Form I-690 Form TOC,

Application for Waiver of Grounds of Inadmissibility

OMB RIN: 1615-0032

11/21/2014

Reason for Revision: Incorporated revisions to format and standard language;

Current	Current Text	Proposed Text	
Location Page 1, For		Page 1, For Government Use Only.	
Government Use Only.	Fee Receipt Number (This application):	Fee Receipt Number (This application):	
	Alien Registration Number (A# of This Applicant):	Alien Registration Number (A-Number of this Applicant)	
	Fee Stamp	Action Block	
		To be completed by an attorney or accredited representative (if any)	Comment [UU1]: 11/19: Need to fix lines around 1 st box- looks like top line needs to be
		Select this box if Form G-28 is attached.	bolded and bottom line is missing;
		Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS ELIS Account Number (if any	Comment [UU2]: 11/18: See I-918 as example
Page 1, Below "For Government Use Only"	APPLICANT: Start here. See instructions before completing this	Page 1, APPLICANT: Start here. Type or print in black ink, Read the instructions before	
section	application. If you need more space to answer fully any question on this form, use a separate sheet and identify each answer with the number of the corresponding question. Type or print in black ink.	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.	Comment [QR3]: 11/20/14: Delete comma
Page 1,		Page 1, Part 1. Information About You (the Applicant) Your Current Legal Name	

1. Family Name (Last Name in CAPITAL letters)	1. Family Name (Last Name)
(First Name) (Middle Name)	Given Name (First Name)
(initiatie iname)	Middle Name (if applicable)
2. Date of Birth (mm/dd/yyyy)	[moved below]
3. Address (No. and Street)	Mailing Address
(Apt. No.) (City /Town)	2. In Care Of Name (if any)
(State/Country) (Zip/Postal Code)	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?
	YesNo
	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	
	Other Information	
4. Place of Birth(<i>City or</i>	5. City/Town/Village of Birth	
Town and County, Province, or State)	 Country of Birth 	
	 Date of Birth (mm/dd/yyyy) 	
	 Alien Registration Number (if any) 	
	[see below]	
	 USCIS ELIS Account Number (if any) 	Comment [UU4]: Please note order of data
5. U.S. Social Security	10. U.S. Social Security Number (if any)	collections has been switched around slightly
Number		
6. Date of Visa Application	[moved to Part 2]	
(<i>mm/dd/yyyy</i>) for: Permanent Residence		
Temporary Residence		
7. Visa applied for at:		
8. I am applying for a waiver of:		
9. List reasons of inadmissibility:		
10. List all immediate	[Moved to Part 3]	
relatives in the United States (Parents, spouse and children)		
11. I should be granted a waiver because: (<i>Describe</i>		

	family unity considerations or humanitarian or public interest reasons for granting a waiver. If more space is needed, attach an additional sheet.) 12. Applicant's Signature	
Daga 1	13. Date	Dece 1
Page 1, Part 1. Information About You	 6. Date of Visa Application (mm/dd/yyyy) for: Permanent Residence Temporary Residence 7. Visa applied for at: 8. I am applying for a waiver of: 	 Page 1, Part 2. Additional Information About You 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)(C)(i) or (ii) 212(a)(6)(D) and/or (E) 212(a)(9)(A)(i) or (i) 212(a)(9)(B)(i)(I) or (i)(II) 212(a)(9)(C)(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

9. List reasons of inadmissibility:	5. List specific reasons for inadmissibility.	Comment [QR5]: 11/20/14: Delete colon and add period.
10. List all immediate relatives in the United States (<i>Parents</i> , <i>spouse and children</i>):	 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. 	Comment [QR6]: 11/20/14: Delete comma
	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)	
	Immigration Status	
	B. 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	



		City or Town	
		State	
		ZIP Code	
		Date of Birth (mm/dd/yyyy)	Comment [QR7]: 11/20/14: Remove italics
		Relationship	
		A-Number (if any)	
		Immigration Status	
	 I should be granted a waiver because: (Describe family unity considerations or humanitarian or public interest reasons for granting a waiver.) 	 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 (A-Number) (if any), at the top of the sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date the sheet. 	
Page 1,		Page4, [new]	
		Part 3. Applicant's Statement, Contact Information, Acknowledgement of	Comment [QR8]: 11/20/14: Fix continued headed for this section on page 5 of the form pdf
		Appointment at USCIS Application Support Center, Certification, and Signature	Comment [UU9]: 11/18: please make sure title
		NOTE: Read the information on penalties in the	of this section in Instructions reads this way too-
		Penalties section of the Form I-690 Instructions before completing this part.	Comment [UU10]: 11/18: New per Ramona
		Applicant's Statement	McGee
		NOTE: Select the box for either Item Number 1.A. or 1. 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 every question and	

instruction on this application, as well as my
answer to every question. I have read the
Acknowledgement of Appointment at USCIS
Application Support Center.
B. The interpreter named in Part 4. has also read to me every question and instruction on this application, as well as my answer to every question, in [Fillable Field], a language in which I am fluent. I understand 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. has also has read
the Acknowledgement of Appointment at
USCIS Application Support Center to me,
in the language in which I am fluent, and I
understand this Application Support Center
(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 [Fillable Field], whoisis not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the 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 Appointment at USCIS Application Support Center
I, [Auto-populate Field Applicant Full Name],

	understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm 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 ASC appointment.	Comment [QR11]: 11/20/14: Fix spacing
	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.	Comment [UU12]: 11/18: Indent this paragraph
	I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming 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 were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application Support Center with me.	slightly to set it off
	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.	Comment [UU13] : 11/18: please note order and content of paragraphs has changed.
	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 laws. I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.	Comment [UU14]: 11/18: new info from Ramona McGee
 Applicant's Signature Date 	 <i>Applicant's Signature</i> 6. Applicant's Signature Date of Signature (mm/dd/yyyy) 	
	Part 4. Interpreter's Contact Information, Certification, and Signature	
	Provide the following information concerning 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)	
	3. Interpreter's Mailing Address	
	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)
Interpreter's Certification
I certify that:
I am fluent in English and [Fillable Field], which is the same language provided in Part 3., Item B., in Item Number 1. I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in Part 3., Item B., in Item Number 1. ; and
I have read the Acknowledgement of Appointment at USCIS Application Support Center 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 every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and
The applicant has also informed me that he or she understands the 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 re- affirming that the contents of this application and all supporting documentation are complete, true, and correct.
<i>Interpreter's Signature</i> 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)
3. Preparer's Mailing Address
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 Fax Number (if any)
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) <u>extends</u> does not extend_ beyond the preparation of this application.
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you must submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this petition.

Page 1, FOR USCIS USE	For USCIS USE ONLY. Recommended by: (Print Name and Title)	Preparer's CertificationBy 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 every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. If have also read the Acknowledgement of Appointment at USCIS Application Support 	Comment [UU15]: 11/18: New per Ramona McGee
ONLY	Date Signature Stamp # Director		
		Page 8, [New] 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. 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) [Auto- populated field]
	Given Name (First Name) [Auto-populated field]
	Middle Name [Auto-populated field]
	2. A-Number (if any) [Auto-populated field]
	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.D
	 6.A. Page Number 6.B. Part Number 6.D
	7. SignatureDate of Signature (mm/dd/yyyy)