**TABLE OF CHANGES – INSTRUCTIONS (New)**

**Form I-602, Application by Refugee for Waiver of Inadmissibility Grounds**

**OMB Number: 1615-0069**

**09/11/2018**

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| **Reason for Revision:**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **New** |  | **[Page 1]**  **What is the Purpose of Form I-602?**  Foreign nationals may file this application to apply for a waiver of certain grounds of inadmissibility if they are seeking to be admitted to the United States as a refugee or are a refugee or asylee applying to become a lawful permanent resident (LPR) (green card holder).  U.S. Citizenship and Immigration Services (USCIS) may grant a waiver of the grounds of inadmissibility if you can establish that the waiver would serve humanitarian purposes, preserve family unity, or be otherwise in the public interest. |
| **New** |  | **[Page 1]**  **Who May File Form I-602?**  You may file this application to obtain a waiver of grounds of inadmissibility if you are or were found inadmissible to the United States and you are:  **1.** A foreign national seeking to come to the United States as a refugee (or derivative refugee because you are the spouse or child of a refugee);  **2.** A foreign national in the United States seeking derivative refugee status (because you are the spouse or child of a refugee);  **3.** A refugee already in the United States applying to become an LPR (green card holder); or  **4.** An asylee in the United States and are now applying to become an LPR (green card holder). |
| **New** |  | **[Page 1]**  **Who Should Not File Form I-602?**    Do not file this application if you are not seeking to be admitted to the United States as a refugee or are not a refugee or asylee applying to become an LPR (green card holder). All other applicants for admission or adjustment of status to LPR who are seeking a waiver of inadmissibility should consult the Form I-601 Instructions.  If you are inadmissible for any of following reasons, no waiver is available and you should not file this application:  **1.** Controlled Substance Trafficker (Immigration and Nationality Act (INA) section 212(a)(2)(C));  **2.** General Security and Related Grounds (INA section 212(a)(3)(A));  **3.** Terrorist Activities (INA section 212(a)(3)(B));  **4.** Adverse Foreign Policy Consequences for the United States (INA section 212(a)(3)(C)); and  **5.** Participants in Nazi Persecution, Genocide, or The Commission of Any Act of Torture or Extrajudicial Killing (INA section 212(a)(3)(E)).  If you are inadmissible for any of the following reasons, you do not need a waiver and should not file this application:  **1.** Public charge (INA section 212(a)(4));  **2.** Labor certification and qualifications for certain immigrants (INA section 212(a)(5)); and  **3.** Documentation requirements for immigrants (INA section 212(a)(7)(A)).  **[Page 2]**  In addition, if you are seeking to come to the United States as a refugee (INA section 207), the inadmissibility ground for vaccination requirements (INA section 212(a)(1)(ii)) does not apply and you do not need to file this application. |
| **New** |  | **[Page 2]**  **How Long Is a Waiver Valid?**  **1. If you are a seeking to come to the United States as a refugee:**  If you are seeking to be admitted into the United States as a refugee and USCIS grants your Form I-602, the inadmissibility ground will be waived when you enter the United States. You will not need to apply for a waiver of this ground again if you apply for LPR status based on your refugee status (adjustment of status under INA section 209).  **2. If you are a foreign national in the United States seeking derivative refugee status (because you are the spouse or child of a refugee):** If you are seeking derivative refugee status and USCIS grants your Form I-602, the inadmissibility ground will be waived. You will not need to apply for a waiver of this ground again if you apply for LPR status based on your refugee status (adjustment of status under INA section 209).  **3. If you are a refugee in the United States applying for LPR status:** If a ground of inadmissibility applied to you before you came to the United States and you did not obtain a waiver for it when you entered the United States as a refugee, you can still apply for a waiver of that ground when you apply for LPR status (also known as getting a Green Card) based on your refugee status.  If you become an LPR based on your refugee status after USCIS or an Immigration Judge grants a waiver of the grounds of inadmissibility, the grounds are permanently waived. If you apply for immigration benefits in the future that are subject to grounds of inadmissibility, you will not have to apply for a waiver again.  If you apply for LPR status (also known as getting a Green Card) based on any other immigrant category, you will have to apply for a waiver of all grounds that apply to you, even those that were waived at the time you entered as a refugee. The waiver that was granted to you as part of your entry into the United States would not be valid in this case.  **4.** **Asylees applying for LPR status:** If you apply for LPR status based on your asylee status in the United States (adjustment under INA section 209), you must file Form I-602 for all grounds of inadmissibility that apply to you. If you become an LPR based on your asylee status after USCIS or an Immigration Judge grants a waiver of the grounds of inadmissibility, the grounds are permanently waived. If you apply for immigration benefits in the future that are subject to grounds of inadmissibility, you will not have to apply for a waiver again. |
