



Application for Waiver of Grounds of Inadmissibility

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

USCIS
Form I-601
OMB No. 1615-0029
Expires 12/31/2014

For USCIS Use Only	Fee Stamp	Initial Receipt	Resubmitted	Action Block
	Benefits Category <input type="checkbox"/> Immigrant <input type="checkbox"/> Adjustment of Status <input type="checkbox"/> TPS <input type="checkbox"/> V Nonimmigrant <input type="checkbox"/> K Nonimmigrant	Relocated Received Sent		
Inadmissible Under <input type="checkbox"/> 212(a)(1) <input type="checkbox"/> 212(a)(3) <input type="checkbox"/> 212(a)(6) <input type="checkbox"/> 212(a)(10) <input type="checkbox"/> 212(a)(2) <input type="checkbox"/> 212(a)(4) <input type="checkbox"/> 212(a)(9) <input type="checkbox"/> Other				

To Be Completed by an Attorney or Representative, if any. ☐ Select the box if G-28 is attached to represent the applicant.
Attorney State Bar Number (if applicable):

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

Part 1. Information About You

1. Alien Registration Number (A-Number) (if any)
▶ A-

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2. USCIS ELIS Account Number (if any)
▶

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Your Full Name

- 3.a. Family Name (Last Name)

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- 3.b. Given Name (First Name)

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- 3.c. Middle Name

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Other Names Used

List all other names you have ever used, including maiden names, aliases, and nicknames. **If you need extra space to complete this section, use the space provided in Part 10. Additional Information.**

- 4.a. Family Name (Last Name)

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- 4.b. Given Name (First Name)

--
- 4.c. Middle Name

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Mailing Address

NOTE: If you are outside of the United States, provide a U.S. mailing address, if available. **If a U.S. mailing address is not available, provide your mailing address abroad.**

- 5.a. In Care Of Name

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- 5.b. Street Number and Name

--
- 5.c. Apt. ☐ Ste. ☐ Flr. ☐

--
- 5.d. City or Town

--
- 5.e. State

--

 5.f. ZIP Code

--
- 5.g. Province

--
- 5.h. Postal Code

--
- 5.i. Country

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6. **Is your mailing address the same address where you currently live (physical address)?** ☐ Yes ☐ No

If your mailing address and the address where you currently live (physical address) are not the same, provide your current physical address in the next section.

Part 1. Information About You (continued)

Physical Address

7.a. Street Number and Name

7.b. Apt. ☐ Ste. ☐ Flr. ☐

7.c. City or Town

7.d. State **7.e.** ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

Other Information

8. U.S. Social Security Number (if any)

9. Gender ☐ Male ☐ Female

10. Date of Birth (mm/dd/yyyy)

11. City or Town of Birth

12. Province of Birth (if applicable)

13. Country of Birth

14. Country of Citizenship or Nationality

If you seek an immigrant visa and you were already interviewed by a U.S. Department of State (DOS) consular officer at a U.S. Embassy or U.S. Consulate, provide the information requested in **Item Numbers 15.a. - 15.b.**

15.a. DOS Consular Case Number (if available)

15.b. The location of the U.S. Embassy or U.S. Consulate where your visa application for an immigrant visa is being or will be made

City

Country

16.a. Are you filing this application after you have already filed Form I-485, Application to Register Permanent Residence or Adjust Status? ☐ Yes ☐ No

16.b. If you answered "Yes" to **Item Number 16.a.**, provide the USCIS Receipt Number for your Form I-485.

17.a. Are you filing this application after you have already filed Form I-821, Application for Temporary Protected Status? ☐ Yes ☐ No

17.b. If you answered "Yes" to **Item Number 17.a.**, provide the USCIS Receipt Number for your Form I-821, if any.

18.a. Have you previously filed Form I-212, Application for Permission to Reapply for Admission into the United States After Deportation or Removal? ☐ Yes ☐ No

18.b. If you answered "Yes" to **Item Number 18.a.**, provide the USCIS Receipt Number for your Form I-212, if any.

18.c. Where did you file your application (e.g. USCIS Office, U.S. Port-of-Entry, Immigration Court)?

18.d. Date Filed (mm/dd/yyyy)

19. Are you submitting Form I-212 along with this application? ☐ Yes ☐ No

Part 2. U.S. Entry Information

Provide information for your previous periods of stay in the United States, beginning with your most recent arrival date.

