

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

I-907, Request for Premium Processing Service

START HERE - Please Type or Print (Use black ink.)

Part 1. Information about you. *(Person filing this petition.)*

Individual Named in the Related Case:
 Family Name *(Last Name)* Given Name *(First Name)* Full Middle Name

If filed on behalf of a company: Company or Business Named in the Related Case

Mailing Address - Street Number and Name / P.O. Box Number

Company Contact Information:
 Name of Company Contact Title/Position

 City State/Province Zip/Postal Code

IRS Tax # *(if any)*

- You (the person submitting this request):
- Are the petitioner who is filing or has filed a petition eligible for Premium Processing.
 - Are the attorney/accredited representative for the petitioner who is filing or has filed a petition eligible for Premium Processing. *(Complete and submit Form G-28.)*
 - Are the applicant who is filing or has filed an application eligible for Premium Processing.
 - Are the attorney/accredited representative for the applicant who is filing or has filed an application eligible for Premium Processing. *(Complete and submit Form G-28.)*

Phone Number *(Area/Country Code)* Fax Number *(Area/Country Code)* E-Mail Address *(If Any)*

Part 2. Information about request.

- | | | |
|---|--|--|
| 1. Form number of related petition/application.
<input type="text"/> | 2. Receipt number of related petition/application.
<input type="text"/> | 3. Classification/Eligibility Requested.
<input type="text"/> |
| 4. Petitioner/Applicant in the relating case.
<input type="text"/> | | 5. Beneficiary in the relating case.
<input type="text"/> |

Part 3. Original signature. *(This is the same person authorized to sign the petition or application.)*

It is understood that if U.S. Citizenship and Immigration Services (USCIS) does not issue an approval notice, request for evidence, notice of intent to deny, or refer for investigation of suspected fraud or misrepresentation within 15-calendar days after this request has been physically received at the appropriate USCIS office, a refund of the Premium Processing fee will be given to the addressee shown in **Part 1** of this request.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this request is all true and correct. I authorize the release of any information from my records that USCIS needs to determine eligibility for the benefit being sought.

Signature <input type="text"/>	Title <i>(if applicable)</i> <input type="text"/>
Print Your Name <input type="text"/>	Date <i>(mm/dd/yyyy)</i> <input type="text"/>

Part 4. Original signature of attorney or accredited representative. *(Note if attorney is signing above in Part 3.)*

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

- Same individual as signing above in **Part 3**. *(If this box is checked, provide all the requested information below and a submit a Form G-28.)*

Signature <input type="text"/>	Print Your Name <input type="text"/>	Date <i>(mm/dd/yyyy)</i> <input type="text"/>
Firm Name and Address <input type="text"/>	Daytime Phone Number <i>(Area Code and Number)</i> <input type="text"/>	

For USCIS Use Only

Request Physically Received by USCIS	Receipt
Date	
Date	
Returned	
Date	
Date	
Resubmitted	
Date	
Date	

To Be Completed by
Attorney or Representative, if any.

Fill in box if G-28 is attached to represent the applicant.

ATTY State License #