| **New** |  | **[Page 2]**  **General Instructions**  USCIS provides forms free of charge through the USCIS website. 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 order USCIS forms by calling the Forms Request Line at **1-800-870-3676**. The Forms Request Line provides information in English and Spanish. 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 may also sign for a mentally incompetent person.  **Validity of Signatures.** USCIS will consider a photocopied, faxed, or scanned copy of the original, handwritten signature valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten, ink signature.  **Filing Fee.** There is no filing fee for this application.  **Evidence.** At the time of filing, you must submit all evidence and supporting documents listed in the **Specific Instructions** section of these Instructions.  **[Page 3]**  **Biometric Services Appointment.** USCIS may require that you appear for an interview or provide biometrics (for example, 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 or petition. After USCIS receives your application and ensures it is complete, we will inform you 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 are required to provide biometrics, at your appointment you must sign an oath reaffirming that:  **1.** You provided or authorized all information in the application;  **2.** You reviewed and understood all of the information contained in, and submitted with, your application; and  **3.** All of this information was complete, true, and correct at the time of filing.  If you fail to attend your biometric services appointment, USCIS may deny your application. For applicants and dependents who appear before an immigration judge, failure to attend a biometric services appointment, without good cause, may result in the immigration judge finding that your application was abandoned, and USCIS may also deny any other application you filed with USCIS.  **Copies.** You should 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 or petition. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original.  **NOTE:** If you submit original documents when not required or requested by USCIS or the Immigration Court, **your original documents may be immediately destroyed after we receive them.**  **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 he or she is competent to translate from the foreign language into English. The certification must include the translator’s signature. Department of Homeland Security (DHS) recommends the certification contain the translator’s printed name, the signature date, and the translator’s contact information.  **How To Fill Out Form I-602**  **1.** Type or print legibly in black ink.  **2.** If you need extra space to complete any item within this application, use the space provided in **Part 8. 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.  **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. |
| **New** |  | **[Page 3]**  **Specific Instructions**  **Part 1. Information About You**  **[Page 4]**  **Item Numbers 1.a. - 1.c. Your Full Legal Name.** Provide your full legal name as shown on your identity documents or legal change of name document in the spaces provided.  **Item Numbers 2.a. - 2.c.**  **Place of Birth.** Provide the name of the city or town, state or province, and country where you were born. Type or print the name of the country as it was named when you were born, even if the country’s name has changed or the country no longer exists.  **Item Numbers 3.a. - 3.i. Mailing Address.** Provide a valid mailing address. Use an address in the United States, if one is available. If you do not have a U.S. mailing address, provide your foreign mailing address.  **Item Numbers 4. - 5.h. Physical Address.** If the place where you live is different from your mailing address, type or print the address where you currently live.  **Item Number 6. Alien Registration Number (A-Number)** (if any). An Alien Registration Number, otherwise known as an “A-Number,” is typically issued to persons who apply for, or are granted, certain immigration benefits. In addition to USCIS, U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), Executive Office for Immigration Review (EOIR), and U.S. Department of State (DOS) may also issue an A-Number to certain aliens. If you were issued an A-Number, type or print it in the spaces provided. If you do not have an A-Number, or if you cannot remember it, leave this space blank.  **Item Number 7. USCIS Online Account Number** (if any)**.