NOTE: If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

1.a. Date you entered the U.S. (mm/dd/yyyy)

1.b. Immigration status at the time of your entry into the U.S.

1.c. Location at which you entered the U.S.

1.d. U.S. city or town where you lived

2.a. Date you entered the U.S. (mm/dd/yyyy)

2.b. Date you departed the U.S. (mm/dd/yyyy)

Part 2. U.S. Entry Information (continued)

2.c. Immigration status at the time of your entry into the U.S.

2.d. Location at which you entered the U.S.

2.e. U.S. city or town where you lived

Part 3. Biographic Information (for USCIS Applicant only)

1. Ethnicity (Select **only one** box)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all** applicable boxes)

- ☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

- ☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

- ☐ Bald (No hair) ☐ Black ☐ Blond
☐ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

Part 4. Reasons for Inadmissibility

Mark all of the following grounds that you believe, according to the best of your knowledge, **or that you were told**, apply to you. Only mark the applicable **grounds** listed under the immigration benefit you are seeking.

If you were ever arrested or convicted, provide the disposition (outcome) for all arrests or convictions (**for example**, dismissed from the appropriate authority). You also **will be required** to provide **certified** court records or dispositions for all convictions.

If you are seeking a waiver of inadmissibility because you have a Class A Tuberculosis condition (as defined by U.S. Department of Health and Human Services (HHS) regulations), you must complete **Part 11** of this **application**.

If you are seeking a waiver of inadmissibility because you have a history of physical or mental disorders, you must attach the information requested in the instructions.

Section A

I am an applicant for an immigrant visa or adjustment of status (other than based on T nonimmigrant status or based on classification as a Special Immigrant Juvenile, see Section B below), or for K or V nonimmigrant status, and I believe **or I was told** that I am inadmissible because (review the **application** instructions for a detailed explanation of the individual grounds of inadmissibility listed below):

Select all grounds that you believe apply to you.

1. ☐ I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the **Specific Instructions** section of the **application** instructions.)
2. ☐ I seek an exemption from the vaccination requirement because **vaccinations are** against my religious beliefs or moral convictions.
3. ☐ I have or had a physical or mental disorder and behavior (or history of behavior that is likely to recur) associated with the disorder, which has posed or may pose a threat to the property, safety, or welfare of myself or others.
4. ☐ I have been involved in a crime of moral turpitude (other than a purely political offense).
5. ☐ I have been **involved in a controlled substance violation according to the laws and regulations of any country or U.S. state related to a single offense of simple possession of 30 grams or less of marijuana**.
6. ☐ I have been convicted of two or more offenses (other than purely political offenses), for which the combined sentences to confinement were five years or more.
7. ☐ I am coming to the U.S. to engage in prostitution or, in the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part), procurement of prostitution, **or I continue** to engage in prostitution or procurement of prostitution.
8. ☐ In the past 10 years, I have (either directly or indirectly) procured, attempted to procure, or to import prostitutes or persons for the purpose of prostitution.

Part 4. Reasons for Inadmissibility (continued)

9. ☐ I have been involved in or I am coming to the United States to engage in any other unlawful commercialized vice, whether or not it is related to prostitution.
10. ☐ I have been involved in serious criminal activity and have asserted immunity from prosecution.
11. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party), domestic or foreign.
12. ☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation).
13. ☐ I have been engaged in alien smuggling.
14. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of the Immigration and Nationality Act (INA) section 274C.
15. ☐ I am subject to the 3-year or the 10-year bar to admissibility because I was previously unlawfully present in the United States in excess of either 180 days or one year or more, respectively, and subsequently departed the United States.
16. ☐ I was previously removed from the United States. (See instructions for NACARA and HRIFA applicants only. All other applicants file Form I-212.)
17. ☐ I have been ordered removed or I have been unlawfully present in the United States for more than one year, in the aggregate, and I subsequently reentered or attempted to reenter without being admitted. (See instructions for NACARA, HRIFA, and the instructions for approved VAWA self-petitioners only. Other applicants file Form I-212.)
18. ☐ Other (specify):

Section B

I am applying for adjustment of status based on a valid T nonimmigrant status or based on classification as a Special Immigrant Juvenile and I believe or I was told that I am inadmissible because:

19. ☐ Specify (Review the application instructions for a detailed explanation of the individual grounds of inadmissibility related to your application.)

