

Form I-690, Application for Waiver of Grounds of Inadmissibility

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

For Government Use Only.

Fee Receipt Number (This application):	Fee Stamp
Alien Registration Number (A# of This Applicant):	

APPLICANT: Start here. See instructions before completing this application. If you need more space to answer fully any question on this form, use a separate sheet and identify each answer with the number of the corresponding question. Type or print in black ink.

1. Family Name (<i>Last Name in CAPITAL letters</i>) (<i>First Name</i>) (<i>Middle Name</i>)	2. Date of Birth (<i>mm/dd/yyyy</i>)
3. Address (<i>No. and Street</i>) (<i>Apt. No.</i>) (<i>City/Town</i>) (<i>State/Country</i>) (<i>Zip/Postal Code</i>)	
4. Place of Birth (<i>City or Town and County, Province or State</i>) (<i>Country</i>)	5. U.S. Social Security Number
6. Date of Visa Application (<i>mm/dd/yyyy</i>) for: <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Temporary Residence	7. Visa applied for at:
8. I am applying for a waiver of: <input type="checkbox"/> 212 (a) (1)(A)(i), (ii), (iii) or (iv) <input type="checkbox"/> 212 (a)(2)(C)(i)(II) - possession of marijuana, 30 gms or less <input type="checkbox"/> 212 (a)(6)(A)(i) <input type="checkbox"/> 212(a)(6)(C)(i) or (ii) <input type="checkbox"/> 212(a)(6)(D) and/or (E) <input type="checkbox"/> 212(a)(8)(A) and/or (B) <input type="checkbox"/> 212(a)(9)(A)(i) or (ii) <input type="checkbox"/> 212(a)(9)(B)(i)(I) or (i)(II) <input type="checkbox"/> 212(a)(9)(C)(i)(I) or (i)(II) <input type="checkbox"/> 212 (a)(10)(A), (B), (C), (D) and/or (E) - Please specify: <input style="width: 100px;" type="text"/>	

9. List reasons of inadmissibility:

10. List all immediate relatives in the United States (Parents, spouse and children):

Name	Address	Relationship	Immigration Status

11. I should be granted a waiver because: (*Describe family unity considerations or humanitarian or public interest reasons for granting a waiver. If more space is needed, attach an additional sheet.*)

12. Applicant's Signature	13. Date
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FOR USCIS USE ONLY. Recommended by:

(*Print Name and Title*) _____ Date _____

Signature _____ Stamp # _____ Director _____