** If you have previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. The USCIS Online Account Number is not the same as an A-Number. If you were issued a USCIS Online Account Number, enter it in the space provided.  **Item Number 8. Date of Birth** (mm/dd/yyyy)**.**  Provide your date of birth in mm/dd/yyyy format in the space provided.  **Item Number 9. Country of Citizenship or Nationality.** Type or print the name of the country where you are currently a citizen or national. If you are stateless, type or print the name of the country where you were last a citizen or national, or enter “none.” If you are a citizen or national of more than one country, type or print the name of the foreign country that issued your last passport.  **Item Number 10. Current Status.**  Select the option that correctly describes your current status as a refugee or asylee either inside or outside the United States.  **Part 2. Reasons for Inadmissibility**  To obtain a waiver, you must meet certain requirements. Before completing **Part 2.**, carefully read through these instructions. Select all of the grounds of inadmissibility that you believe apply to you, according to what you were told or to the best of your knowledge.  If you were ever arrested or convicted, provide the disposition (outcome) for all arrests or convictions (for example, dismissed by the appropriate authority). You also will be required to provide certified court records or dispositions for all convictions.  **Item Numbers 1. - 35.** Select or enter all grounds of inadmissibility that you believe or that you have been told apply to you. Then use the space provided in **Part 2.**, **Item Number 36.** to provide a statement explaining in your own words, the acts, convictions, and medical conditions that you believe make you inadmissible. Include copies of any documents that support your statement. Records of convictions **must** be certified court documents. An uncertified copy is not sufficient.  **[Page 5]**  Ensure that you select or enter all grounds of inadmissibility that you believe or that you have been told apply to you. If this Form I-602 is approved, the waiver that is granted applies only to the grounds of inadmissibility and those crimes, incidents, events, or conditions that you have included in your application. For this reason, it is important to disclose all conduct or conditions that may cause you to be inadmissible, and list all grounds of inadmissibility for which you are seeking a waiver.  **You Are Seeking a Waiver Under INA Section 207 or 209 for Health-Related Grounds of Inadmissibility Under INA Section 212(a)(1)**  You must file this Form I-602 if you seek a waiver for any health-related ground of inadmissibility that is described below.  USCIS, a DOS consular officer, or an immigration judge can determine your inadmissibility only based on the paperwork that a physician completes after examining you. The physician must be either a panel physician designated by DOS or a civil surgeon designated by USCIS (including health departments which participate in USCIS’ blanket-designated civil surgeon program for purposes of administering the vaccination requirements for refugees seeking adjustment of status). The sections below outline what evidence you need to submit in addition to evidence showing that granting the waiver would serve humanitarian purposes, family unity, or otherwise be in the public interest.  There are four health-related grounds of inadmissibility.  **1. Communicable Diseases of Public Health Significance**  Communicable Diseases of Public Health Significance are conditions that are defined by the Department of Health (HHS) and Human Services (in 42 CFR 34.2(b)) and include but are not limited to: Class A tuberculosis condition (as defined by HHS regulations), chancroid, gonorrhea, granuloma iguinale, lymphogranuloma venereum, syphilis (infectious stage), or leprosy (infectious also called Hansen’s disease).  You should submit a completed medical history and report addressing any possible treatment as part of your waiver request.  If you have a Class A Tuberculosis Condition (as defined by HHS regulations), you and the physician at the local health department in the area where you plan to reside must complete **Part 4.**  Complete **Part 3.** if you have or had a physical or mental disorder and behavior associated with the disorder.  **2. You are Seeking a Waiver Under INA Section 209 of the Vaccination Requirement** (This ground does not apply to foreign nationals seeking to come to the United States as refugees.)  If you are applying for lawful permanent resident status based on your refugee or asylee status, you must be vaccinated against vaccine preventable diseases, as determined by the Advisory Committee for Immunization Practices, HHS. See INA section 212(a)(1)(A)(ii). Currently, immigrants must be vaccinated against diseases such as, but not limited to, mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B, and other diseases.  