**Form I-690 Instructions TOC,**

**Application for Waiver of Grounds of Inadmissibility**

**OMB Control No.: 1615-0032**

**02/25/2015**

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| **Reason for Revision:** Incorporated revisions to format and standard language; |

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| **Current Location** | **Current Text** | **Proposed Text** |
| **Page 1,**  **Instructions** | Please read these instructions carefully to properly complete this form….. | **Page 1,**  [Delete] |
| **Page 1,**  **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). | An applicant for adjustment of status under section 210 (Special Agricultural Workers) or 245A (Legalization) of the Immigration and Nationality Act (INA) uses this form to apply for a waiver of inadmissibility. |
|  |  | **Page 1,**  **[new]**  **Who Does NOT Need to File Form I-690?**  The following inadmissibility grounds do not apply and a waiver is not needed:   1. **INA section** 212(a)(5)(A), Workers entering the United States without labor certification; 2. **INA section** 212(a)(7)(A)(i)(I), Immigrants not in possession of a valid entry document; and 3. **INA section** 212(a)(7)(A)(i)(II), Visas issued without compliance with Section 203 of the INA. |
| **Page 1,** |  | **Page 1,**  **[new]**  **Which inadmissibility grounds cannot be waived by filing this Form I-690?**  You **should not** file this form if you require a waiver of inadmissibility for:   1. **INA section** 212 (a)(2)(A)(i)(I), Crimes involving moral turpitude, an act or behavior that violates the acceptable moral standards of a community; 2. **INA section** 212(a)(2)(A)(i)(II), Crimes involving controlled substances; exceptions to this can be found later in these instructions; 3. **INA section** 212(a)(2)(B), Multiple criminal convictions; 4. **INA section** 212(a)(2)(C), Controlled substance traffickers; 5. **INA section** 212(a)(3), Security and related grounds; and 6. **INA section** 212(a)(4), Public charge; exceptions to this can be found later in these instructions. |
| **Page 1,**  **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 **Section 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 representative in the jurisdiction where you will reside must also complete and sign **Section 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:   **(1)** The vaccination is not recommended by the Advisory Committee for Immunization Practices (ACIP) for your age group; or  **(2)** The vaccination is medically inadvisable; or  **(3)** There is an insufficient interval between doses for vaccines requiring a series of doses; or  **(4)** It is not the flu season (for the flu vaccine only).  **3. 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:  **A.** A complete medical history, including the details of any prior or current hospitalization, treatment or care;  **B.** The current findings, diagnosis and prognosis; and   1. 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. 2. **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:  **A.** 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).  **B.** 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).  **C.** 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).  **D.** 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. | **Page 1,**  **Who May File Form I-690?**  **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 **Section C.** of **Supplement 1, Applicants With a Class A Tuberculosis Condition (As Defined by Health and Human Services Regulations).** A state health department official in the jurisdiction where you will reside must also complete and sign **Section D.** If you are outside of the United States, a relative in the United States must complete this process for you.  After **Supplement 1** is completed, attach the supporting documents and file with your waiver application. If you are inadmissible because of TB and do not include a properly completed **Supplement 1.,** your waiver application will be returned to you.  **2. Applicants Requesting a Waiver of the Vaccination Requirements of INA section 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;  **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.  **NOTE: 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 vaccinations, but you are now vaccinated; or   **B.** It is not medically appropriate for you to receive one or more of the required vaccinations. The physician will make this certification according to the applicable regulations published by the Department of Health and Human Services (HHS) and the 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 the technical instructions, the phrase "not medically appropriate" covers the following situations:   1. The vaccination is not recommended by the Advisory Committee for Immunization Practices for your age group;   **(2)** The vaccination is medically inadvisable;  **(3)** There is an insufficient amount of time between doses for vaccines requiring a series of doses; or  (4) It is not flu season (for the flu vaccine only).  **3. Applicants Who Have a Physical or Mental Disorder With Associated Harmful Behavior - INA section 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 associated 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 technical instructions published by the CDC:  **A.** A complete medical history, including the details of any previous or current hospitalization, treatment or care;  **B.** The current findings, diagnosis and prognosis; and  **C.** 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.   1. **Applicants Who Are Inadmissible Because of Substance or Drug Abuse or Substance or Drug Addiction – INA section 212(a)(1)(A)(iv)**   The designated physician will determine whether you are currently using, or have used in the past, any controlled 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 technical instructions published by the CDC.  If you are inadmissible under INA section 212(a)(1)(A)(iv) due to drug abuse or drug addiction, you may apply for a waiver. After consulting with HHS, USCIS will exercise discretion to determine whether to grant a waiver. To be eligible for a substance or drug abuse or addiction waiver, you must not be inadmissible on any other grounds that cannot be waived.  **NOTE:** You are not inadmissible under INA section 212(a)(1)(A)(iv) if the designated physician determines that you are in remission for previous drug use or abuse, based on the applicable HHS regulations and the technical instructions published by the CDC.  **A.** If you engaged in the use of any controlled substance, and your use of this substance 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 section 212(a)(2)(A)(i)(II) relating to any controlled substance violation (regardless of whether your use of the controlled substance occurred in the United States or in another country).  **B.** The USCIS officer reviewing your primary benefit application (Form I-687, Application for Status as a Temporary Resident Under Section 245A of the INA, Form I-698, Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA) and/or Form I-485, Application to Register Permanent Residence or Adjust Status) will determine whether this admission to the designated physician makes you inadmissible under INA section 212(a)(2)(A)(i)(II).  **C.** The only drug offense under INA section 212(a)(2)(A)(i)(II) that can be waived is a single offense of simple possession of 30 grams or less of marijuana.  **5. Applicants Who Are Inadmissible Based on Public Charge under INA section 212(a)(4)**  In general, inadmissibility based on public charge under INA section 212(a)(4) cannot be waived. However, INA section 212(a)(4) may be waived for applicants who are a certain age, blind, or have a disability (as defined in section 1614(a)(1) of the Social Security Act). Public charge does not apply to applicants who are exempt as specified in INA section 245A(d)(2)(B)(ii).  **6. Other Inadmissibility Grounds**   1. **INA section** 212(a)(6)(A)(i) Aliens Present Without Admission or Parole; 2. **INA section** 212(a)(6)(C)(i) or (ii) Misrepresentation – False Claim to US Citizenship; 3. **INA section** 212(a)(6)(D) or (E) Stowaways or Smugglers; 4. **INA section** 212(a)(8)(A) or (B) Permanently Ineligible for Citizenship; 5. **INA section** 212(a)(9)(A)(i) or (ii) Aliens Previously Removed – Arriving or Other; 6. **INA section** 212(a)(9)(B)(i)(I) or (II) Aliens Unlawfully Present – 180 days but less than one year or one year or more; 7. **INA section** 212(a)(9)(C)(i)(I) or (II) Aliens Unlawfully Present after Previous Immigration Violations – More than one year or ordered removed and enters or reenters; and 8. **INA section** 212(a)(10)(A),(B),(C),(D) Miscellaneous – Practicing Polygamist or Guardian required to accompany helpless alien or International Child Abductor or Unlawful Voters.   Inadmissibility grounds not otherwise addressed in these instructions may be waived at USCIS’ discretion for humanitarian purposes, family unity, or in the public interest. |
| **Page 2,**  **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. | **Page 3,**  **General Instructions**  USCIS provides forms free of charge through the USCIS Web site. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at [**http://get.adobe.com/reader/**](http://get.adobe.com/reader/)**.** If you do not have Internet access, you may call the USCIS National Customer Service Center at **1-800-375-5283** and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  **Signature.** Each application must be properly signed and filed. For all signatures on this application, USCIS will not accept a stamped or typewritten name in place of a signature. If you are under 14 years of age, your parent or legal guardian may sign the application on your behalf. A legal guardian also may sign for a mentally incompetent person.  **Filing Fee.** Each application must be accompanied by the appropriate filing fee. (See the **What Is the Filing Fee** section of these instructions.)  **Evidence.** At the time of filing, you must submit all evidence and supporting documentation listed in these instructions.  **Biometric Services Appointment.** USCIS may require that you appear for an interview or provide fingerprints, photograph, and/or signature at any time to verify your identity, obtain additional information, and conduct background and security checks including a check of criminal history records maintained by the Federal Bureau of Investigation (FBI), before making a decision on your application. After USCIS receives your application and ensures it is complete, we will inform you in writing if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of your local or designated USCIS Application Support Center (ASC) and the date and time of your appointment or, if you are currently overseas, instruct you to contact a U.S. Embassy, U.S. Consulate, or USCIS Office outside the United States to set up an appointment. If you fail to attend your biometric services appointment, USCIS may deny your application.  **Acknowledgement of Appointment at USCIS Application Support Center.** Review the USCIS ASC Acknowledgement that appears in **Part 3.** of the application. The purpose of this ASC Acknowledgement is to confirm that you have completed your application, reviewed your responses, and affirmed that the information was provided by you and is complete, true, and correct. If someone helped you fill out your application, that person must review the ASC Acknowledgement with you to make sure you understand it.  **Copies.** You may submit legible photocopies of documents requested, unless the instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application. If you submit original documents when not required, the documents may remain a part of the record, and USCIS will not automatically return them to you.  **Translations.** If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that the translator is competent to translate from the foreign language into English.  **How To Fill Out Form I-690**  **1.** Type or print legibly in black ink.  **2.** If you need extra space to complete any item within this application, use the space in **Part 6. Additional Information** or attach a separate sheet of paper; type or print your name and Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and date and sign each sheet.  **3.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks “Provide the name of your current spouse”), type or print “N/A,” unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, “How many children do you have” or “How many times have you departed the United States), type or print “None,” unless otherwise directed.  **4.USCIS ELIS Account Number (if any).