For USCIS use Only		
Action Block	Fee Stamp	
APPELLANT - START HERE: Please type or print in black ink.		
In the Matter of:	File Number: A	
	Application for one	of the following:
	Permanent	Residence (I-698)
	☐ Temporary	Residence (I-687)
	☐ Waiver of 0	Grounds of Inadmissibility
I hereby appeal to the USCIS Director from the decision, dated	in the abo	ve entitled case.
My written brief or statement is attached.		
☐ I waive the right to submit a written brief or statement.		
☐ I will submit a brief within 30 calendar days.		
Summarize the reasons for this appeal.  The appeal must include a statement explaining any error or conclusion of law in the decision being appealed or any erroneous statement of fact stated in the decision.  Appellant (or Attorney or Representative): Please complete the following.		
Name (Last Name, First Name, Full Middle Name)		
Address ( Street Name and Number)		Telephone Number With Area Code
(City or Town)	(State)	(Zip Code)
Title or Relationship to Appellant, If Other Than Appellant		
Signature		Date (mm/dd/yyyy)