Vaccinations protect the public health of the United States. If you are unable to demonstrate that you have been vaccinated against all of the required vaccinations, and if you seek an exemption from the vaccination requirement because being vaccinated is against your religious beliefs or moral convictions, you may file a waiver. You must demonstrate that the waiver serves humanitarian purpose, preserves family unity, or is otherwise in the public interest. To meet this standard, you should also submit evidence that establishes that:  **A.** You are opposed to vaccinations in any form;  **B.** Your objection is based on religious beliefs or moral convictions; and  **C.** Your belief or conviction is sincere.  **3. You are Seeking a Waiver Under INA Section 207 or 209 for Inadmissibility Due to Physical or Mental Disorder and Associated Harmful Behavior**  **[Page 6]**  You must file this application if you seek a waiver of inadmissibility based on a physical or mental disorder with associated harmful behavior. Harmful behavior is behavior that poses, may pose, or has posed a threat to the property, safety, or welfare of you or others. You also must submit this application if you seek a waiver to overcome inadmissibility based on a history of a physical or mental disorder with behavior associated with the disorder that has posed a threat to the property, safety, or welfare of you or others, and that is likely to recur or to lead to other harmful behavior.  In addition to this application, you must submit a complete medical history and a report that addresses the following:  **A.** Your physical or mental disorder and the behavior associated with the disorder that poses, has posed, or may pose in the future a threat to your property, safety, or welfare or the property, safety, or welfare of others. The report should also provide details of any hospitalization, institutional care, or any other treatment you may have received in connection with your disorder;  **B.** Findings regarding your current physical condition, including any relevant reports of chest X-rays and a serologic test if you are 15 years of age or older, and other pertinent diagnostic tests;  **C.** Findings regarding the mental or physical disorder, including a detailed prognosis that should specify, based on a reasonable degree of medical certainty, the possibility that the harmful behavior is likely to recur or that other harmful behavior associated with the disorder is likely to occur; and  **D.** A recommendation concerning treatment that is reasonably available in the United States and that is reasonably expected to significantly reduce the likelihood that the physical or mental disorder will result in harmful behavior in the future.  USCIS will refer the medical report to the U.S. Public Health Service for review. The U.S. Public Health Service may require you to submit additional assurances.  **4. You are Seeking a Waiver Under INA Section 212(a)(1)(A)(iv) for Inadmissibility Because You Have Been Determined to be a Drug Abuser or Drug Addict as Described in U.S. Department of Health and Human Services Regulations**  You must file this application if you seek a waiver of inadmissibility because you have been determined to be a drug abuser or drug addict. The designated physician determines whether you are currently using, or in the past have used any controlled substance. The designated physician makes this determination during the required medical exam, according to the applicable HHS regulations at 42 CFR 34 and the technical instructions published by CDC.  In addition to this application, you must submit a copy of the immigration medical examination report and documentation (Form I-693 or Form DS-2054 and its related worksheets).  To assist USCIS in determining whether to approve the waiver in the exercise of discretion, you should also submit any additional medical documentation related to the drug abuse or addiction, such as:  **A.** A copy of any medical documentation related to the Form I-693 or DS-2054 that provides details of the diagnosis, including: the specific substance or substances involved; the level of severity of the abuse or addiction; time periods of abuse or addiction; and any therapy administered, rehabilitation, remission, counseling, or referrals; and  **B.** A copy of all other relevant medical reports, laboratory tests and results, and evaluations related to the drug abuse or addiction.  After consulting with HHS, USCIS will exercise its discretion to determine whether to approve a waiver. USCIS will not approve this waiver if you are inadmissible under any other grounds that are not waivable.  **NOTE:** You are not inadmissible under INA section 212(a)(1)(A)(iv) and do not need to file this waiver application if the designated physician determines you are in remission from previous drug abuse or addiction.  **[Page 7]**  **Item Number 36.** **Your Inadmissibility Statement.** Provide a statement that explains the acts, convictions, and/or medical conditions you believe make you inadmissible to the United States. Include dates for all convictions and certified court documents, including judgments that show the disposition of any criminal arrests and/or convictions.  **Item Number 37.** **Waiver Reason.** Select the reasons you are requesting the waiver. Provide an explanation of this reason or these reasons **in Item Number 38.