

**TABLE OF CHANGES – FORM
FORM I-601
01/22/2009**

Form I-601	Current Version	Proposed Version
Page 1	<p>Do not write in this block. For Government use only.</p> <p><input type="checkbox"/> 212(a)(1) <input type="checkbox"/> 212(a)(2) <input type="checkbox"/> 212(a)(3) <input type="checkbox"/> 212(a)(6) <input type="checkbox"/> 212(a)(9)</p> <p>TPS Applicant: (specify ground(s))</p> <p>Fee Stamp</p>	<p>Do not write in this block. For Government use only.</p> <p>Benefits Category:</p> <p><input type="checkbox"/> Immigrant <input type="checkbox"/> Adjustment of Status <input type="checkbox"/> V nonimmigrant <input type="checkbox"/> K nonimmigrant <input type="checkbox"/> TPS</p> <p>Inadmissible under:</p> <p><input type="checkbox"/> 212(a)(1) _____ <input type="checkbox"/> 212(a)(2) _____ <input type="checkbox"/> 212(a)(3) _____ <input type="checkbox"/> 212(a)(4) _____ <input type="checkbox"/> 212(a)(6) _____ <input type="checkbox"/> 212(a)(9) _____ <input type="checkbox"/> 212(a)(10) _____ <input type="checkbox"/> Other: _____</p> <p>Action Stamp Initial Receipt Resubmitted</p> <p>Relocated Received Sent</p> <p>Fee Stamp</p>
Page 1, Part A. Information about applicant	<p>10. Reason for Inadmissibility: (Please include a statement explaining the acts, convictions, and medical conditions that may you inadmissible. If you seek a waiver of inadmissibility because you have a Class A Tuberculosis condition (as per HHS regulations) you must complete page 3 of this form. If you seek a waiver because you have a HIV infection, you must complete page 4 of this form. Applicants with physical or mental disorders must attach the information requested in the instructions.)</p>	<p>10. Reason(s) for Inadmissibility: (Mark all of the grounds listed below that you believe, according to the best of your knowledge, apply to you. Then, in the space provided below on page three, include a statement explaining the acts, convictions, and medical conditions that make you inadmissible. Your statement must indicate when you engaged in the acts that make you inadmissible, the date of all convictions, and the date of any medical diagnosis. If you seek a waiver of inadmissibility because you have a Class A Tuberculosis condition (as per HHS regulations), you must complete page six of this form. If you seek a</p>