** If you have previously filed an application, petition, or request using the USCIS Electronic Immigration System (USCIS ELIS), provide the USCIS ELIS Account Number you were issued by the system. The USCIS ELIS Account Number is not the same as an A-Number. If you were issued a USCIS ELIS Account Number, enter it in the space provided.  **5. Part 3. Applicant’s Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature.** Select the appropriate box to indicate that you either read this application yourself or someone interpreted this application for you from English to a language in which you are fluent. If applicable, select the box to indicate if someone prepared this application for you. You must also affirm that you have read and understand or that an interpreter or preparer read to you, and you understand the **Acknowledgement of Appointment at USCIS Application Support Center** in **Part 3.** Further, you must sign and date your application and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every application **MUST** contain the signature of the applicant (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.  **6. Part 4. Interpreter’s Contact Information, Certification, and Signature.** If you used anyone as an interpreter to read the instructions and questions on this application to you in a language in which you are fluent, the interpreter must fill out this section, provide his or her name,  the name and address of his or her business or organization (if any), his or her daytime telephone number, and his or her email address (if any). The interpreter must also certify that he or she has read the **Acknowledgement of Appointment at USCIS Application Support Center** in **Part 3.** to you in the same language in which you are fluent. The interpreter must sign and date the application.  **7. Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant.** This section must contain the signature of the person who completed your application, if other than you, the applicant. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 4.** and **Part 5.** If the person who completed this application is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you prepare this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. Anyone who helped you prepare your application must also certify that he or she has read the **Acknowledgement of Appointment at USCIS Application Support Center** in **Part 3.** to you, and that you informed him or her that you understood the ASC Acknowledgement. If the person who helped you prepare your application is an attorney or accredited representative, he or she must also submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with your application.  **8. Part 6. Additional Information.** If you need extra space to provide any additional information within this application, use the space provided in **Part 6. Additional Information.**  If you need more space than what is provided in **Part 6.** you may make copies of **Part 6.** to complete and file with your application, or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.  **We recommend that you print or save a copy of your completed application to review in the future and for your records. We recommend that you review your copy of your completed application before you come to a biometric appointment at a USCIS ASC.** At your appointment, USCIS will permit you to complete the application process only if you are able to confirm, under penalty of perjury, that all of the information in your application is complete, true, and correct.   If you are not able to make that attestation in good faith at that time, you will be required to return for another appointment when you are able to do so. |
|  |  | **Page 5,**  **What Evidence Should You Submit?**  You must submit all evidence requested in these instructions withyour application.  If you fail to submit required evidence, USCIS may reject or deny your application for failure to submit requested evidence or supporting documents in accordance with 8 CFR 103.2(b)(1) and these instructions. |
| **Page 2,**  **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.**  **NOTE:** Please spell out U.S. Department of Homeland Security; do not use the initials “USDHS” or “DHS."  3.If you live outside the United States, contact the nearest U.S. consulate or embassy for instructions on the method of payment.  **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.  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. | **Page 6,**  **What Is the Filing Fee?**  **The filing fee for Form I-690 is $200.**  You do not need to submit a biometric fee at the time you are filing this application; however, if USCIS determines that you are required to submit biometrics, USCIS will inform you how to pay the biometric services fee. If you file this application with an agency other than USCIS, please check with that agency to determine if and when you must submit biometric services fees.  **NOTE:** The filing fee is not refundable, regardless of any action USCIS takes on this application. **DO NOT MAIL CASH**. You must submit all fees in the exact amount.  **Use the following guidelines when you prepare your check or money order for the Form I-690 filing fee:**  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.**  **NOTE:** Spell out U.S. Department of Homeland Security; do not use the initials “USDHS” or “DHS.”  3. If you live outside the United States, contact the nearest U.S. Embassy or U.S. Consulate for instructions on the method of payment.  [see info below in section on how to check if the fee is correct]  **Notice to Those Making Payment by Check**  If you send us a check, USCIS will convert it 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 your bank will show it on your regular account statement.  You will not receive your original check back. We will destroy your original check, but will keep a copy of it. If USCIS cannot process the EFT for technical reasons, you authorize us to process the copy in place of your original check. If USCIS cannot complete the EFT because of insufficient funds, we may try to make the transfer two times. |
