

TABLE OF CHANGES – FORM
Form I-690, Application for Waiver of Grounds of Inadmissibility Under Sections 245A or
210 of the Immigration and Nationality Act
OMB Number: 1615-0032
07/27/2020

Reason for Revision: Fee Rule
Project Phase:

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 7/31/2021
Edition Date 7/23/2020

Current Page Number and Section	Current Text	Proposed Text
Page 1, To be completed by an Attorney or Accredited Representative (if any).	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative (if any). Select this box if Form G-28 or G-28I is attached.</p> <p>Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)</p>	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative. Select this box if Form G-28 or G-28I is attached.</p> <p>Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number</p>
Pages 1-2, Part 1. Information About You (Applicant)	<p>[Page 1]</p> <p><i>Your Current Legal Name</i></p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)</p> <p><i>Mailing Address</i></p> <p>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</p> <p>...</p> <p>[Page 1]</p> <p>8. Alien Registration Number (A-Number) (if any) 9. USCIS Online Account Number (if any) 10. U.S. Social Security Number (if any)</p>	<p>[Page 1]</p> <p><i>Your Current Legal Name</i></p> <p>1. Family Name (Last Name) Given Name (First Name) Middle Name</p> <p><i>Mailing Address</i></p> <p>2. In Care Of Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>...</p> <p>[Page 1]</p> <p>8. Alien Registration Number (A-Number) 9. USCIS Online Account Number 10. U.S. Social Security Number</p>

<p>Pages 2-4, Part 2. Additional Information About You</p>	<p>[Page 3]</p> <p>...</p> <p>A. Relative 1 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 (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>B. Relative 2 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 (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>C. Relative 3 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 (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)</p> <p>[Page 4]</p> <p>D. Relative 4 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Street Number and Name Apt. Ste. Flr. Number</p>	<p>[Page 3]</p> <p>...</p> <p>A. Relative 1 Family Name (Last Name) Given Name (First Name) Middle Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>B. Relative 2 Family Name (Last Name) Given Name (First Name) Middle Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient) [Fillable Field]</p> <p>C. Relative 3 Family Name (Last Name) Given Name (First Name) Middle Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) Relationship A-Number Immigration Status (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)</p> <p>[Page 4]</p> <p>D. Relative 4 Family Name (Last Name) Given Name (First Name) Middle Name Street Number and Name Apt. Ste. Flr. Number</p>
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Page 8, Part 6. Additional Information	[Page 8] 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. Type or print 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. ... 2. A-Number (if any) ...	[Page 8] 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. Type or print your name and A-Number 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. ... 2. A-Number ...