



Notice of Appeal of Decision Under INA Section 210 or 245A

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

USCIS
Form I-694
OMB No. 1615-0034
Expires: 12/31/2015

For USCIS Use Only	Action Block	Fee Stamp

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

Part 1. Information About You (Appellant)

1. Full Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Any Other Names Used

A. Family Name (Last Name)

Given Name (First Name)

Middle Name

B. Family Name (Last Name)

Given Name (First Name)

Middle Name

3. U.S. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

4. Is your current U.S. mailing address the same as your U.S. physical address?

☐ Yes ☐ No

If you answered "No," provide your U.S. physical address in **Item Number 5.**

5. U.S. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

6. Alien Registration Number (A-Number) (if any) 7. U.S. Social Security Number (if any)

► A-

►

8. USCIS ELIS Account Number (if any)

►

Part 2. Application Information

1. Your appeal is based on an application for which of the following?

☐ Permanent Residence (Form I-698)☐ Temporary Residence (Form I-687)

☐ Waiver of Grounds of Inadmissibility (Form I-601)

- 2. A-Number** (if any)

► A-

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- 3. Receipt Number (if any)**

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- 4.
- Date of Decision (mm/dd/yyyy)

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Part 3. Reason for Appeal

- 1. Is your written brief attached?**

☐ Yes ☐ No

If you answered "No," select a response in **Item Number 2.**

- 2.** ☐ I waive the right to submit a written brief or statement.

☐ I will submit a brief within 30 calendar days.

The appeal must include a statement explaining any error or conclusion of law in the decision being appealed or any erroneous statement of fact stated in the decision. **Please provide an explanation. If you need additional space to complete this section, use the space provided in Part 7. Additional Information.**

Part 4. Appellant's Statement, Contact Information, Certification, and Signature

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Appellant's Statement Regarding the Interpreter

- A.** ☐ I can read and understand English, and have read and understand every question and instruction on this **appeal**, as well as my answer to every question.
- B.** ☐ The interpreter named in **Part 5.** has read to me every question and instruction on this **appeal**, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this **appeal** as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. Appellant'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 **appeal** for me.

Appellant'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 I seek.

I furthermore authorize release of information contained in this appeal, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my appeal and any document submitted with my appeal were provided by me and are complete, true, and correct.

Appellant's Contact Information

3. Appellant's Daytime Telephone Number

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

5. Appellant's Email Address (if any)

Appellant's Signature

6. Appellant's Signature

Date of Signature (mm/dd/yyyy)

Part 5. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

Provide the following information concerning the interpreter.

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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

Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

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)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 4., Item B. in Item Number 1.**;

I have read to this appellant every question and instruction on this appeal, as well as the answer to every question, in the language provided in **Part 4., Item B. in Item Number 1.**; and

The appellant has informed me that he or she understands every instruction and question on the appeal, as well as the answer to every question, and the appellant verified the accuracy of every answer.

Interpreter's Signature

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Appeal, If Other Than the Appellant

Preparer's Full Name

Provide the following information concerning the preparer.

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

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

Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing This Appeal, If Other Than the Appellant (continued)

Preparer's Mailing Address

3. 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
6. Preparer's Email Address (if any)

Preparer's Statement

7. A. ☐ I am not an attorney or accredited representative but have prepared this appeal on behalf of the appellant and with the appellant's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the appellant in this case ☐ extends ☐ does not extend beyond the preparation of this appeal.

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

Preparer's Certification

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this appeal on behalf of, at the request of, and with the express consent of, the appellant. I completed this appeal based only on responses the appellant provided to me. After completing the appeal, I reviewed it and all of the appellant's responses with the appellant, who agreed with each and every answer on the appeal. If the appellant supplied additional information concerning a question on the appeal, I recorded it on the appeal.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

If you need extra space to provide any additional information within this **appeal**, 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 **appeal** 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) Given Name (First Name) Middle Name

2. A-Number (if any) ► A-

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3. A. Page Number B. Part Number C. Item Number

D.

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4. A. Page Number B. Part Number C. Item Number

D.

Not for

5. A. Page Number B. Part Number C. Item Number

D.

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6. A. Page Number B. Part Number C. Item Number

D.

02/06/2015

7. Appellant's Signature Date of Signature (mm/dd/yyyy)