**  **Item Number 38. Your Waiver Reason Statement.** In support of your application, provide a detailed explanation for why granting your waiver would serve humanitarian purposes, family unity, or be in the public interest.  **Item Number 39. Your Discretion Statement.** Explain why you believe your application should be approved as a matter of discretion, if applicable, and why the favorable factors in your case should outweigh the unfavorable factors.  **Part 3. Applicants Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder**  **Item Numbers 1.a. - 8.b.** Complete this section if you have or had a physical or mental disorder and behavior associated with the disorder that has posed or may pose a threat to the property, safety, or welfare of yourself or others. A private physician or representative of a public or private health facility in the United States where you will receive treatment must also review and sign this section.  **Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations)**  **Item Numbers 1.a. - 15.** Complete this section if you have a Class A Tuberculosis condition (as defined by HHS regulations). Additional information can be found at [**www.uscis.gov**](http://www.uscis.gov). The physician at the local health department in the area where you plan to reside in the United States must also complete and sign this section.  **Part 5. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature**  **Item Numbers 1.a. - 6.b.** Select the appropriate box to indicate whether you read this application yourself or whether you had an interpreter assist you. If someone assisted you in completing the application, select the box indicating that you used a preparer. 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.  **Part 6. Interpreter’s Contact Information, Certification, and Signature**  **Item Numbers 1.a. - 7.b.** 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, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the application.  **Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  **Item Numbers 1.a. - 8.b.** 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 6.** and **Part 7.** 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 complete this application **MUST** sign and date the application. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your application is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, along with your application.  **[Page 8]**  **Part 8. Additional Information**  **Item Numbers 1.a - 7.d.** If you need extra space to provide any additional information within this application, use the space provided in **Part 8. Additional Information**. If you need more space than what is provided in **Part 8.**, you may make copies of **Part 8.** to complete and file with your 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.  **We recommend that you print or save a copy of your completed application to review in the future and for your records.** |
|  |  | **[Page 8]**  **What Is the Filing Fee?**  There is no filing fee for Form I-602**.**  **How To Check If the Fees Are Correct**  Form I-602’s filing fee is current as of the edition date in the lower left corner of this page. However, because USCIS fees change periodically, you can verify that the fee is correct by following one of the steps below.  **1.** Visit the USCIS website at [**www.uscis.gov**](http://www.uscis.gov), select “FORMS,” and check the appropriate fee; or  **2.** Visit the USCIS Contact Center at [**www.uscis.gov/contactcenter**](http://www.uscis.gov/contactcenter) to get answers to your questions and connect with a live USCIS representative. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**. |
| **New** |  | **[Page 8]**  **Where To File?**  Please see our website at [**www.uscis.gov/i-602**](http://www.uscis.gov/i-602)or visit the USCIS Contact Center at [**www.uscis.gov/contactcenter**](http://www.uscis.gov/contactcenter) to connect with a USCIS representative for the most current information about where to file this application. The USCIS Contact Center provides information in English and Spanish. 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 DHS filed with the Immigration Court), you should file this application with the appropriate Immigration Court. The DHS attorney will provide you with pre-order filing instructions regarding background and security investigations. |
| **New** |  | **[Page 8]**  **Address Change**  An applicant who is not a U.S. citizen must notify USCIS of his or her new address within 10 days of moving from his or her previous residence. For information on filing a change of address, go to the USCIS website at [**www.uscis.gov/addresschange**](http://www.uscis.gov/addresschange)or reach out to the USCIS Contact Center at [**www.uscis.gov/contactcenter**](http://www.uscis.gov/contactcenter) for help. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.  **NOTE:** Do not submit a change of address request to the USCIS Lockboxfacilities because the Lockboxdoes not process change of address requests.  If you are already in proceedings in Immigration Court, you must also notify the Immigration Court on EOIR Form 33/IC, Alien's Change of Address Form/Immigration Court, of any changes of address within five days of the change in address.The EOIR Form 33/IC is available on the EOIR website at [**www.justice.gov/eoir/form-eoir-33-eoir-immigration-court-listing**](http://www.justice.gov/eoir/form-eoir-33-eoir-immigration-court-listing). |
