



Application for Provisional Unlawful Presence Waiver

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

USCIS
Form I-601A
OMB No. 1615-0123
Expires 03/31/2015

For USCIS Use Only	Initial Receipt	Fee Stamp		Action Block
	Resubmitted	Relocated		
		Received	Sent	

To be completed by an attorney or BIA-accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached to represent the applicant.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

Provide the following information about yourself.

- Alien Registration Number (A-Number) (if any)
▶ A-
- U.S. Social Security Number (if any)
▶
- USCIS Online Account Number (if any)
▶

Your Full Name

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

Other Names Used (if any)

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name
- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

Your U.S. Mailing Address

- In Care Of Name
- Street Number and Name
- Apt. Ste. Flr.
- City or Town
- State
- ZIP Code
- Is your current physical address the same as your mailing address? Yes No
If you answered "No" to Item Number 8., provide your physical address in Item Numbers 9.a. - 9.e.

Your U.S. Physical Address

- Street Number and Name
- Apt. Ste. Flr.
- City or Town
- State
- ZIP Code

Other Information

- Gender Male Female
- Date of Birth (mm/dd/yyyy)

Part 1. Information About You (continued)

- 12. City or Town of Birth
- 13. Country of Birth
- 14. Country of Citizenship or Nationality
- 15.a. Mother's Family Name (Last Name)
- 15.b. Mother's Given Name (First Name)
- 16.a. Father's Family Name (Last Name)
- 16.b. Father's Given Name (First Name)

Your Last Entry Into the United States

- 17. Date of Entry (On or about mm/dd/yyyy)
- 18.a. Place or Port-of-Entry (Actual or approximate city or town)
- 18.b. State
- 19. Immigration Status (At the time of entry)

Your Previous Entries Into the United States

You were previously in the United States as follows:

- 20.a. Place or Port-of-Entry (Actual or approximate city or town)
- 20.b. State
- 21.a. From (On or about mm/dd/yyyy)
- 21.b. To (On or about mm/dd/yyyy)
- 22. Immigration Status (At the time of entry)

- 23.a. Place or Port-of-Entry (Actual or approximate city or town)

- 23.b. State

- 24.a. From (On or about mm/dd/yyyy)

- 24.b. To (On or about mm/dd/yyyy)

- 25. Immigration Status (At the time of entry)

- 26. Are there other previous entries? Yes No

If you answered "Yes" to **Item Number 26.**, include the place of entry, dates, and your immigration status at the time of entry for any other prior entries in the space provided in **Part 9. Additional Information.**

Your Immigration or Criminal History

- 27. Are you currently in removal, exclusion, or deportation proceedings in which there is no final order issued by the immigration judge, the Board of Immigration Appeals, a DHS officer, or a Federal court yet? (This includes proceedings under INA section 239, an exclusion or deportation proceeding initiated before April 1, 1997, a Visa Waiver Program removal proceeding under INA section 217, expedited removal under INA 235, and a request for a judicial removal order under INA section 238(c))?
 Yes No

If you answered "No" to **Item Number 27.**, go to **Item Number 29.a.** If you answered "Yes" to **Item Number 27.**, select the statement below (either **Item Number 28.a.** or **28.b.**) that most accurately describes your current situation.

- 28.a. I am in removal, exclusion, or deportation proceedings that are administratively closed and, at the time of filing my Form I-601A, have not been placed back on EOIR's calendar to continue my removal, exclusion, or deportation proceedings.

NOTE: You may be eligible for a provisional unlawful presence waiver. Provide a copy of the administrative closure order. Also, if U.S. Citizenship and Immigration Services (USCIS) approves your provisional unlawful presence waiver, you should seek termination or dismissal of your removal, exclusion, or deportation proceedings before you depart the United States for your immigrant visa interview.

Part 1. Information About You (continued)

37. Are you **NOW** or have you **EVER** knowingly assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance?

Yes No

38. Are you **NOW** or have you **EVER** been engaged in prostitution?

Yes No

Answer **Item Numbers 39.a. - 45.** If you answer "Yes" to any question in **Item Numbers 39.a. - 45.**, your application for a provisional unlawful presence waiver may be denied **as a matter of discretion**. For each "Yes" response for **Item Numbers 39.a. - 45.**, provide a complete explanation in **Part 9. Additional Information**.

