

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

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

Instructions

Please read these instructions carefully to properly complete this form. If you need more space to complete an answer, use a separate sheet of paper. Write your name and Alien Registration Number (A-Number), if any, at the top of each sheet of paper and indicate the section and number of the item to which the answer refers.

What Is the Purpose of This Form?

This form is used to apply for a waiver of inadmissibility by an applicant for adjustment of status under section 245A or 210 of the Immigration and Nationality Act (INA).

Who May File This Form I-690?

Special Instructions for Individuals Applying for a Waiver of One or More of the Medical Grounds Under Section 212(a)(1)(A) of the INA

1. Applicants Who Require a Waiver for Tuberculosis (TB).

The physician or medical facility that will provide the required treatment to you must fill out Part C of the accompanying TB supplement. If that physician or health care facility is not part of the state or local health department, the local health department in the jurisdiction where you will reside must also complete and sign Part D. If you are outside of the United States, a relative in the United States must complete this process for you.

After the TB supplement is completed, attach the supporting documents and file your waiver application. If you are inadmissible because of TB and your waiver application does not include a properly completed TB supplement, your waiver application will be returned to you.

2. Applicants Requesting a Waiver of the Vaccination Requirements of INA 212(a)(1)(A)(ii).

If your waiver application is based on religious or moral objections to vaccinations, you must establish that:

- A. You object to vaccinations in any form; and
- B. You object because of your religious beliefs or moral convictions (you do not need to be a member of a "mainstream" or recognized religion); and
- C. Your beliefs are sincere.

At a minimum, you must submit a personal statement describing the basis of your objection.

You can apply for a waiver of the vaccination requirements without filing this form and without paying a fee, if:

1. You initially did not submit proof that you have received the required vaccines, but you are now vaccinated; or
2. It is not medically appropriate for you to have one or more of the missing vaccines. The physician will make this certification according to the applicable regulations published by the Department of Health and Human Services (HHS) and the accompanying technical instructions for physicians designated to perform the required medical examination. These instructions are published by the Centers for Disease Control and Prevention (CDC). According to these technical instructions, "not medically appropriate" covers the following situations:
 - A. The vaccination is not recommended by the Advisory Committee for Immunization Practices (ACIP) for your age group; or
 - B. The vaccination is medically inadvisable; or
 - C. There is an insufficient interval between doses for vaccines requiring a series of doses; or
 - D. It is not the flu season (for the flu vaccine only).

Applicants Who Have a Physical or Mental Disorder With Associated Harmful Behavior - INA 212(a)(1)(A)(iii)(I) or (II)

If the examining physician determines that you have a physical or mental disorder with associated harmful behavior, or a past history of a physical or mental disorder with harmful behavior that is likely to recur, the medical examination report completed by the designated physician will, at a minimum, contain the following information, as required by HHS regulations at 42 CFR part 34 and the accompanying technical instructions published by the CDC:

1. A complete medical history, including the details of any prior or current hospitalization, treatment or care;
2. The current findings, diagnosis and prognosis; and
3. Any other information necessary for USCIS to determine, in consultation with HHS, the terms and conditions that should be imposed on the waiver, if it is granted.

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Applicants Who Are Inadmissible Because of Substance or Drug Abuse or Substance or Drug Addiction - INA 212(a)(1)(A)(iv)

The designated physician will determine whether you are currently using, or have used in the past, any controlled or psychoactive substance. The examining physician will make this determination during the required medical exam, according to the applicable HHS regulations at 42 CFR part 34 and the accompanying technical instructions published by the CDC.

If you are inadmissible under INA 212(a)(1)(A)(iv) due to drug abuse or drug addiction, you may apply for a waiver.

USCIS will exercise discretion in determining whether to grant this waiver, after consulting with HHS, and if you are not inadmissible on any other grounds that cannot be waived.

You are not inadmissible under INA 212(a)(1)(A)(iv) if the designated physician that performed the required medical exam determined that you are in remission for prior drug use or abuse, or that your prior drug use was strictly experimental. The designated physician will determine whether any prior drug use is in remission, or whether it was strictly experimental, based on the applicable HHS regulations and the accompanying technical instructions published by the CDC.

