



Named Worker Attachment for Form I-129H2A

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

USCIS
Form I-129H2A
OMB No. 1615-xxxx
Expires xx/xx/20xx

Attach to Form I-129H2A when more than one named beneficiary is included in the petition. Complete a separate copy of this attachment for each additional beneficiary included in this petition. (Do not complete a copy of this Attachment for the beneficiary you already named in **Part 3** of Form I-129H2A.)

Petitioner Information

Provide the same petitioner name information that was provided in **Part 1** of **Form I-129H2A**, as applicable.

1. Legal Name of Petitioning Individual or Sole Proprietor

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Petitioning Company or Organization Name

Beneficiary Information

3. Beneficiary's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

4. 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

Other Information

5. Date of Birth (mm/dd/yyyy)

6. Gender

Male Female

7. U.S. Social Security Number

8. Alien Registration Number (A-Number)

▶ A-

9. USCIS Online Account Number

▶

10. City or Town of Birth

11. Province of Birth

12. Country of Birth

13. Country of Citizenship or Nationality

14. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

15. If the beneficiary is in the United States, complete the following:

Date of Last Arrival

(mm/dd/yyyy)

Form I-94 Arrival-Departure Record Number

Passport or Travel Document Number

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

Current Nonimmigrant Status

Date Status Expires or Duration of Status (D/S) (see Form I-94 Arrival/Departure Document)

(mm/dd/yyyy)

Student and Exchange Visitor Information System (SEVIS) Number

Employment Authorization Document (EAD) Number

16. Does the beneficiary have a U.S. residential address? Yes No

If you answered "Yes" to **Item Number 16.**, you must provide the beneficiary's U.S. residential address information in **Item Number 17.**

17. Beneficiary's Current U.S. Residential Address (Do not list a P.O. Box unless the beneficiary resides in the Commonwealth of the Northern Mariana Islands (CNMI).)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

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

19. Have you ever filed an immigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 19.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

20. Have you ever filed a nonimmigrant petition for this beneficiary? Yes No

If you answered "Yes" to **Item Number 20.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

21. Has this beneficiary ever been denied H-2A classification on any prior petition you filed on behalf of this beneficiary? Yes No

If you answered "Yes" to **Item Number 21.**, identify the classification sought and the receipt number for those petitions in **Part 10. Additional Information.**

22. List the beneficiary's prior periods of stay in H or L classification in the United States for the last three years. Be sure to only list those periods in which the beneficiary was physically present in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status. If you need more space, use **Part 10. Additional Information** or attach an additional sheet of paper.

NOTE: Submit copies of any available Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification.

Employer's Name	Period of Stay (mm/dd/yyyy)	
	From	To

23. Has this beneficiary experienced an interrupted stay associated with their entry in H or L classification? (See form instructions for more information on interrupted stays.) Yes No

If you answered "Yes" to **Item Number 23.**, submit evidence of each entry and each exit as evidence of the interrupted stays.

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