Section C

I am applying for TPS and I believe or I was told that I am inadmissible because:

Select all grounds that you believe, according to the best of your knowledge, or that you were told apply to you.

20. ☐ I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the **Specific Instructions** section of the application instructions.)
21. ☐ I have or had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder, which has posed or may pose a threat to the property, safety, or welfare of myself or others.
22. ☐ I am or have been a drug abuser or drug addict as described in HHS Regulations. See 42 CFR 34.
23. ☐ I have been involved in a controlled substance violation according to the laws and regulations of any country related to a single offense of simple possession of 30 grams or less of marijuana.
24. ☐ I am coming to the U.S. to engage in prostitution or, in the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part), procurement of prostitution, or I continue to engage in prostitution or procurement of prostitution.
25. ☐ In the past 10 years, I have (either directly or indirectly), procured, attempted to procure, or to import prostitutes or persons for the purpose of prostitution.
26. ☐ I have been involved in or I am coming to the United States to engage in any other unlawful commercialized vice, whether or not it is related to prostitution.
27. ☐ I have been involved in serious criminal activity and have asserted immunity from prosecution.
28. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability.
29. ☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation).
30. ☐ I falsely represented myself as a U.S. citizen.
31. ☐ I have been engaged in alien smuggling.
32. ☐ I am subject to a civil penalty because I have been the subject of a final order for violation of INA section 274C.

Part 4. Reasons for Inadmissibility (continued)

40.

- 33.** ☐ I am ineligible for U.S. citizenship because I departed from or remained outside the United States to avoid or evade training or service in the armed forces in a time of war or national emergency.
- 34.** ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States.
- 35.** ☐ I am accompanying another alien who is inadmissible after being certified to be helpless under INA section 232(c) and I am inadmissible because that other alien requires my protection or guardianship.
- 36.** ☐ I have detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a person granted custody.
- 37.** ☐ I was an unlawful voter who voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation.
- 38.** ☐ I am a former U.S. citizen who renounced my citizenship in order to avoid taxation by the United States.
- 39.** ☐ Other (specify):

Your Inadmissibility Statement

In the space provided in **Item Number 40.**, provide a statement and a full explanation of the acts, convictions, and/or medical conditions that you believe or you were told make you inadmissible.

Your statement **must indicate** when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You **must** provide this information **even** if the information is also in the documents that you submit with your application.

If you **need extra** space to complete your statement, use the space provided in **Part 10. Additional Information** or attach a separate letter. If you include a separate letter, indicate in **Item Number 39.** that you are attaching a letter.

Part 5. Information About Your Qualifying Relatives

Provide information for your U.S. citizen **or** lawful **permanent resident through** whom you are eligible to submit this application. In **Item Number 9.**, provide a statement explaining the extreme hardship that you or your qualifying relative (U.S. citizen, lawful permanent resident, or other qualified parent or child) has or will experience if you are refused the immigration benefit you are seeking.

- ☐ Select here if you are a VAWA self-petitioner and would like to claim extreme hardship to yourself. (If you are only claiming extreme hardship for yourself, you can skip to **Item Number 9.** If you have additional qualifying relatives to whom you would like to claim extreme hardship, provide their information below.)

Relative's Full Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Physical Address

- 2.a. Street Number and Name
- 2.b. Apt. ☐ Ste. ☐ Flr. ☐
- 2.c. City or Town
- 2.d. State 2.e. ZIP Code
- 2.f. Province
- 2.g. Postal Code
- 2.h. Country

Contact Information

3. Daytime Telephone Number (if any)
4. Email Address (if any)

Other Information

5. What is your relative's relationship to you?

6. What is your relative's immigration status?
7. Relative's A-Number (if any)
 ▶ A-
8. Date of Birth (mm/dd/yyyy) ▶
- ☐ Select this box if you have additional relatives through whom you claim eligibility and go to **Part 10. Additional Information** to provide the same information as requested in **Part 5., Item Numbers 1.a. - 8.**

Statement from Applicant (Extreme Hardship)

In the space provided below, explain the extreme hardship that your qualifying relative (or yourself if you are a VAWA self-petitioner) would experience if you are refused the immigration benefit you are seeking. For more information on extreme hardship, see the application instructions. If you need extra space to complete your statement, use the space provided in **Part 10. Additional Information** or attach a separate letter. Indicate in **Item Number 9.** if you are attaching a separate letter. The letter must be submitted at the same time as your Form I-601 application.