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

39.a. Acts involving torture or genocide? Yes No

39.b. Killing any person? Yes No

39.c. Intentionally and severely injuring any person?
 Yes No

39.d. Engaging in any kind of sexual contact or relations with any person who was being forced or **threatened**?
 Yes No

39.e. Limiting or denying any person's ability to exercise religious beliefs?
 Yes No

Have you **EVER**:

40.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or insurgent organization? Yes No

40.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?
 Yes No

41. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?
 Yes No

42. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?
 Yes No

43. Have you **EVER** received any type of military, paramilitary, or weapons training?
 Yes No

44. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?
 Yes No

45. Have you **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?
 Yes No

Part 2. Biographic Information

1. Ethnicity (Select **only one** box)

Hispanic or Latino
 Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White
 Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

Part 3. Information About Your Immigrant Visa Case

Provide the basis on which you are immigrating to the United States using the check boxes below. (Select **only one** box)

- 1.a. Diversity Visa Program Selectee or Derivative
- 1.b. Immediate Relative Petition (Form I-130)
- 1.c. Preference-Based Family Petition (Form I-130), including Derivatives
- 1.d. Employment-Based Petition (Form I-140), including Derivatives
- 1.e. Special Immigrant/Widow Petition (Form I-360), including Derivatives

If you selected **Item Number 1.a.** because you are a Diversity Visa (DV) Program selectee or derivative, provide information about your (or your spouse's or parent's) DV case:

2.a. DOS DV Case Number (KCC Case Number)

▶

DV Program Selectee's Full Name (If you are a derivative and your parent or spouse is the DV Program Selectee)

2.b. Family Name (Last Name)

2.c. Given Name (First Name)

2.d. Middle Name

If you selected **Item Numbers 1.b., 1.c., 1.d., or 1.e.** provide the following information about the approved immigrant visa petition (Form I-130, Form I-140, or Form I-360) that was filed on your (or your spouse's or parent's) behalf, or that you used to self-petition on your behalf, that is your basis to immigrate and the related Department of State (DOS) immigrant visa application.

3.a. USCIS Receipt Number

▶

3.b. DOS Consular Case Number (NVC Case Number)

▶

Petitioner Name (Provide the full name of the family member or the company who petitioned for you (or your spouse or parent).)

3.c. Family Name (Last Name)

3.d. Given Name (First Name)

3.e. Middle Name

3.f. Company or Organization Name

Part 4. Information About Your Qualifying Relative

Provide the following information about the qualifying relative (the U.S. citizen or Lawful Permanent Resident (LPR) spouse or parent) who would experience extreme hardship if you were refused admission to the United States.

Your Qualifying Relative's Full Name and Relationship to You

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

- 2.a. U.S. Citizen Spouse
- 2.b. U.S. Citizen Parent
- 2.c. LPR Spouse
- 2.d. LPR Parent

Your Other Qualifying Relative

3. Do you have more than one qualifying relative (U.S. citizen or LPR spouse or parent)? Yes No

If you answered "Yes" to **Item Number 3.**, provide the other qualifying relative's name and your relationship to the qualifying relative in **Item Numbers 4.a. - 5.d.** Also provide evidence of the U.S. citizenship or LPR status of the other qualifying relative with your application. See the **What Evidence Must I Submit With Form I-601A** section of the **Instructions**.

Additional Qualifying Relative's Full Name and Relationship to You

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

- 5.a. U.S. Citizen Spouse
- 5.b. U.S. Citizen Parent
- 5.c. LPR Spouse
- 5.d. LPR Parent

Part 6. Applicant's Statement, Contact Information, Certification, and Signature
(continued)

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

6.a. Applicant's Signature

6.b. 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, USCIS may deny your application.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone 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 form on behalf of the authorized individual and with the authorized individual's consent.

7.b. I am an attorney or accredited representative and have prepared this form on behalf of the authorized individual and with the authorized individual's consent.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 9. Additional Information

If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. 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.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

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06/27/2016