



# 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):

To be completed by an attorney or accredited representative (if any).

☐ Select this box if Form G-28 is attached.

Attorney State Bar Number (if applicable)

Attorney or Accredited Representative USCIS ELIS Account Number (if any)

- **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.**

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

### Physical Address

4. Street Number and Name	Apt. Ste. Flr. Number		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City or Town	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Province	Postal Code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Other Information

5. City/Town/Village of Birth	6. Country of Birth
<input type="text"/>	<input type="text"/>
7. Date of Birth (mm/dd/yyyy)	8. Alien Registration Number (if any)
<input type="text"/>	▶ A- <input type="text"/>
9. USCIS ELIS Account Number (if any)	10. U.S. Social Security Number (if any)
▶ <input type="text"/>	▶ <input type="text"/>

## 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**

<input type="checkbox"/> 212 (a) (1)(A)(i), (ii), (iii) or (iv)	<input type="checkbox"/> 212 (a)(2)(A)(i)(II)	<input type="checkbox"/> 212 (a)(6)(A)(i)	<input type="checkbox"/> 212(a)(6)(C)(i) or (ii)
<input type="checkbox"/> 212(a)(6)(D) and/or (E)	<input type="checkbox"/> 212(a)(8)(A) and/or (B)	<input type="checkbox"/> 212(a)(9)(A)(i) or (ii)	
<input type="checkbox"/> 212(a)(9)(B)(i)(I) or (i)(II)	<input type="checkbox"/> 212(a)(9)(C)(i)(I) or (i)(II)		
<input type="checkbox"/> 212 (a)(10)(A), (B), (C), (D) and/or Other Inadmissibility - Specify below			

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

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**Part 2. Additional Information About You (continued)**

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)
<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"/>	

**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"/>	

## Part 2. Additional Information About You (continued)

### D. 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

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, **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 3. Applicant's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

**NOTE:** Read the information on penalties in the **Penalties** section of the Form I-690 Instructions before completing this part.

### Applicant's Statement

**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 every question and instruction on this application, as well as my answer to every question. I have read and understand 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 , 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 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 , who ☐ is ☐ is 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.

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

***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, , 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:

*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.*

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**.

***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.

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.

***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 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)

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

**Interpreter's Mailing Address**

3. 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"/>	
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number	5. Interpreter's Email Address (if any)
<input type="text"/>	<input type="text"/>

**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 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.

**Interpreter's Signature**

6. Interpreter's Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

**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)
<input type="text"/>	<input type="text"/>
2. Preparer's Business or Organization Name (if any)	
<input type="text"/>	

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

**Preparer's Mailing Address**

3.	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"/>		
	Province	Postal Code	Country		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

**Preparer's Contact Information**

4.	Preparer's Daytime Telephone Number	5.	Preparer's Fax Number (if any)
	<input type="text"/>		<input type="text"/>
6.	Preparer's Email Address (if any)		
	<input type="text"/>		

**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.

**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.

**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 every answer on the application. If the applicant supplied additional information concerning a question on the application, I recorded it on the application. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant and the applicant has informed me that he or she understands the ASC Acknowledgement.

**Preparer's Signature**

8.	Preparer's Signature	Date of Signature
	<input type="text"/>	(mm/dd/yyyy) <input type="text"/>

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the instructions, your application may be denied.

**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 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-

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)