



Application for Waiver of Grounds of Inadmissibility Under Sections 245A or 210 of the Immigration and Nationality Act

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

USCIS
Form I-690
OMB No. 1615-0032
Expires 12/31/2018

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"/>	Action Block
Fee Receipt Number (This application):	

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or G-28I 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 Online 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"/>
	<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"/>		

▶ **START HERE - Type or print in black ink.**
Read the **Instructions** before completing this **application**.

Part 1. Information About You (Applicant)

Your Current Legal Name

1. Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

[\(USPS ZIP Code Lookup\)](#)

2. In Care Of Name (if any)	<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"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 (Applicant) (continued)

Physical Address

4. Street Number and Name Apt. Ste. Flr. 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 (A-Number) (if any)

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

Part 2. Additional Information About You

1. I am applying for a waiver for this primary application:
 Permanent Residence (Form I-698, LIFE Act Form I-485) Temporary Residence (Form I-687 or Form I-700)

2. Date You Filed the Primary Application (mm/dd/yyyy) 3. Receipt Number for Primary Application

4. I am applying for a waiver of (select all applicable boxes):
INA section (Please see the Instructions for more information on these sections.)

<input type="checkbox"/> 212 (a)(1)(A)(i)	<input type="checkbox"/> 212(a)(2)(I)	<input type="checkbox"/> 212(a)(6)(G)	<input type="checkbox"/> 212(a)(9)(C)(i)(II)
<input type="checkbox"/> 212 (a)(1)(A)(ii)	<input type="checkbox"/> 212(a)(4)	<input type="checkbox"/> 212(a)(8)(A)	<input type="checkbox"/> 212 (a)(10)(A)
<input type="checkbox"/> 212 (a)(1)(A)(iii)	<input type="checkbox"/> 212(a)(6)(B)	<input type="checkbox"/> 212(a)(8)(B)	<input type="checkbox"/> 212 (a)(10)(B)
<input type="checkbox"/> 212 (a)(1)(A)(iv)	<input type="checkbox"/> 212(a)(6)(C)(i)	<input type="checkbox"/> 212(a)(9)(A)(i)	<input type="checkbox"/> 212 (a)(10)(C)
<input type="checkbox"/> 212(a)(2)(H)	<input type="checkbox"/> 212(a)(6)(C) (ii)	<input type="checkbox"/> 212(a)(9)(A)(ii)	<input type="checkbox"/> 212 (a)(10)(D)
<input type="checkbox"/> 212(a)(2)(I)	<input type="checkbox"/> 212(a)(6)(D)	<input type="checkbox"/> 212(a)(9)(B)(i)(I)	<input type="checkbox"/> 212 (a)(10)(E)
<input type="checkbox"/> 212(a)(4)	<input type="checkbox"/> 212(a)(6)(E)	<input type="checkbox"/> 212(a)(9)(B)(i)(II)	<input type="checkbox"/> Other Inadmissibility - Specify below
<input type="checkbox"/> 212(a)(6)(B)	<input type="checkbox"/> 212(a)(6)(F)	<input type="checkbox"/> 212(a)(9)(C)(i)(I)	<input type="text"/>

5. List the specific reasons why you are inadmissible in the space below.

Part 2. Additional Information About You (continued)

6. List all immediate relatives in the United States (parents, spouse, and children). If you need extra space to complete this section, use the space provided in Part 6. Additional Information.

A. Relative 1

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. Fl.	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. Relative 2

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. Fl.	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. Relative 3

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. Fl.	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. Relative 4

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"/>		

7. Describe the family unity, humanitarian, or public interest reasons or considerations for why U.S. Citizenship and Immigration Services (USCIS) should grant your waiver. If you need extra space to complete this section, use the space provided in Part 6. **Additional Information.**

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-690 Instructions before completing this section.

Applicant'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.**

- Applicant's Statement Regarding the Interpreter
 - I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
 - The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- Applicant's Statement Regarding the Preparer
 At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- Applicant's Daytime Telephone Number
- Applicant's Mobile Telephone Number (if any)
- Applicant's Email Address (if any)

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

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 law.

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. Applicant'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, USCIS may deny your application.

Part 4. 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)

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)

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

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language provided in **Part 3., Item B., in Item Number 1.**, 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. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 5. 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. 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

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)

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

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.
- B.** I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may 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, 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. Preparer's Signature Date of Signature (mm/dd/yyyy)
- | | |
|--|--|
| | |
|--|--|

PRODUCTION

08/31/2018

Part 6. 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. 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. _____

7. A. Page Number B. Part Number C. Item Number
D. _____
