

TABLE OF CHANGES – INSTRUCTIONS
Form I-601, Instructions for Application for Waiver of Grounds of Inadmissibility
OMB Number: 1615-0029
06/06/2023

Reason for Revision: Limited REV
Phase: OMBReview

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

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Current Page Number and Section	Current Text	Proposed Text
Page 4-9, Specific Instructions	<p>[Page 4]</p> <p>...</p> <p>Part 7. Applicant’s Statement, Contact Information, Declaration, Certification, and Signature</p> <p>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.</p> <p>If you are filing this application to waive inadmissibility for a communicable disease of public health significance (under INA section 212(g)), and you are not competent to sign the application, a duly appointed guardian or a qualified relative listed in Item Number 1. of the Specific Instructions section titled You Are Seeking a Waiver Under INA Section 212(g) of Health-Related Grounds of</p>	<p>[Page 4]</p> <p>...</p> <p>Part 7. Applicant’s Contact Information, Certification, and Signature</p> <p>You must sign and date your application and, if applicable, provide your daytime telephone number, mobile telephone number, and email address. The signature of a parent or legal guardian, if applicable, is acceptable. A stamped or typewritten name in place of a signature is not acceptable.</p> <p>[deleted]</p>

Inadmissibility Under INA Section 212(a)(1) may file and sign the application on your behalf. This qualifying relative may sign the application for you even if you have a legal guardian, but that relative is not your legal guardian. If a qualifying relative signs for you, the relative will need to provide proof of the relationship (unless already submitted, such as with your visa petition.)

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Part 8. 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 9. 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 8.** and **Part 9.** 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 be obliged to also submit a

Part 8. Interpreter’s Contact Information, Certification, and Signature

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

The person who completed your application, if other than the applicant must sign this section. If the same individual acted as your interpreter and your preparer, then that person should complete both **Part 7.** and **Part 8.** A stamped or typewritten name in place of a signature is not acceptable.

	<p>completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, along with your application.</p> <p>...</p>	<p>...</p>
<p>Page 9-17, Reasons for Inadmissibility</p>	<p>[Page 10]</p> <p>...</p> <p>G. Leprosy, infectious; or</p> <p>...</p>	<p>[Page 10]</p> <p>...</p> <p>G. Hansen's disease (leprosy), infectious; or</p> <p>...</p>
<p>Page 21, Paperwork Reduction Act</p>	<p>[Page 21]</p> <p>Paperwork Reduction Act</p> <p>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 1 hour and 45 minutes per response in paper format, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics is estimated to require 1 hour and 10 minutes. 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0029. Do not mail your completed Form I-601 to this address.</p>	<p>[Page 21]</p> <p>Paperwork Reduction Act</p> <p>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 1 hour and 39 minutes per response in paper format, including the time for reviewing instructions, gathering the required documentation and information, completing the application, preparing statements, attaching necessary documentation, and submitting the application. The collection of biometrics is estimated to require 1 hour and 10 minutes. 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0029. Do not mail your completed Form I-601 to this address.</p>