

Department of Homeland Security

U.S. Citizenship and Immigration Services

Form I-797

Premium Processing Fee Receipt Notice

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|------------------------------|----------------------|
| Receipt Number: | <input type="text"/> |
| Date Received: | <input type="text"/> |
| Petitioner Name: | <input type="text"/> |
| Beneficiary Name: | <input type="text"/> |
| Form Type: | <input type="text"/> |
| Amount Received: | <input type="text"/> |
| Payment Method: | <input type="text"/> |
| USCIS Office Address: | <input type="text"/> |
| Contact Number: | <input type="text"/> |

This notice serves as a receipt of your premium processing fee. Please retain this document for your records. If you have questions about your case, contact the USCIS National Customer Service Center.