



Instructions for Waiver of Certain Rights, Privileges, Exemptions, and Immunities

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

USCIS
Form I-508
OMB No. 1615-0025
Expires 05/31/2019

What Is the Purpose of **Form I-508**?

Form I-508 is used by lawful permanent residents of the United States, or applicants for lawful permanent residence in the United States, whose occupational status or that of their family members, entitles them to nonimmigrant status under the Immigration and Nationality Act (INA) section 101(a)(15)(A), (E), or (G) as a

- (a) Government official,
- (b) Taipei Economic and Cultural Representative Office employee,
- (c) International organization representative or employee, respectively; or
- (d) A dependent member of such household.

In order to retain or obtain lawful permanent residence status, they are required to use Form I-508 to waive diplomatic or similar rights, privileges, exemptions, and immunities that may be granted to them under any law or Executive Order. The form also informs such persons that as lawful permanent residents of the U.S., they are or will be ineligible for any and all such diplomatic rights, privileges, exemptions, and immunities previously held on their behalf by their sending country, office, or organization.

Note Regarding former USCIS Form I-508F

Form I-508F is no longer required to be submitted by French nationals.

USCIS Forms and Information

USCIS provides forms and instructions free of charge through the USCIS website at uscis.gov. To view, print, or complete our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>.

Instead of waiting in line for help at your local USCIS office, you can schedule an appointment on our website at uscis.gov. Select "Make an Appointment" and follow the screen prompts. Once you finish, the system will generate an appointment notice for you.

For more information, visit our website at uscis.gov or visit the USCIS Contact Center webpage at uscis.gov/contactcenter.

Where To File

Please see our website for the most current information about where to file this form.

Filing Fee

There is no filing fee for Form I-508.

Completing the Form

- Type or print legibly in black ink.

- If you need extra space to complete any item within this **waiver form**, use the space provided in **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.
- Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, “Provide the name of your current spouse”) type or print “N/A” unless otherwise directed. If a question requires a numerical response and your answer is zero/none, (for example, “How many children do you have?” or “How many times have you departed the United States?”), type or print “None” unless otherwise directed.

Supporting Documents

- **Evidence.** At the time of filing, you must submit all evidence and supporting documentation listed in the specific instructions.
- **Translations.** If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. **The certification must also include the translator’s signature, printed name, the signature date, and the translator’s contact information.**
- **Copies.** You should submit legible photocopies of documents requested, unless the instructions specifically state that you must submit an original document. We may request an original document at the time of filing or at any time during processing of **your form**. **If we request an original document, we will return it to you when we are done.**

Signature

- You must sign each form before you submit it. For all signatures on this form, we will not accept a stamped or typewritten name in place of a signature. We will consider a photocopied, faxed, or scanned copy of the original handwritten signature as valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten ink signature.
- If you are under 14 years of age, your parent or legal guardian may sign the form on your behalf. A legal guardian may also sign for a mentally incompetent person.

Contact Information, Certification, and Signature for the Person Executing This Waiver Form

Select the appropriate box to indicate **whether** you read this **waiver form** yourself or **whether** you had an interpreter assist you. **If someone assisted you in completing the waiver form**, select the box **indicating that you used a preparer**. Further, you must sign and date your **waiver form** and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every **waiver form** **MUST** contain the signature of the **person executing this waiver form** (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

Interpreter’s Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the instructions and questions on this **waiver form** 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 also sign and date the **waiver form**.

Contact Information and Signature of the Person Preparing this Form, if Other Than the Person Executing This Waiver Form

This section must contain the signature of the person who completed your **waiver form**, if other than you, the **person executing this waiver form**. If the same individual acted as your interpreter **and** your preparer, that person should complete both **applicable sections**. If the person who completed this form 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 **waiver form** **MUST** sign and date the **waiver form**. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your **waiver form** is an attorney or accredited representative, he or she **may also need** to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, **along with your waiver form**.

Additional Information

If you need extra space to provide any additional information within this **waiver form**, use the space provided in **Part 6. Additional Information**. If you need more space than what is provided in **Part 6.**, you may make copies of **Part 6.** to complete and file with your **waiver form** 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.

We recommend that you print or save a copy of your completed **waiver form** to review in the future and for your records.

DHS Privacy Notice

AUTHORITIES: The information requested on this **waiver form**, and the associated evidence, is collected under **INA section 247, 8 U.S.C. 1257, and 8 CFR sections 245.1 and 247.**

PURPOSE: The primary purpose **for the** requested information on this **waiver form** is to determine whether you have waived **diplomatic or similar rights, privileges, exemptions, and immunities that may have accrued to you under any law or Executive Order**. This waiver form also informs you that as a lawful permanent resident of the United States, you are or will be ineligible for any and all such **diplomatic rights, privileges, exemptions, and immunities previously held on your behalf by your sending country, office, or organization**. DHS uses the information you provide to grant or deny the immigration benefit you are seeking.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, **including your Social Security Number (if applicable), and any requested evidence, may delay a final decision or result in denial of your waiver form.**

ROUTINE USES: The Department of Homeland Security (DHS) may share the information you provide on this **waiver form and any additional requested evidence** with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [**DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records and DHS/USCIS-007 Benefits Information System**] and the published privacy impact assessment [**DHS/USCIS/PIA-003 Integrated Digitization Document Management Program**] which you can find at www.dhs.gov/privacy. DHS may also make the information available, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

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 OMB control number. The public reporting burden for this collection of information is estimated at 45 minutes **per response, including** the time for reviewing instructions, gathering the required documentation and information, completing the **form**, preparing statements, attaching necessary documentation, and submitting the **form**. 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, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No 1615-0025. **Do not mail your completed Form I-508 to this address.**

Draft
Not for
Production
04/18/2019