



# Notice of Appeal of Decision Under INA Section 210 or 245A of the Immigration and Nationality Act

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

USCIS  
Form I-694  
OMB No. 1615-0034  
Expires: 03/31/2018

<b>For USCIS Use Only</b>	<b>Action Block</b>	<b>Fee Stamp</b>
---------------------------------------	---------------------	------------------

▶ **START HERE - Type or print in black ink.**

## 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?**

Yes  No

If you answered "No," provide your U.S. physical address in **Item Number 5.**

**5. U.S. Physical Address**

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

**6. Alien Registration Number (A-Number) (if any)**

▶ A-

**7. USCIS Online Account Number (if any)**

▶

**Part 2. Application Information**

- 1. Your appeal is based on an application for which of the following?  
 Permanent Residence (Form I-698)     Temporary Residence (Form I-687)     Waiver of Grounds of Inadmissibility (Form I-690)
- 2. Receipt Number (if any)
- 3. Date of Decision (mm/dd/yyyy)

**Part 3. Reason for Appeal**

- 1. Is your written brief attached?  Yes  No

If you answered "No," select a response in **Item Number 2.**

- 2.  I waive the right to submit a written brief or statement.     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.**

Not for Production  
02/07/2018

**Part 4. Appellant's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-694 Instructions before completing this part.

**Appellant's Statement**

**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 I have read and understand every question and instruction on this form and my answer to every question.
- B.**  The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent and I understood everything.

**2. Appellant's Statement Regarding the Preparer**

- At my request, the preparer named in **Part 6.**  prepared this form for me based only upon information I provided or authorized.

**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 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

**Appellant's Signature**

**6. Appellant's Signature**

➔

**Date of Signature (mm/dd/yyyy)**

**NOTE TO ALL APPELLANTS:** If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny your benefit.

**Part 5. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about 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 5. 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 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 provided in **Part 4., Item B. in Item Number 1.**, and I have read to this appellant in the identified language every question and instruction on this form and his or her answer to every question. The appellant informed me that he or she understands every instruction, question, and answer on the form, including the **Appellant's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

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

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Form, if Other Than the Appellant**

Provide the following information about 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 (if any)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Form, if Other Than the Appellant** (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 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 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 form.

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

**Preparer's Certification**

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

**Preparer's Signature**

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

**Part 7. Additional Information**

If you need extra space to provide any additional information within this form, 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 form 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. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number (if any) ▶ A-

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

D.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

D.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

D.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

D.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRAFT

Not for

Production

02/07/2018