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		<p>waiver because you have HIV infection, you must complete page seven of this form. If you seek a waiver of inadmissibility because of a history of physical or mental disorders, you must attach the information requested in the instructions.)</p> <p>a) I am an applicant for an immigrant visa or adjustment of status (other than based on T nonimmigrant status), or for K or V nonimmigrant status, and I am inadmissible because: (See the form instructions for a detailed explanation of the individual grounds.)</p> <p>CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> I have a communicable disease of public health significance, as per HHS regulations (page 3 of the instructions).</p> <p><input type="checkbox"/> I seek an exemption from the vaccination requirement because it is against my religious beliefs or moral convictions (page 4 of the instructions).</p> <p><input type="checkbox"/> I have, or have had in the past, a physical or mental disorder and behavior associated with the disorder that poses, may pose, or has posed, a threat to the property, safety, or welfare of myself or others (pages 3 and 4 of the instructions).</p> <p><input type="checkbox"/> I have been involved in a crime of moral turpitude (other than a purely political offense) (page 4 of the instructions).</p> <p><input type="checkbox"/> I have been involved in a controlled substance violation according to the laws and regulations of any country that involved a single offense of simple possession of 30 grams or less of marijuana (page 4 of the instructions).</p> <p><input type="checkbox"/> I have been convicted of two or more offenses other than purely political ones, for which the combined sentences to confinement were five years or more</p>
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		<p>(page 4 of the instructions).</p> <p><input type="checkbox"/> I have, within the last ten years, been involved in prostitution, or I am currently involved in prostitution. “Involved in” prostitution means being a prostitute, procuring or attempting to procure others for prostitution, importing other individuals to engage in prostitution, or receiving the proceeds, in full or part from prostitution (page 4 of the instructions).</p> <p><input type="checkbox"/> I am coming to the United States to engage in any other unlawful commercialized vice, whether or not related to prostitution (page 4 of the instructions).</p> <p><input type="checkbox"/> I have been involved in serious criminal activity and have asserted immunity from prosecution (page 4 of the instructions).</p> <p><input type="checkbox"/> I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party), domestic or foreign (page 5 of the instructions).</p> <p><input type="checkbox"/> I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (Immigration Fraud or Misrepresentation)(pages 4 and 5 of the instructions).</p> <p><input type="checkbox"/> I have been engaged in alien smuggling (page 5 of the instructions).</p> <p><input type="checkbox"/> I am subject to a civil penalty because I have been the subject of a final order for violation of INA section 274C (page 5 of the instructions).</p> <p><input type="checkbox"/> I am subject to the three-year or the ten-year bar to admissibility because I have been unlawfully present in the United States in excess of either 180 days or one year, and subsequently departed</p>
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		<p>the United States (page 5 of the instructions).</p> <p><input type="checkbox"/> I was previously removed from the United States (page 6 of the instructions; for NACARA and HRIFA only. All other applicants, file Form I-212).</p> <p><input type="checkbox"/> I have been ordered removed, or I have been unlawfully present in the United States for more than one year, in the aggregate, and I subsequently reentered or attempted to reenter without being admitted (page 6 of the instructions; for NACARA, HRIFA, and approved VAWA self-petitioners only. Other applicants, file Form I-212).</p> <p><input type="checkbox"/> Other (specify):</p> <p>b) I am applying for adjustment of status based on a valid T nonimmigrant status, and I am inadmissible because (See page 7 of the instructions):</p> <p><input type="checkbox"/> Specify:</p> <p>c) I am an applicant for TPS, and I am inadmissible because (page 6 of the instructions):</p> <p>CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> I have a communicable disease of public health significance (a list of communicable diseases of public health significance can be found on page 3 of the instructions).</p> <p><input type="checkbox"/> I have or I have had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder, which has posed or may pose a threat to the property, safety, or welfare of myself or others.</p> <p><input type="checkbox"/> I have, within the past ten years, engaged in prostitution (including receiving the proceeds of, in full or in</p>
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		<p>part) or procurement of prostitution, or continue to engage in prostitution or procurement of prostitution.</p> <p><input type="checkbox"/> I am or have been a drug abuser or drug addict.</p> <p><input type="checkbox"/> I have been or I intend to be involved in any other commercialized vice.</p> <p><input type="checkbox"/> I have committed a serious criminal offense in the United States and asserted immunity from prosecution.</p> <p><input type="checkbox"/> I entered the United States as a stowaway.</p> <p><input type="checkbox"/> I am subject to a final order for violation of section 274C (producing/using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act).</p> <p><input type="checkbox"/> I practice polygamy.</p> <p><input type="checkbox"/> I have attempted, conspired, or engaged in the recruitment or use of child soldiers in violation of Title 18, United States Code, section 2442 by recruiting, enlisting, or conscribing a person under the age of 15 years in an armed force or by using such a person to participate actively in hostilities.</p> <p><input type="checkbox"/> I am accompanying another alien who is inadmissible after being certified to be helpless under section 232(c) of the Act and I am inadmissible because that other alien requires my protection or guardianship.</p> <p><input type="checkbox"/> I have detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody.</p> <p><input type="checkbox"/> I have been excluded and deported from the United States within the past year, or have been deported or removed</p>
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		<p>from the United States at government expense within the last five years (20 years if you have been convicted of an aggravated felony).</p> <p><input type="checkbox"/> I have assisted another person to enter the United States in violation of the law.</p> <p><input type="checkbox"/> Other (specify):</p> <p>For ALL applicants: Describe in your own words why you are inadmissible:</p>
<p>Page 1, Part A: Information About Applicant - Add</p>		<p>13. If in the United States: Did you file this application after you have already filed Form I-485 or Form I-821?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “Yes,” provide the following information:</p> <p>Receipt No.: _____</p> <p>Filing location: _____</p> <p>Date filed: _____</p>
<p>Page 1, Part B: Information about relative through whom applicant claims eligibility For a waiver - Add</p>	<p>Part B: Information about relative, through whom applicant claims eligibility for a waiver</p>	<p>B: Information about Relative, Through Whom Applicant Claims Eligibility</p> <p><input type="checkbox"/> Check here if the applicant has additional relatives through whom the applicant claims eligibility. Provide the same information as requested in B. 1-5 on a separate sheet of paper.</p>
<p>Page 2</p>	<p>Preparer’s Signature and Certification/</p> <p>Preparer’s Signature Date Preparer’s Address Date</p>	<p>E. Preparer’s Signature and Certification</p> <p>Preparer’s Signature Date Telephone Number E-Mail Address Preparer’s Family Name (Surname in Caps) First Name</p>

