

TABLE OF CHANGES
Form I-601 – FORM
OMB Control No. 1615-0029
Application for Waiver of Grounds of Inadmissibility

I-601 Form	Current Version	Proposed Version
Throughout Form	Old Format (Currently on the Web)	New Format 1. The fields have not been changed and the same information is captured, just in a new layout that is in a 2 column format for intake and filing purposes. 2. The filed names have been changed in some instances throughout the form. (ie. 1., 2., 3. to 1.a., 1.b., 1.c). This was done for instruction step by step purposes.
Page 1, Item A, Information About Applicant, Items 2 - 5	2. Address (Number and Street) (Apartment Number) 3. (Town or City) (State/Country) (Zip/Postal Code) 4. Telephone Number 5. E-Mail Address	Page 1 Renumbered on this version Address 4.a. Street Number and Name (fillable field) 4.b. Apartment/Suite/Floor (fillable field) 4.c. City or Town (fillable field) 4.d. State (fillable field) 4.e. . Zip Code (fillable field) 4.f. Postal Code (fillable field) 4.g. Province (fillable field) 4.h. Country (fillable field) Contact Information 5. Daytime Phone Number (if any) (fillable field)

		<p>Extension (fillable field)</p> <p>6. E-mail Address (<i>if any</i>) (fillable field)</p>
<p>Page 1, Item A, Information About Applicant, Items 6 - 9</p>	<p>6. Date of Birth (mm/dd/yyyy)</p> <p>7. USCIS File Number</p> <p>8. City/Province-State of Birth</p> <p>9a. Country of Birth</p> <p>9b. Country of Citizenship/Nationality</p>	<p>Page 2, Under <i>Other Information</i> (item 7 moved to item 1)</p> <p>7. Date of Birth (mm/dd/yyyy) (fillable field)</p> <p>8. City or Town of Birth (fillable field)</p> <p>9. Province of Birth (fillable field)</p> <p>10. Country of Birth (fillable field)</p> <p>11, Country of Citizenship (fillable field)</p> <p>If you are outside the United States and you were already interviewed by a Department of State (DOS) consular officer at a U.S. Embassy or consulate, provide information in item number 12.a. – 12.c.</p> <p>12.a. Date of Visa Application with DOS (mm/dd/yyyy) [fillable]</p> <p>12.b. Location of Visa Application with DOS [fillable]</p> <p>12.c. Department of State Consular Case Number [fillable]</p> <p>13.a. If in the United States: Did you file this application after you have already filed Form I-485 of Form I-821? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13.b. If “Yes”, provide USCIS Receipt # [fillable]</p> <p>13.c. Filing Location []</p> <p>13.d. Date Filed</p>

		(mm/dd/yyyy) [fillable]
Page 1, Item A, Information About Applicant, Items 10 and 11	Item 10: Date of Visa Application Item 11: Location of Visa Application	Page 2 [remove]
Agency Copy	Duplicate Agency Copy on current version.	Remove duplicate copies for the Agency
Page 1: Item 12: 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 on Page 3, 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 6 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>Page 2</p> <p>Renumbered on this Barcode version</p> <p>Mark all of the following grounds that you believe, according to the best of your knowledge, apply to you. Only mark the applicable ground(s) listed under the immigration benefit you are seeking.</p> <p>In the space provided for item number 51, include a statement explaining the acts, convictions, and medical conditions that you believe make you inadmissible.</p> <p>If you seek a waiver of inadmissibility because you have a Class A Tuberculosis condition (as per HHS regulations), you must complete the last 2 pages 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>
Page 1 , Item 12 (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 from instructions for a detailed explanation for the individual grounds)	<p>Page 2</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 believe that I am inadmissible because: (See the form instructions for a detailed explanation of the individual grounds.)</p>

<p>Page 2</p>	<p>I am subject to the three-year or the 10-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 the United States (Page 5 of the Instructions)</p>	<p>Page 3</p> <p>27. I am subject to the 3-year or the 10-year bar to admissibility because I was previously unlawfully present in the United States in excess of either 180 days, or one year or more, and subsequently departed the United States (see the Instructions)</p>
<p>Page 2 (and duplicate page), Item 12(b)</p>	<p>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>B. I am applying for adjustment of status based on a valid T nonimmigrant status and I believe that I am inadmissible because: (see instructions)</p>
<p>Page 2 (and duplicate page), Item 12(c)</p>	<p>I am applying for TPS and I am inadmissible because (Page 6 of the instructions)</p> <p>[...]</p> <p><input type="checkbox"/> I entered the United States as a stowaway.</p> <p>[...]</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 conscripting a person under 15 years of age in an armed force, or by using such a person to participate actively in hostilities.</p> <p>[...]</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 from the United States at government expense within the last 5 years (20 years if you have been convicted of an aggravated felony)</p>	<p>C. I am applying for TPS and I believe that I am inadmissible because (see the instructions)</p> <p><u>All the entries marked in the "Current Version" column (to the left) should be deleted, for the form to read:</u></p> <p>32. <input type="checkbox"/> I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the instructions).</p> <p>33. <input type="checkbox"/> I have or I 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>34. <input type="checkbox"/> Within the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part) or procurement of prostitution, or continue to engage in prostitution or procurement of prostitution.</p> <p>35. <input type="checkbox"/> I am or I have been a drug</p>