| **New** |  | **[Page 9]**  **Processing Information**  **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.** USCIS may request that you provide more information or evidence to support your application. We may also request that you provide the originals of any copies you submit. If we request an original document from you, it will be returned to you after USCIS determines it no longer needs your original.  **Requests for Interview.** We may request that you appear for an interview with a USCIS officer based on your application. At the time of any interview or other appearance before a USCIS officer, we may require that you provide your biometrics to verify your identity and/or update background and security checks.  **Decision.** The decision on Form I-602 involves a determination of whether you have established eligibility for the immigration benefit you are seeking. USCIS or the Immigration Court will notify you of the decision in writing. |
| **New** |  | **[Page 9]**  **USCIS Forms and Information**  To ensure you are using the latest version of this application, visit the USCIS website 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 the Forms Request Line at **1-800-870-3676**. The Forms Request Line offers services in English and Spanish. 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 schedule an appointment online at [**www.uscis.gov**](http://www.uscis.gov). Select “Tools,” then under “Self Service Tools,” select “Appointments” and follow the screen prompts to set up your appointment. Once you finish scheduling an appointment, the system will generate an appointment notice for you. |
| **New** |  | **[Page 9]**  **Penalties**  If you knowingly and willfully falsify or conceal a material fact or submit a false document with your Form I-602, we will deny your Form I-602 and may deny any other immigration benefit. In addition, you will face severe penalties provided by law and may be subject to criminal prosecution. |
| **Form I-602, Page 4, USCIS Privacy Act Statement** | **[Page 4]**  **USCIS Privacy Act Statement**  **AUTHORITIES:** The information requested on this application, and the associated evidence, is collected under Sections 207 and 209 of the Immigration and Nationality Act, as amended, as well as 8 CFR 207.3.  **PURPOSE:** The primary purpose for providing the requested information on this application is for a refugee who has been found inadmissible to the United States for reasons such as a criminal conviction or certain health conditions to apply for a waiver of such inadmissibility on grounds of humanitarian reasons, family unity or national interest. DHS will use the information you provide to grant or deny the waiver.  **DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, ant any requested evidence, may delay a final decision or result in denial of the waiver.  **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 notice [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 9]**  **DHS Privacy Notice**  **AUTHORITIES:** The information requested on this application, and the associated evidence, is collected under INA sections 207 and 209, as well as 8 CFR 207.3.  **PURPOSE:** The primary purpose for providing the requested information on this application is for a refugee who has been found inadmissible to the United States, for reasons such as a criminal conviction or certain health conditions, to apply for a waiver of such inadmissibility on grounds of humanitarian reasons, family unity or national interest. 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, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.  **[Page 10]**  **ROUTINE USES:** DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this application and any additional requested evidence 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-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-017 – Refugee Case Processing and Security Screening Information System of Records] and the published privacy impact assessments [DHS/USCIS/PIA-051 Case and Activity Management for International Operations, and DHS/USCIS/PIA-056 USCIS Electronic Immigration System] which you can find at [**www.dhs.gov/privacy**](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security. |
| **Form I-602, Page 4, Paperwork Reduction Act** | **[Page 4]**  **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. 1615-0069. **Do not mail your application to this address.** | **[Page 10]**  **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 Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 8 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, 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. 1615-0069. **Do not mail your completed Form I-602 to this address.** |