

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

**Form I-907, Request for  
Premium Processing Service**

**START HERE - Type or Print** (Use black ink)

**Part 1. Information About You** *(Person filing this petition)*

Family Name <i>(Last Name)</i>	Given Name <i>(First Name)</i>	Full Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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
<input type="text"/>	<input type="text"/>

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

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 or accredited representative for the petitioner who is filing or has filed a petition eligible for Premium Processing. *(Complete and submit Form G-28, if Form G-28 has not been submitted with the petition.)*
- Are the applicant who is filing or has filed an application eligible for Premium Processing.
- Are the attorney or accredited representative for the applicant who is filing or has filed an application eligible for Premium Processing. *(Complete and submit Form G-28, if Form G-28 has not been submitted with the application.)*

Phone Number <i>(Area/Country Code)</i>	Fax Number <i>(Area/Country Code)</i>	E-Mail Address <i>(if any)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 2. Information About Request**

<b>1. Form Number of Related Petition/Application</b>	<b>2. Receipt Number of Related Petition/Application</b>	<b>3. Classification/Eligibility Requested</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>4. Petitioner/Applicant in the Relating Case</b>	<b>5. Beneficiary in the Relating Case</b>
<input type="text"/>	<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 Form G-28 is attached to represent the applicant.

ATTY State License #

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**Part 3. Original Signature**

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I understand that U.S. Citizenship and Immigration Services (USCIS) will issue a refund of the Premium Processing fee to the addressee above in **Part 1** of this request if USCIS does not take an action on the relating premium processing eligible case within 15 calendar days after this request has been physically received at the appropriate USCIS office. 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; or
3. A notice of intent to deny.

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. USCIS may obtain any information from the records of the related case that USCIS needs to determine eligibility for the benefit being sought.

**Signature**

**Title** (if applicable)

**Print Your Name**

**Date** (mm/dd/yyyy)

**Company Name and Address**

**Daytime Phone Number** (Area Code and Number)

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**Part 4. Original Signature of Attorney or Accredited Representative** (Note if attorney is signing above in **Part 3**)

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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 your firm name and address and daytime phone number below and submit Form G-28, if Form G-28 has not been submitted with the petition or application. If this box is not checked, provide the requested information below.)

**Signature**

**Print Your Name**

**Date** (mm/dd/yyyy)

**Firm Name and Complete Address**

**Daytime Phone Number** (Area Code and Number)