**TABLE OF CHANGES – FORM**

**Form I-601, Application for Waiver of Grounds of Inadmissibility**

**OMB Number: 1615-0029**

**06/02/2020**

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| **Reason for Revision: Fee Rule****Project Phase: Post G-1056*** Please note – all instances of “if any” and “if applicable” have been remove from Form I-601.

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

Expires 07/31/2021Edition Date 01/27/2020 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1** | **[Page 1]****…****To be completed by an Attorney or Accredited Representative (if any).****Select this box if Form G-28 is attached or G-28I is attached.****Attorney State Bar Number (if applicable)****Attorney or Accredited Representative USCIS Online Account Number (if any)** | **[Page 1]****…****To be completed by an Attorney or Accredited Representative.****Select this box if Form G-28 is attached or G-28I is attached.****Attorney State Bar Number** **Attorney or Accredited Representative USCIS Online Account Number**  |
| **Page 1-2, Part 1. Information About You** | **[Page 1]****…****1.** Alien Registration Number (A-Number) (if any)**2.** USCIS Online Account Number (if any)**…****8.** U.S. Social Security Number (if any)**…****12.** Province of Birth (if applicable) **…****17.b.** If you answered "Yes" to **Item Number 17.a.**, provide the USCIS Receipt Number for your Form I-821, if any.**…****18.b.** If you answered "Yes" to **Item Number 18.a.**, provide the USCIS Receipt Number for your Form I-212, if any.**…** | **[Page 1]****…****1.** Alien Registration Number (A-Number) **2.** USCIS Online Account Number **…****8.** U.S. Social Security Number **…** **12.** Province of Birth **…****17.b.** If you answered "Yes" to **Item Number 17.a.**, provide the USCIS Receipt Number for your Form I-821.**…****18.b.** If you answered "Yes" to **Item Number 18.a.**, provide the USCIS Receipt Number for your Form I-212.**…** |
| **Page 6, Part 5. Information About Your Qualifying Relatives**  | **[Page 6]****…****3.** Daytime Telephone Number (if any)**4.** Email Address (if any)**…****7.** Relative's A-Number (if any)**…** | **[Page 6]****…****3.** Daytime Telephone Number **4.** Email Address **…****7.** Relative's A-Number **…** |
| **Page 6-7, Part 6. Information About Your Other Relatives With Ties to the United States** | **[Page 6]****…****3.** Daytime Telephone Number (if any)**4.** Email Address (if any)**…****7.** Relative's A-Number (if any)**…** | **[Page 6]****…****3.** Daytime Telephone Number **4.** Email Address **…****7.** Relative's A-Number **…** |
| **Page 10, Part 10. Additional Information**  | **[Page 10]****…**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.**…****2.** A-Number (if any)**…** | **[Page 10]****…**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 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.**…****2.** A-Number **…** |
| **Page 11-12, Part 11. Statement for Applicants With a Class A Tuberculosis Condition (As Defined By HHS Regulations)** | **[Page 11]****…****7.** Email Address (if any)**[Page 12]** **…****13.** Email Address (if any)**…** | **[Page 11]****…****7.** Email Address **[Page 12]** **…****13.** Email Address **…** |