9.
-
-
-
-

Part 6. Information About Your Other Relatives with Ties to the United States

Provide information for any other U.S. citizen, lawful permanent resident, or any other family members you would like considered in deciding your case. In the space provided in **Item Number 9.**, include a statement explaining why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case.

Relative's Full Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Part 6. Information About Your Other Relatives with Ties to the United States (continued)

Physical Address

2.a. Street Number and Name

2.b. Apt. ☐ Ste. ☐ Flr. ☐

2.c. City or Town

2.d. State 2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

Contact Information

3. Daytime Telephone Number (if any)

4. Email Address (if any)

Other Information

5. What is your relative's relationship to you?

6. What is your relative's immigration status?

7. Relative's A-Number (if any)
 ▶ A-

8. Date of Birth (mm/dd/yyyy) ▶

☐ Select this box if you have any other relatives with ties to the United States and go to **Part 10. Additional Information** to provide the same information as requested in **Part 6., Item Numbers 1.a. - 8.**

Statement from Applicant (Discretion)

In the space provided below, explain why you believe your application should be approved as a matter of discretion, with the favorable outweighing the unfavorable factors in your case. For more information on discretion, see the **application instructions**. If you need extra space to complete your statement, use the space provided in **Part 10. Additional Information** or attach a separate letter. Indicate in **Item Number 9.** if you are attaching a separate letter. The letter must be submitted at the same time as your Form I-601 application.

9.

Part 7. Applicant's Statement, Contact Information, USCIS ASC Acknowledgement, Certification, and Signature

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and have read and understand each and every question and instruction on this application, as well as my answer to each question. I have read the **Acknowledgement of Required Appointment at USCIS ASC**.

1.b. ☐ The interpreter named in **Part 8.** has read to me each and every question and instruction on this application, as well as my answer to each question, in , a language in which I am fluent. I understand each and every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 8.** also has read the **Acknowledgement of Required Appointment at USCIS ASC** to me, in the language in which I am fluent, and I understand this USCIS ASC Acknowledgement as read to me by my interpreter.

2. ☐ I have requested the services of and consented to , who is ☐ is not ☐ an attorney or accredited representative, as named in **Part 9.**, and any other person who assisted me in preparing my application has reviewed the **Acknowledgement of Required Appointment at USCIS ASC** with me and I understand the USCIS ASC Acknowledgement.

Part 7. Applicant's Statement, Contact Information, USCIS ASC Acknowledgement, Certification, and Signature (continued)

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number

5. Applicant's Email Address

Acknowledgement of Required Appointment at USCIS ASC

I, , understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photographs, and/or signature and to verify that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following certification which USCIS will display to me at the time I provide my fingerprints, photographs, and/or signature during my USCIS ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will verify that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Required Appointment at USCIS ASC** with me.

Applicant's Certification

I certify, under penalty of perjury under the laws of the United States of America, that the information in my application and any document submitted with my application are complete, true, and correct. 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 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 of U.S. immigration laws.

Applicant's Signature

6.a. Applicant's Signature

6.b. Date of Signature (mm/dd/yyyy) ►

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

Interpreter's Full Name

Provide the following information about the interpreter:

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address

Part 8. Interpreter's Certification, Signature, and Contact Information (continued)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 7., Item Number 1.b.**

I have read to this applicant each and every question and instruction on this application, as well as the answer to each question, in the language provided in **Part 7., Item Number 1.b.;** and

I have read the **Acknowledgement of Required Appointment at USCIS ASC** to the applicant in the same language provided in **Part 7., Item Number 1.b.;**

The applicant has informed me that he or she understands each and every instruction and question on the application, as well as the answer to each question. The applicant also has informed me that he or she understands the USCIS ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is affirming that the contents of this application and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) ►

Part 9. Name, Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant

NOTE: If you are an attorney or accredited representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Full Name

Provide the following information about the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address

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.

7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends ☐ does not extend ☐ beyond the preparation of this application.