	<p>abuser or drug addict as described in Department of Health and Human Services Regulations. See 42 CFR Part 34.</p> <p>36. <input type="checkbox"/> I have been or I intend to be involved in any other commercialized vice.</p> <p>37. <input type="checkbox"/> I have committed a serious criminal offense in the United States and asserted immunity from prosecution.</p> <p>38. <input type="checkbox"/> I am subject to a final order for violation of INA section 274C (producing/using false documentation to unlawfully satisfy a requirement of the INA).</p> <p>39. <input type="checkbox"/> I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability.</p> <p>40. <input type="checkbox"/> I practice polygamy.</p> <p>41. <input type="checkbox"/> I am accompanying another alien who is inadmissible after being certified to be helpless under INA section 232(c), and I am inadmissible because that other alien requires my protection or guardianship.</p> <p>42. <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>43. <input type="checkbox"/> I was an unlawful voter who voted in violation of a Federal, State, or local constitutional provision, statute, ordinance, or regulation.</p> <p>44. <input type="checkbox"/> I am a former United States citizen who renounced my citizenship in order to avoid</p>
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		<p>taxation by the United States.</p> <p>45. <input type="checkbox"/> I tried to obtain a visa, other documentation, or admission into the United States or other benefit by fraud or willfully misrepresenting a material fact.</p> <p>46. <input type="checkbox"/> I falsely represented myself as a U.S. citizen.</p> <p>47. <input type="checkbox"/> I have assisted another person to enter the United States in violation of the law.</p> <p>48. <input type="checkbox"/> I am ineligible for U.S. citizenship because I obtained a discharge from the U.S. Armed Forces for the reason that I am an alien OR because I received an exemption from the military draft for the reason that I am an alien.</p> <p>49. <input type="checkbox"/> I have been involved in a single offense of simple possession of 30 grams or less of marijuana.</p> <p>50. <input type="checkbox"/> Other (specify): (fillable field)</p>
<p><u>Page 3, Item 10 (the big box at the end of the page):</u></p>	<p>For ALL applicants: Describe in your own words why you are inadmissible.</p>	<p>Page 4</p> <p><i>Statement From Applicant</i></p> <p>In the space provided in number 51, describe in your own words why you believe that you are inadmissible and all the reasons that you believe support your request for a waiver.</p> <p>Your statement must explain the acts, convictions, and/or medical conditions that make you inadmissible. Your statement must indicate when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You must provide this information in number</p>

		<p>51, even if the information is also in the documents that you submit with your application according to the form instructions.</p> <p>Your statement must also explain why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. If your application requires the showing of extreme hardship to a qualifying relative, you must explain the hardship that your qualifying relative has or will experience if you are refused the immigration benefit you are seeking.</p> <p>If you intend to submit a statement in a separate letter, you may do so but you must write into the space in item number 51, that you are attaching a letter that explains the acts, convictions, or medical conditions that you believe make you inadmissible. The letter must be submitted at the same time as your Form I-601 application.</p> <p>NOTE: You should include copies of any documents that support your statement, with your Form I-601 application packet. Records of convictions must be certified from the court in which you were convicted; copies will not be sufficient.</p> <p>NOTE: If you require more space to complete your statement, use the space provided in Part 6.</p> <p>51. (fillable field)</p>
Page 4, Part A	14. Applicant's U.S. Social Security Number (if any)	<p>Page 1</p> <p>2. Applicant's U.S. Social Security Number (optional)</p>
Page 4, Part B	Information About Relative Through Whom Applicant	Page 5, Part 2

	Claims Eligibility	Information About Relative Through Whom Applicant Claims Eligibility, Where Applicable
Page 4, Part C	Correction to information on revised version only	<p>Page 6</p> <p>[Correction to Part 3, Information About Applicant's Other Relatives in the United States]</p> <p><input type="checkbox"/> Check here if the applicant has additional relatives in the United States. Please go to Part 6 and provide the same information as requested in Part 3, numbers 1.a. through 6.</p>
Page 5 Part D, Applicant's Signature and Certification	<p>I certify under penalty of perjury under the laws of the United States that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this waiver.</p> <p>Signature of Applicant or Qualifying Relative / Legal Guardian</p> <p>Date</p>	<p>Page 6, Part 4 Signature of Applicant</p> <p>I certify under penalty of perjury under the laws of the United States that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this waiver.</p> <p>I furthermore authorize release of information contained in this form, supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.</p> <p>1.a. Signature of Applicant (See Page 2 of the form instructions)</p> <p>1.b. Date of Signature (fillable date)</p>
Page 5, Part E, Preparer's Signature and Certification	I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, and it is based on all information of which I	<p>Page 7, Declaration</p> <p>I declare that this document was prepared by me at the request of the applicant or other individual</p>

