted with the application.)	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.)
Pages 2-3,	[Page 2]	[Page 2]
Part 2. Information	Part 2. Information About the Request	Part 2. Information About the Request
About the Request	1. Form Number of Related Petition or	[no change]

	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 Tax Number (if any)	7. Company or Organization IRS Employer Identification Number (EIN) (if any)
	[Page 3]	[Page 3]
	8. Address of Petitioner, Applicant, Company or Organization Named in Related Case	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 Province Postal Code Country	[no change]
Pages 3-4,	[Page 3]	[Page 3]
Part 3. Requestor's Statement, Certification, Signature, and Contact	Part 3. Requestor's Statement, Certification, Signature, and Contact Information	Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
Information		NOTE: Read the Penalties section of the Form I-907 Instructions before completing this section.
	I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in Part 1. of this request if USCIS does	I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in Part 1. of this request if USCIS does

not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud or misrepresentation, or the issuance of:

- 1. An approval notice;
- **2.** A request for evidence;
- 3. A notice of intent to deny; or
- **4.** A denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **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 have read and understand each and every question and instruction on this request, as well as my answer to each question.
- **B.** The interpreter named in **Part 4.** has read to me each and every question and instruction on this request, as well as my answer to each question, in , a language in which I am fluent. I understand each and every question and instruction on this request as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

2. Requestor's Statement Regarding the Preparer

I have requested the services of and consented to, who is not an attorney or accredited representative, preparing this request for me.

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Requestor's Contact Information

- 4. Requestor's Daytime Telephone Number
- **5. Requestor's Mobile Telephone Number (if any)**
- 6. Requestor's Email Address (if any)
- 7. Requestor's Fax Number (if any)

not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I 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.

[no change]

- **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 [Fillable Field], a language in which I am fluent, and I understood everything.

[no change]

At my request, the preparer named in **Part 5.**, [Fillable field], 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 Email Address (if any)

[deleted]

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	Requestor's Certification	Requestor's Declaration and Certification
	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.	Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.
	I furthermore authorize release of information contained in this request and in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.	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.
		[Page 4]
	I certify, under penalty of perjury under the laws of the United States of America, that the information in my request and any document submitted with my request is complete, true and correct.	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.
	[Page 4]	
	Requestor's Signature	Requestor's Signature
	3. Requestor's Signature Date of Signature (mm/dd/yyyy)	6. 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.
Pages 4-5,	[Page 4]	[Page 4]
Part 4. Interpreter's Contact Information, Certification, and	Part 4. Interpreter's Contact Information, Certification, and Signature	Part 4. Interpreter's Contact Information, Certification, and Signature
Signature	Provide the following information about the interpreter:	Provide the following information about the interpreter.
	Interpreter's Full Name	[no change]
	1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)	
	2. Interpreter's Business or Organization Name (if any)	

3. Street Apt. Struck Number City of State ZIP C	r Town ode	
Apt. S Numb City o State ZIP C	te. Flr. er r Town ode	
Provin Postal Count	Code	
Interp	reter's Contact Information	Interpreter's Contact Information
4. Inte	rpreter's Daytime Telephone Number	4. Interpreter's Daytime Telephone Number
		5. Interpreter's Mobile Telephone Number (if any)
5. Inte	rpreter's Email Address (if any)	6. Interpreter's Email Address (if any)
Interp	reter's Certification	Interpreter's Certification
I certi	fy that:	I certify, under penalty of perjury, that:
	uent in English and , which is the same ge provided in Part 3. , Item B. in Item er 1. ;	I am fluent in English and [Fillable Field], 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
questic as the	read to this requestor each and every on and instruction on this request, as well answer to each question, in the language ed in Part 3. , Item B. in Item Number	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
unders questio	questor has informed me that they tand each and every instruction and on on the request, as well as their answer a question.	every answer.
[Page	5]	[Page 5]
Interp	reter's Signature	Interpreter's Signature
	rpreter's Signature f Signature (mm/dd/yyyy)	7. Interpreter's Signature Date of Signature (mm/dd/yyyy)
Pages 5-6, [Page	5]	[Page 5]
Information, Declaration, and Signature of the Person Declar Prepa If Oth	. Name, Contact Information, ration, and Signature of the Person ring this Request, er Than the Requestor	Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor
Filing this Request, If Other Than the Requestor Provide prepared to the prep	le the following information about the rer:	Provide the following information about the preparer.
Prepar	er's Full Name	[no change]

- 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 City or Town State ZIP Code Province Postal Code Country

Preparer's Contact information

- 4. Preparer's Telephone Number
- 5. Preparer's Fax Number
- 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.
- **7.B.** I am an attorney or accredited representative and my representation of the requestor in this case (choose one) extends does not extend beyond the preparation of this request.

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Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this request on behalf of, at the request of, and with the express consent of, the requestor. I completed the request based only on responses the requestor provided to me. After completing the request, I reviewed it and all of the requestor's responses with the requestor, who agreed with each and every answer provided for each question on the request and, when required, supplied additional information to respond to a question on the request.

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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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	Preparer's Signature
	8. Preparer's Signature Date of Signature (mm/dd/yyyy)	8. Preparer's Signature Date of Signature (mm/dd/yyyy)
New		[Page 7]
		Part 6. Additional Information
		If you need extra space to provide any additional information within this request, 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 request 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) [Auto-populated field] Given Name (First Name) [Auto-populated field] Middle Name [Auto-populated field]
		2. A-Number (if any) [Auto-populated field]
		3. A. Page NumberB. Part NumberC. Item NumberD. [Fillable field]
		4. A. Page NumberB. Part NumberC. Item NumberD. [Fillable field]
		5. A. Page NumberB. Part NumberC. Item NumberD. [Fillable field]