Note the following key items:

1. If you engaged in the use of any controlled substance, and such use was illegal at the place where it occurred, your admission to the examining physician may be sufficient to make you inadmissible on criminal grounds under INA 212(a)(2)(A)(i)(II) relating to any controlled substance violation (U.S. or foreign).
2. The USCIS officer reviewing your primary benefit application (Form I-687, Form I-698 and/or Form I-485) will determine whether this admission to the designated physician makes you inadmissible under INA 212(a)(2)(A)(i)(II).
3. The only drug offense under INA 212(a)(2)(A)(i)(II) that can be waived is one offense of simple possession of marijuana (30 grams or less).
4. Any willful concealment or misrepresentation of any material fact made to procure an immigration benefit (including any willful concealments or misrepresentations made to avoid being found inadmissible under any provision) will result in the denial of this waiver application and your primary benefit application. You may also become subject to additional penalties under the law.

General Instructions

Step 1. Fill Out the Form I-690

A separate waiver application must be filed by each applicant who is inadmissible.

1. Type or print legibly in black ink.
2. If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and date and sign each sheet.
3. Answer all questions fully and accurately. State that an item is not applicable with "N/A." If the answer is "none," write none.

What Is the Filing Fee?

The filing fee for Form I-690 application is \$200.

Use the following guidelines when you prepare your check or money order for the Form I-690:

1. The check or money order must be drawn on a bank or other financial institution located in the United States and must be payable in U.S. currency; and
2. Make the check or money order payable to **U.S. Department of Homeland Security**, unless:
 - A. If you live in Guam and are filing your petition there, make it payable to **Treasurer, Guam**.
 - B. If you live in the U.S. Virgin Islands and are filing your petition there, make it payable to **Commissioner of Finance of the Virgin Islands**.
 - C. If you live outside the United States, Guam, or the U.S. Virgin Islands, contact the nearest U.S. consulate or embassy for instructions on the method of payment.

NOTE: Please spell out U.S. Department of Homeland Security; do not use the initials "USDHS" or "DHS."

Notice to Those Making Payment by Check. If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually take 24 hours, and will be shown on your regular account statement.

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You will not receive your original check back. We will destroy your original check, but we will keep a copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

How to Check If the Fees Are Correct.

The form and biometric fees on this form are current as the edition date appearing in the lower right corner of this page. However, because USCIS fees change periodically, you can verify if the fees are correct by following one of the steps below:

1. Visit our Internet Web site at www.uscis.gov, select "FORMS" check the appropriate fee;
2. Review the Fee Schedule included in your form package, if you called us to request the form; or
3. Telephone our National Customer Service Center at **1-800-375-5283** and ask for the fee information.

Where to File?

You must file this waiver application with the USCIS office that has jurisdiction over your primary benefit application -- Form I-687, Form I-698 and/or Form I-485.

Address Changes

If you change your address and you have an application or petition pending with USCIS, you may change your address on-line at www.uscis.gov, click on "Online Change of Address" and follow the prompts or by completing and mailing Form AR-11, Alien's Change of Address Card, to:

**U.S. Citizenship and Immigration Services
Change of Address**
P.O. Box 7134
London, KY 40742-7134

For commercial overnight or fast freight services only, mail to:

**U.S. Citizenship and Immigration Services
Change of Address**
1084-I South Laurel Road
London, KY 40744

USCIS Forms and Information.

To order USCIS forms, call our toll-free number at **1-800-870-3676**. You can also get USCIS forms and information on

immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at www.uscis.gov.

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our Internet-based system, **InfoPass**. To access the system, visit our Web site. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen.

Penalties

If you knowingly and willfully falsify or conceal a material fact or submit a false document with this request, we will deny the benefit you are filing for, and may deny any other immigration benefit.

In addition, you will face severe penalties provided by law, and may be subject to criminal prosecution.

Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your Form I-690.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions, completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Products Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0032. **Do not mail your application to this address.**