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		Middle Name Preparer's Street Address Town or City State Zip/Postal Code
Page 3, Part B: Statement by Physician or Health Facility	(May be executed by a private physician, health department or other public or private health facility, or military hospital.)	(A private physician, health department, other public or private health facility, or military hospital may execute this statement. Attach a supporting statement on the facility's letterhead evidencing that arrangements for treatment have been made by the applicant or his or her sponsor.)
Page 3, Part B	Signature of Physician Date	Signature of Physician Date Phone No. E-Mail Address
Page 3, Part C: Applicant's Sponsor in the United States	C. Applicant's Sponsor in the United States Arrange for medical care of the applicant and have the physician complete Section B . Address in the United States where the alien plans to reside:	C. Arrangement for Medical Care by the Applicant or His or Her Sponsor Arrange for medical care (of the applicant) and have the physician or facility that will provide the medical care complete Section B . Provide the following information: Address where you or the applicant plan to reside in the United States:
Page 3, Part D	City, State, and Zip Code	City, State, and Zip Code Phone No. E-Mail Address
Page 3, Note on bottom of the page	NOTE: If further assistance is needed, contact the USCIS office with jurisdiction over the intended place of U.S. residence of the applicant. If you are approved for a waiver and after admission to the United States you fail to comply with the terms, condition, and controls that were imposed, you may be subject to removal under Immigration and	Note to the Applicant and his or her Sponsor: If you need assistance, contact USCIS at the National Customer Service Center at 1-800-375-5283. In the alternative, you may also schedule an appointment at the local USCIS office through InfoPass (available through USCIS' website at www.uscis.gov). Note to the Applicant: If you are approved for a waiver and after

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	Nationality Act (INA) section 237(a).	admission to the United States you fail to comply with the terms, conditions, and controls that were imposed with the grant of the waiver, you may be subject to removal under Immigration and Nationality Act (INA) section 237(a).
Page 4, Part B: Statement by Physician or Health Facility (Page 7 of revised form)	B. Statement by Physician or Health Facility (May be executed by a private physician, health department, or other public or private facility, or military hospital.) I agree to supply counseling and any treatment or observation necessary for the proper management of the alien’s HIV infection condition.	B. Statement by Physician or Health Facility (A private physician, health department, other public or private health facility, or military hospital may execute this statement. If possible, attach a supporting statement on the facility's letterhead evidencing that arrangements for treatment have been made to receive treatment at your facility by the applicant or his or her sponsor.)
Page 4, Part B.	Signature of Physician Date	Signature of Physician Date Phone Number E-Mail Address
Page 4, Part C: Applicant’s Sponsor in the United States (Page 7 of revised form)	C. Applicant's Sponsor in the United States Arrange for medical care of the applicant and have the physician or facility complete Section B . If medical care will be provided by a physician who checked box 2 or 3 in Section B , have Section D completed by the local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the United States. If medical care will be provided by a physician who checked box 4 in Section B , forward this form directly to the military facility at the address provided in Section B . Address where the alien plans to reside in the United States:	C. Arrangement for Medical Care by the Applicant or His or Her Sponsor Arrange for applicant’s medical care and have the physician or facility that will provide the medical care complete Section B . If medical care will be provided by a physician in a private practice or another public or private facility, have Section D completed by the local or State Health Officer who has jurisdiction in the area where the applicant plans to reside in the United States. If medical care will be provided by a physician at a military hospital, Section D does not have to be completed. Provide the Following Information: Address where you or the applicant plan to reside in the United States:

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Page 4, Part D	City, State, & Zip Code	City, State, and Zip Code Phone Number E-Mail Address
Page 4, note on bottom of page	<p>NOTE: If further assistance is needed, contact the USCIS office with jurisdiction over the intended place of U.S. residence of the applicant.</p> <p>If you are approved for a waiver and after admission to the United States, you fail to comply with the terms, conditions, and controls that were imposed, you may be subject to removal under Immigration and Nationality Act (INA) section 237(a).</p>	<p>Note to the Applicant and his or her Sponsor: If you need assistance, contact USCIS at the National Customer Service Center at 1-800-375-5283. You may also schedule an appointment at the local USCIS office through InfoPass (available through USCIS' website at www.uscis.gov).</p> <p>Note to the Applicant: If you are approved for a waiver and after admission to the United States you fail to comply with the terms, conditions, and controls that were imposed with the grant of the waiver, you may be subject to removal under Immigration and Nationality Act (INA) section 237(a).</p>