



Application for Waiver of Grounds of Inadmissibility

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

USCIS
Form I-690
OMB No. 1615-0032
Expires 11/30/2014

For Government Use Only

Alien Registration Number (A-Number of This Applicant): A- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Action Block
Fee Receipt Number (This application): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Attorney or Accredited Representative USCIS ELIS Account Number (if any) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
------------------------------------------------------------------------------	---------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

► **APPLICANT: Start here.** Type or print in black ink. Read the instructions before completing this application. If you need extra space to complete any item within this application, use **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 sign and date each sheet.

Part 1. Information About You (the Applicant)

Your Current Legal Name

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Mailing Address

2. In Care Of Name (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

3. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

Part 1. Information About You (the Applicant) (continued)

Physical Address

4. Street Number and Name Apt. Ste. Fl. Number

City or Town State ZIP Code

Province Postal Code Country

Other Information

5. City/Town/Village of Birth 6. Country of Birth

7. Date of Birth (mm/dd/yyyy) 8. Alien Registration Number (if any)

9. USCIS ELIS Account Number (if any) 10. U.S. Social Security Number (if any)

Part 2. Additional Information About You

1. Date **Primary** Application **Filed** (mm/dd/yyyy)

2. Type of **Primary** Application Permanent Residence (Form I-698) Temporary Residence (Form I-687 or Form I-700)

3. **Relating Receipt Number**

4. I am applying for a waiver of (Select all that apply):

INA section (Please see the instructions for more information on these sections)

212 (a) (1)(A)(i), (ii), (iii) or (iv) 212 (a)(2)(A)(i)(II) 212 (a)(6)(A)(i) 212(a)(6)(C)(i) or (ii)

212(a)(6)(D) and/or (E) 212(a)(8)(A) and/or (B) 212(a)(9)(A)(i) or (ii)

212(a)(9)(B)(i)(I) or (i)(II) 212(a)(9)(C)(i)(I) or (i)(II)

212 (a)(10)(A), (B), (C), (D) and/or Other Inadmissibility - Specify below

5. List **specific** reasons **for** inadmissibility.

Part 2. Additional Information About You (continued)

6. List all immediate relatives in the United States (Parents, spouse, and children). **If you need more space, use Part 6. Additional Information or attach an additional sheet.**

A. Your Relative's Information

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Relationship	A-Number (if any)
<input type="text"/>	<input type="text"/>	▶ A- <input type="text"/>
Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)		
<input type="text"/>		

B. Your Relative's Information

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Relationship	A-Number (if any)
<input type="text"/>	<input type="text"/>	▶ A- <input type="text"/>
Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)		
<input type="text"/>		

C. Your Relative's Information

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Relationship	A-Number (if any)
<input type="text"/>	<input type="text"/>	▶ A- <input type="text"/>
Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)		
<input type="text"/>		

Part 2. Additional Information About You (continued)

D. Your Relative's Information

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Date of Birth (mm/dd/yyyy) Relationship A-Number (if any) A-

Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)

7. I should be granted a waiver because: (Describe family unity considerations or humanitarian or public interest reasons for granting a waiver. If you need more space, **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 sign and date each sheet.

Part 3. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-690 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item Number A.** or **B.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- A. I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center.**
- B. The interpreter named in **Part 4.** has also read to me every question and instruction on this application, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 4.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. Applicant's Statement Regarding the Preparer

- I have requested the services of and consented to , who is is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Part 3. Applicant's Statement, Contact Information, USCIS ASC Acknowledgement, Certification, and Signature (continued)

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I, ,

understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center**.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

6. Applicant's Signature

Date of Signature

(mm/dd/yyyy)

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information concerning the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 3., Item B., in Item Number 1.**

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 3., Item B., in Item Number 1.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant, in the same language provided in **Part 3., Item B., Item Number 1.** The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information concerning the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Part 5. Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Fax Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

- 7.A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.B. I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant and the applicant has informed me that he or she understands the ASC Acknowledgement.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, your application may be denied.

NOTE: We recommend that you print a copy of your completed application for your records. If you are required to appear for a biometric services appointment at a USCIS ASC, you should bring a copy of your completed application with you.

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below or attach a separate sheet of paper. If you need more space than what is provided, you may make copies of this page to complete and file with this 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.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3.A. Page Number 3.B. Part Number 3.C. Item Number

3.D. _____

4.A. Page Number 4.B. Part Number 4.C. Item Number

4.D. _____

5.A. Page Number 5.B. Part Number 5.C. Item Number

5.D. _____

6.A. Page Number 6.B. Part Number 6.C. Item Number

6.D. _____

7. Signature Date of Signature (mm/dd/yyyy)