



Application for Waiver of Grounds of Inadmissibility

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

USCIS
Form I-690
OMB No. 1615-0032
Expires 11/30/2014

For Government Use Only

Alien Registration Number (A-Number of This Applicant):

A-

Action Block

Fee Receipt Number (This application):

- **APPLICANT: Start here.** Type or print in black ink. **Read** the instructions before completing this application. **If you need extra space to complete any item within this application, use Part 6. 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.

Part 1. Information About You (the Applicant)

Your Current Legal Name

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Mailing Address

2. In Care Of Name (if any)
- Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country
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.**

Physical Address

4. Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

Part 1. Information About You (the Applicant) (continued)

Other Information

5. City/Town/Village of Birth 6. Country of Birth
7. Date of Birth (mm/dd/yyyy) 8. U.S. Social Security Number (if any) 9. Alien Registration Number (if any)
- ▶ A-

Part 2. Additional Information About You

1. Date **Primary** Application **Filed** (mm/dd/yyyy) ▶
2. Type of **Primary** Application ☐ Permanent Residence (Form I-698) ☐ Temporary Residence (Form I-687 or Form I-700)
3. **Relating Receipt Number** ▶

4. I am applying for a waiver of (Select all that apply):

INA section

- ☐ 212 (a) (1)(A)(i), (ii), (iii) or (iv) ☐ 212 (a)(2)(A)(i)(II) ☐ 212 (a)(6)(A)(i) ☐ 212(a)(6)(C)(i) or (ii)
- ☐ 212(a)(6)(D) and/or (E) ☐ 212(a)(8)(A) and/or (B) ☐ 212(a)(9)(A)(i) or (ii)
- ☐ 212(a)(9)(B)(i)(I) or (i)(II) ☐ 212(a)(9)(C)(i)(I) or (i)(II)
- ☐ 212 (a)(10)(A), (B), (C), (D) and/or Other Inadmissibility - Specify below

5. List **specific** reasons **for** inadmissibility:

6. List all immediate relatives in the United States (Parents, spouse, and children). **If you need more space, use Part 6. Additional Information, or attach an additional sheet.**

A. Your Relative's Information

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

Street Number and Name Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town State ZIP Code

Date of Birth (mm/dd/yyyy) Relationship A-Number (if any)

▶ A-

Immigration Status

Part 2. Additional Information About You (continued)

B. Your Relative's Information

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	<input type="text"/>	

C. Your Relative's Information

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	<input type="text"/>	

D. Your Relative's Information

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	<input type="text"/>	

Part 2. Additional Information About You (continued)

7. I should be granted a waiver because: (Describe family unity considerations or humanitarian or public interest reasons for granting a waiver. If you need more space, use **Part 6., 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.
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Part 3. Applicant's Statement, Contact Information, USCIS ASC Acknowledgement, Certification, and Signature

NOTE: Select the box for either **Item Number A.** or **B.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

- 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 and understand the **Acknowledgement of Required Appointment at USCIS ASC.**
- B. ☐ The interpreter named in **Part 4.** 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 4.** 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. Applicant's Statement Regarding the Preparer

- ☐ I have requested the services of and consented to , who is ☐ is not ☐ an attorney or accredited representative, preparing this application for me. My attorney or accredited representative, as named in **Part 5.**, 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.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Acknowledgement of Required Appointment at a USCIS ASC

I, , understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, 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 declaration which USCIS will display to me at the time I provide my fingerprints, photograph, 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.

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

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 and all supporting documents submitted with 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 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 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. Applicant's Signature

Date of Signature

(mm/dd/yyyy) ►

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 Email Address (if any)

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

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 3., Item B., in Item Number 1.**

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 3., Item B., in Item Number 1.;**

I have read the **Acknowledgement of Required Appointment at USCIS ASC** to the applicant, in the same language provided in **Part 3., Item B., Item Number 1.;**

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, photograph, 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. Interpreter's Signature

Date of Signature

(mm/dd/yyyy) ►

Part 5. **Contact Information, Statement, Certification, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information concerning 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

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

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.

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 on the application. If the applicant supplied additional information concerning a question on the application, I recorded it 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, photograph, and/or signature, he or she will be reaffirming that the contents of this application and all supporting documentation are complete, true, and correct.

Preparer's Signature

8. Preparer's Signature

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 6. 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. Family Name (Last Name) Given Name (First Name) 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. Signature Date of Signature (mm/dd/yyyy) ►