



Request for Premium Processing Service

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

USCIS
Form I-907
OMB No. 1615-0048
Expires 01/31/2018

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	_____	_____	_____	
	Date	Date	Date	Action Block
_____	_____	_____		
Date	Date	Date		
Remarks				

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

▶ **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. **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. **Mailing Address**

In Care Of Name

Street Number and Name or PO Box Number

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

5. 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.**

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

6. Physical 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"/>		
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

7. 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, if Form G-28 has not been submitted with the petition.)
- 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, if Form G-28 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Petitioner or Applicant in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Beneficiary in the Related Case		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Name of Point of Contact for the Company or Organization		
Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Position Title		
<input type="text"/>		
7. Company or Organization IRS Tax Number (if any)		
<input type="text"/>		

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
<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"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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

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 is not an attorney or accredited representative, preparing this request for me.

Requestor's Certification

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.

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.

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.

Part 3. Requestor's Statement, Certification, Signature, and Contact Information (continued)

Requestor's Signature

3. Requestor's Signature

Date of Signature

➔ (mm/dd/yyyy) ▶

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)

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. Ste. Fl. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 3, Item B, in Item Number 1.**;

I have read to this requestor each and every question and instruction on this request, as well as the answer to each question, in the language provided in **Part 3, Item B, in Item Number 1.**; and

The requestor has informed me that they understand each and every instruction and question on the request, as well as their answer to each question.

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

Interpreter's Signature

6. Interpreter's Signature

Date of Signature

(mm/dd/yyyy) ▶

Part 5. Name, 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. Fl. 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.

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

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 Signature

8. Preparer's Signature

Date of Signature

(mm/dd/yyyy) ►