Part 9. Name, Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of the applicant. I completed this application based only on responses the applicant provided to me. After completing the application, I reviewed it and all of the applicant's responses with the applicant, who agreed with each and every answer provided for each question on the application and, when required, supplied additional information to respond to a question on the application. I also have read the **Acknowledgement of Required Appointment at USCIS ASC** to the applicant and the applicant has informed me that he or she understands the USCIS ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she will affirm that the contents of this application and all supporting documentation are complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) ▶

NOTE: We recommend that you print a copy of your completed application for your records. If you are required to appear for a biometric services appointment at a USCIS ASC, you should bring a copy of your completed application with you.

Part 10. Additional Information

If you need extra space to provide any additional information within this application, use the space below or attach a separate sheet of paper. If you need more space than what is provided, you may make copies of this page to complete and file with this application. Include 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Signature

7.b. Date of Signature (mm/dd/yyyy) ►

Part 11. Statement for Applicants With a Class A Tuberculosis Condition (As Defined By HHS Regulations)

To be completed for applicants with a Class A Tuberculosis Condition (as defined by HHS Regulations).

Statement by Applicant

Upon admission to the United States, I will go directly to the health department named in the section below; present all X-rays used in the visa medical examination to substantiate diagnosis; submit to such examinations, treatment, isolation, and medical regimen as may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until discharged.

1.a. Signature of Applicant

1.b. Date of Signature (mm/dd/yyyy) ▶

Statement by Local (City or County) Health Department

NOTE: The physician at the local health department in the area where the alien plans to reside should complete this statement.

I agree to supply any treatment or observation necessary for the proper management and continued care of the alien's tuberculosis condition.

Within 30 days of the alien reporting for care, I agree to submit a summary of my initial evaluation of the alien's condition, indicate presumptive diagnosis, and provide test results and plans for future care of the alien to the State Health Department Official named in the **Endorsement of State Health Department Official** section and to the **Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333.**

I also agree to report the alien if the alien has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by a U.S. Consulate, to establish that the alien is not likely to become a public charge.)

I represent (select the appropriate box and give the complete name, address, and phone number of the health department):

1.a. ☐ City Health Department

1.b. ☐ County Health Department

2.a. Name of Health Department

Physical Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State

3.e. ZIP Code

Physician's Certification

3.a. Signature of Physician

3.b. Date of Signature (mm/dd/yyyy) ▶

3.c. Physician's Family Name (Last Name)

3.d. Physician's Given Name (First Name)

Physician's Contact Information

4. Daytime Telephone Number

5. Email Address (if any)

Arrangement for Medical Care by the Applicant or His or Her Sponsor

Arrange for medical care (of the applicant) and have the appropriate health departments complete **Statement by Local (City or County) Health Department** and **Endorsement of State Health Department Official** sections.

Provide the following information:

Address where you (the sponsor) or the applicant plan to reside in the United States:

1.a. Street Number and Name

1.b. Apt. ☐ Ste. ☐ Flr. ☐

1.c. City or Town

1.d. State

1.e. ZIP Code

Part 11. Statement for Applicants With a Class A Tuberculosis Condition (As Defined By HHS Regulations) (continued)

Endorsement of State Health Department Official

NOTE: The State Health Department Official in the area where the applicant plans to reside should complete this statement.

Endorsement signifies recognition of the local health department that completed the **Statement by Local (City or County) Health Department** section for the purpose of providing care and treatment of the applicant's tuberculosis condition, and that the local health department is within your jurisdiction. Endorsement also signifies recognition that the applicant will be residing within your **state's** health jurisdiction.

Endorsed by:

1.a. Signature of State Health Department Official

1.b. Date of Signature (mm/dd/yyyy) ►

2.a. Name of State Health Department

Physical Address

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☐ Flr. ☐

3.c. City or Town

3.d. State **3.e.** ZIP Code

Contact Information

4. Daytime Telephone Number

5. Email Address (if any)

NOTE to the Applicant and his or her Sponsor: If you need assistance, contact USCIS at the National Customer Service Center at **1-800-375-5283**. You may also schedule an appointment at the local USCIS office through **InfoPass** (available through the USCIS Web site at www.uscis.gov).

NOTE to the Applicant: If you are approved for a waiver and after admission to the United States, you fail to comply with the terms, conditions, and controls that were imposed with the grant of the waiver, you may be subject to removal under INA section 237(a).