

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

**I-694, Notice of Appeal of
Decision Under Section 210 or 245A**

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: <input type="checkbox"/> Permanent Residence (I-698) <input type="checkbox"/> Temporary Residence (I-687) <input type="checkbox"/> Waiver of Grounds of Inadmissibility
I hereby appeal to the USCIS Director from the decision, dated _____ in the above entitled case.	
<input type="checkbox"/> My written brief or statement is attached. <input type="checkbox"/> I waive the right to submit a written brief or statement. <input type="checkbox"/> I will submit a brief within 30 calendar days.	
<p style="text-align: center;">Summarize the reasons for this appeal.</p> <p style="text-align: center;">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.</p>	
Appellant (or Attorney or Representative): Please complete the following.	
Name (<i>Last Name, First Name, Full Middle Name</i>)	
Address (<i>Street Name and Number</i>)	Telephone Number With Area Code
(<i>City or Town</i>)	(<i>State</i>) (<i>Zip Code</i>)
Title or Relationship to Appellant, If Other Than Appellant	
Signature	Date (<i>mm/dd/yyyy</i>)