| **Page 3,**  **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](http://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. | **Page 5,**  **How To Check If The Fees Are Correct**  Form I-690’s filing fee is current as of edition date in the lower left 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 the USCIS Web site at **www.uscis.gov**, select “**FORMS**,” and check the appropriate fee; or 2. Call the USCIS National Customer Service Center at **1-800-375-5283** and ask for fee information. For TTY (deaf or hard of hearing) call: **1-800-767-1833.**   **NOTE:** If your Form I-690 requires payment of a biometric services fee for USCIS to take your fingerprints, photograph, and/or signature, you can use the same procedure to obtain the correct biometric services fee. |
| **Page 3,**  **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. | **Page 5,**  **Where To File?**  Please see our Web site at [**www.uscis.gov/I-690**](http://www.uscis.gov/I-690) or call our National Customer Service Center at **1-800-375-5283** for the most current information about where to file this application. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  If you are in proceedings in Immigration Court (that is, if you have been served with Form I-221, Order to Show Cause and Notice of Hearing; Form I-122, Notice to Applicant for Admission Detained for Hearing Before an Immigration Judge; Form I-862, Notice to Appear; or Form I-863, Notice of Referral to Immigration Judge, that were served on the Immigration Court), file this application with the Immigration Court having administrative control over your case. |
| **Page 3,**  **Address Changes** | If you have changed your address, you must inform USCIS of your new address.  For information on filing a change of address go to the USCIS Web site at **www.uscis.gov/addresschange** or contact the USCIS National Customer Service Center at 1-800-375-5283.  **NOTE:** Do not submit a change of address request to USCIS Lockbox facilities because USCIS Lockbox facilities do not process change of address requests. | **Page 5,**  **Address Change**  You must notify USCIS of your new address within 10 days of moving from your previous residence.  For information on filing a change of address go to the USCIS Web site at [**www.uscis.gov/addresschange**](http://www.uscis.gov/addresschange) or contact the USCIS National Customer Service Center at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  **NOTE:** Do not submit a change of address request to USCIS Lockbox facilities because these facilities do not process change of address requests. |
|  |  | **Page 5,**  [new]  **Processing Information**  An application is not considered properly filed until accepted by USCIS.  **Initial Processing.** Once USCIS accepts your application, we will check it for completeness. If you do not completely fill out this application, you will not establish a basis for your eligibility, and USCIS may reject or deny your application.  **Requests for More Information.** We may request that you provide more information or evidence to support your application. We also may request that you provide the originals of any copies you submit. USCIS will return any requested originals when they are no longer needed.  **Requests for Interview.** We may request that you appear at a USCIS office for an interview based on your application. At the time of any interview or other appearance at a USCIS office, we may require that you provide your fingerprints, photograph, and/or signature to verify your identity and/or update background and security checks.  **Decision.** The decision on Form  I-690 involves a determination of whether you have established eligibility for the immigration benefit you are seeking. USCIS will notify you of the decision in writing. |
| **Page 3,**  **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**](http://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. | **Page 5,**  **USCIS Forms and Information**  To ensure you are using the latest version of this application, visit the USCIS Web site at [**www.uscis.gov**](http://www.uscis.gov) where you can obtain the latest USCIS forms and immigration-related information. If you do not have Internet access, you may order USCIS forms by calling our toll-free number at **1-800-870-3676**.   You may also obtain forms and information by calling the USCIS National Customer Service Center at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  Instead of waiting in line for assistance at your local USCIS office, you can now schedule an appointment through the USCIS Internet-based system, **InfoPass** at **infopass.uscis.gov/.** 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. |
| **Page 3,**  **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. | **Page 6,**  **Penalties**  If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-690, we will deny your Form I-690 and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution. |
| **Page 3,**  **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. | **Page 6,**  **USCIS Privacy Act Statement**  **AUTHORITIES:** The information requested on this application and the associated evidence, is collected under the Immigration and Nationality Act, Section 210 and 245A, the Immigration Reform and Control Act of 1986, and section 902 of the U.S. Department of State Authorization Bill of 1987.  **PURPOSE:** The primary purpose for providing the requested information on this application is to determine if you have established eligibility for the immigration benefit for which you are filing. DHS will use the information you provide to grant or deny the immigration benefit you are seeking.  **DISCLOSURE:**  The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your request for a waiver of inadmissibility.  **ROUTINE USES:** DHS may share the information you provide on this application with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records] which you can find at **www.dhs.gov/privacy.** DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security. |
| **Page 3,**  **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 and 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0032.  **Do not mail your application to this address.** | **Page 7,**  **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 3 hours per response in paper format, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing the statement, attaching necessary documentation, and submitting the application. 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-0032. **Do not mail your completed Form I-690 to this address.** |