	<p>have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.</p>	<p>authorized by the form instructions to sign this application (See the instructions), and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.</p>
<p>Part 6. Additional Information</p>		<p>Pages 7 and 8 New addition</p> <p>If you require more space to complete an item, please use the space below. In order to assist us in reviewing your response, you must identify the Part Number and Item Number. (fillable fields)</p>
<p>Page 6,</p>	<p>A. Statement by Applicant Upon admission to the United States I will:</p> <ol style="list-style-type: none"> 1. Go directly to the physician or health facility named in Section B; 2. Present all X-rays used in the visa medical examination to substantiate diagnosis; [...] 	<p>Page 9</p> <p>A. Statement by Applicant Upon admission to the United States, I will:</p> <p>A. Go directly to the health department named in Section B;</p> <p>B. Present all X-rays used in the visa medical examination to substantiate diagnosis; [...]</p>
<p>Page 6</p>	<p>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. 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.)</p> <p>I agree to submit Form CDC 75.18, "Report on Alien with Tuberculosis Waiver," to the health officer named in Section D:</p> <ol style="list-style-type: none"> 1. Within 30 days of the 	<p>Page 9</p> <p>B. Statement by Local (City or County) Health Department</p> <p>NOTE: The physician at the local health department where the alien plans to reside should complete this statement.</p> <p>I agree to supply any treatment or observation necessary for the proper management and continued care of the alien's tuberculosis condition.</p> <p>I agree to submit a summary of my initial evaluation of the alien's</p>

	<p>alien’s reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or</p> <p>2. Thirty days after receiving Form CDC 75.18, if the alien has not reported.</p> <p>Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by a U.S. consulate, to establish that the alien is not likely to become a public charge.)</p> <p>I represent (enter an “X” in the appropriate box and give the complete name and address of the facility below):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Local Health Department <input type="checkbox"/> 2. Other Public or Private Facility <input type="checkbox"/> 3. Private Practice <input type="checkbox"/> 4. Military Hospital <p>_____ Name of Facility (Type or print in black ink) [...]</p>	<p>condition to the State Health Department official named in Section D and to the Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333:</p> <p>A. Within 30 days of the alien’s reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or</p> <p>B. A report that the alien has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.</p> <p>Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by a U.S. consulate, to establish that the alien is not likely to become a public charge.)</p> <p>I represent (enter an “X” in the appropriate box and give the complete name, address, and phone number of the health department below):</p> <p>1.a. (checkbox) City Health Department</p> <p>1.b. (checkbox) County Health Department</p> <p>2.a. Name of Health Department (Type or print in black ink) (fillable field) [...]</p>
<p>Page 6</p>	<p>C. Arrangement for Medical Care by the Applicant or His or Her Sponsor Arrange for medical care (of the applicant) and have the appropriate physician or facility that will</p>	<p>Pages 9 and 10</p> <p>C. Arrangement for Medical Care by the Applicant or His or Her Sponsor Arrange for medical care (of the</p>

	<p>provide the medical care complete Section B.</p> <p>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 United States area where the applicant plans to reside.</p> <p>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. [...]</p>	<p>applicant) and have the appropriate Health Departments complete Sections B and D.</p> <p>[...]</p>
<p>Page 6</p>	<p>D. Endorsement of Local or State Health Officer</p> <p>Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed his or her name in Section B is not in your health jurisdiction and not familiar with you, you may want to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.</p> <p>Endorsed by: Signature of Health Officer</p> <p>_____</p> <p>Date: _____</p> <p>Enter below the name and address of the local health department where the “Notice of Arrival of Alien with Tuberculosis Waiver” will be sent when the alien arrives in the United States.</p> <p>Official Name of Department _____ [...]</p>	<p>Page 10</p> <p>D. Endorsement of State Health Department Official</p> <p>Note: The State Health Department official where the applicant plans to reside should complete this statement.</p> <p>Endorsement signifies recognition of the local health department that completed Section B for the purpose of providing care and treatment of the applicant’s tuberculosis condition, and that the local health department is within your jurisdiction. Endorsement also signifies recognition that the applicant will be residing within your state’s health jurisdiction.</p> <p>Endorsed by:</p> <p>1.a. Signature of State Health Department Official (fillable field)</p> <p>1.b. Date of Signature (fillable field)</p> <p>2.a. Name of State Health Department (Type or print in black ink) (fillable field)</p> <p>[...]</p>

