TABLE OF CHANGES – FORM Form I-694, Notice of Appeal of Decision Under INA Section 210 or 245A OMB Number: 1615-0034 12/18/2015

Reason for Revision: Incorporating standard language updates and formatting changes.

Current Page Number and Section	Current Text	Proposed Text
Page 1,	APPELLANT – START HERE: Please type or print in black ink.	START HERE - Type or print in black ink.
Page 1,		[Page 1]
	In the Matter of:	Part 1. Information About You (Appellant)
		1. Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name
		2. Any Other Names Used
		A. Family Name (Last Name) Given Name (First Name) Middle Name
		B. Family Name (Last Name) Given Name (First Name) Middle Name
		3. U.S. Mailing Address
		In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code
		4. Is your current U.S. mailing address the same as your U.S. physical address?
		If you answered "No," provide your U.S. physical address in Item Number 5.
		5. U.S. Physical Address

	File Number: A	 Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code 6. Alien Registration Number (A-Number) (if any) 7. U.S. Social Security Number (if any) 8. USCIS Online Account Number (if any)
Page 1,		[Page 2]
	Application for one of the following:	Part 2. Application Information1. Your appeal is based on an application for which of the following?
	[] Permanent Residence (I-698)	Permanent Residence (Form I-698)
	[]Temporary Residence (I-687)	Temporary Residence (Form I-687)
	[]Waiver of Grounds of Inadmissibility	Waiver of Grounds of Inadmissibility (Form I- 601)
	I hereby appeal to the USCIS Director from the decision, dated in the above entitled case.	2. Receipt Number (if any)3. Date of Decision (mm/dd/yyyy)
Page 1,		[Page 2]
		Part 3. Reason for Appeal
	[] My written brief or statement is attached.	1. Is your written brief attached? Yes No
		If you answered "No," select a response in Item Number 2.
	I waive the right to submit a written brief or statement.	2. I waive the right to submit a written brief or statement.
	I will submit a brief within 30 calendar days.	I will submit a brief within 30 calendar days.
		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. Please provide an explanation. If you need additional space to complete this section, use the space provided in Part 7. Additional Information.

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	Part 4. Appellant's Statement, Contact Information, Certification, and Signature
	NOTE : Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
	1. Appellant's Statement Regarding the Interpreter
	A. I can read and understand English, and have read and understand every question and instruction on this appeal , as well as my answer to every question .
	B. The interpreter named in Part 5. has read to me every question and instruction on this appeal, as well as my answer to every question, in [Fillable Field], a language in which I am fluent. I understand every question and instruction on this appeal as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.
	2. Appellant's Statement Regarding the Preparer
	I have requested the services of and consented to [Fillable Field], who is/is not an attorney or accredited representative, preparing this appeal for me.
	Appellant'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 I seek.
	I furthermore authorize release of information contained in this appeal, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.
	I certify, under penalty of perjury, that the information in my appeal and any document submitted with my appeal were provided by

	me and are complete, true, and correct.
	Appellant's Contact Information
	3. Appellant's Daytime Telephone Number
	4. Appellant's Mobile Telephone Number (if any)
	5. Appellant's Email Address (if any)
	Appellant's Signature
	6. Appellant's Signature Date of Signature (mm/dd/yyyy)
New	[Page 3]
	Part 5. Interpreter's Contact Information, Certification, and Signature
	Interpreter's Full Name
	Provide the following information concerning the interpreter.
	1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
	2. Interpreter's Business or Organization Name (if any)
	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 [fillable field], which is the same language provided in Part 4., Item B. in Item Number 1. ;

	I have read to this appellant every question and instruction on this appeal, as well as the answer to every question, in the language provided in Part 4. , Item B. in Item Number 1. ; and
	The appellant has informed me that he or she understands every instruction and question on the appeal, as well as the answer to every question, and the appellant verified the accuracy of every answer.
	Interpreter's Signature
	6. Interpreter's Signature Date of Signature (mm/dd/yyyy)
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	Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Appeal, If Other Than the Appellant
	Preparer's Full Name
	Provide the following information concerning the preparer.
	 Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
	2. Preparer's Business or Organization Name (if any)
	Preparer's Mailing Address [Sub-header]
	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
	6. Preparer's Email Address (if any)
	Preparer's Statement

	A. I am not an attorney or accredited
	representative but have prepared this appeal on
	behalf of the appellant and with the appellant's consent.
	B. I am an attorney or accredited representative and my representation of the appellant in this
	case extends does not extend beyond the
	preparation of this appeal.
	NOTE: If you are an attorney or accredited
	representative whose representation extends
	beyond preparation of this appeal, you must
	submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited
	Representative, with this appeal.
	Preparer's Certification
	By my signature, I certify, swear or affirm,
	under penalty of perjury, that I prepared this appeal on behalf of, at the request of, and with
	the express consent of, the appellant. I
	completed this appeal based only on responses
	the appellant provided to me. After completing the appeal , I reviewed it and all of the
	appellant's responses with the appellant, who
	agreed with each and every answer on the appeal. If the appellant supplied additional
	information concerning a question on the
	appeal, I recorded it on the appeal.
	Preparer's Signature
	8. Preparer's Signature
	Date of Signature (mm/dd/yyyy)
New	[Page 6]
	Part 7. Additional Information
	If you need outro ences to provide one
	If you need extra space to provide any additional information within this appeal, use
	the space below. If you need more space than
	what is provided, you may make copies of this page to complete and file with this appeal 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
	1. Family Name (Last Name)
	Given Name (First Name)
	Middle Name
	2. A-Number (if any)
	3. A. Page Number

	B. Part NumberC. Item NumberD. [Fillable Field]
	 4. A. Page Number B. Part Number C. Item Number D. [Fillable Field]
	 5. A. Page Number B. Part Number C. Item Number D. [Fillable Field]
	 6. A. Page Number B. Part Number C. Item Number D. [Fillable Field]