



Application for Waiver of Grounds of Inadmissibility

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

USCIS
Form I-601
OMB No. 1615-0029
Expires 12/31/2014

For USCIS Use Only	Fee Stamp	Initial Receipt	Resubmitted	Action Block
		Received	Sent	
Benefits Category <input type="checkbox"/> Immigrant <input type="checkbox"/> Adjustment of Status <input type="checkbox"/> TPS <input type="checkbox"/> V Nonimmigrant <input type="checkbox"/> K Nonimmigrant		Relocated		
Inadmissible Under <input type="checkbox"/> 212(a)(1) _____ <input type="checkbox"/> 212(a)(3) _____ <input type="checkbox"/> 212(a)(6) _____ <input type="checkbox"/> 212(a)(10) _____ <input type="checkbox"/> 212(a)(2) _____ <input type="checkbox"/> 212(a)(4) _____ <input type="checkbox"/> 212(a)(9) _____ <input type="checkbox"/> Other _____				

To Be Completed by an Attorney or Representative, if any. Fill in box if G-28 is attached to represent the applicant.
 Attorney State License Number: _____

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

Part 1. Information About Applicant

1. Alien Registration Number (A-Number)
 ▶ A-

2. Applicant's U.S. Social Security Number (optional)
 ▶

Your Full Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Address

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State 4.e. Zip Code

4.f. Postal Code

4.g. Province

4.h. Country

Contact Information

5. Daytime Phone Number (if any) Extension
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6. E-mail Address (if any)

Other Information

7. Date of Birth (mm/dd/yyyy) ▶

8. City or Town of Birth

9. Province of Birth (if applicable)

10. Country of Birth

11. Country of Citizenship

If you are outside the United States and you were already interviewed by a Department of State (DOS) consular officer at a U.S. Embassy or consulate, provide information in **item number 12.a. - 12.c.**

12.a. Date of Visa Application with DOS
 (mm/dd/yyyy) ▶

Part 1. Information About Applicant (continued)

Reason(s) for Inadmissibility (continued)

29. I have been ordered removed, or I have been unlawfully present in the United States for more than 1 year, in the aggregate, and I subsequently reentered or attempted to reenter without being admitted (see instructions for NACARA, HRIFA, and the instructions for approved VAWA self-petitioners only. Other applicants, file Form I-212).

30. Other (specify)

B. I am applying for adjustment of status based on a valid T nonimmigrant status and I believe that I am inadmissible because: (see instructions)

31. Specify:

C. I am applying for TPS and I believe that I am inadmissible because: (see instructions)

Check all that apply

- 32. I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the instructions).
- 33. I have or I had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder, which has posed or may pose a threat to the property, safety, or welfare of myself or others.
- 34. Within the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part) or procurement of prostitution, or continue to engage in prostitution or procurement of prostitution.
- 35. I am or I have been a drug abuser or drug addict as described in Department of Health and Human Services Regulations. See 42 CFR Part 34.
- 36. I have been or I intend to be involved in any other commercialized vice.

- 37. I have committed a serious criminal offense in the United States and asserted immunity from prosecution.
- 38. I am subject to a final order for violation of INA section 274C (producing/using false documentation to unlawfully satisfy a requirement of the INA).
- 39. I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability.
- 40. I practice polygamy.
- 41. I am accompanying another alien who is inadmissible after being certified to be helpless under INA section 232(c), and I am inadmissible because that other alien requires my protection or guardianship.
- 42. I have detained, retained, or withheld the custody of a child having a lawful claim to U.S. citizenship, outside the United States, from a U.S. citizen granted custody.
- 43. I was an unlawful voter who voted in violation of a Federal, State, or local constitutional provision, statute, ordinance, or regulation.
- 44. I am a former United States citizen who renounced my citizenship in order to avoid taxation by the United States.
- 45. I tried to obtain a visa, other documentation, or admission into the United States or other benefit by fraud or willfully misrepresenting a material fact.
- 46. I falsely represented myself as a U.S. citizen.
- 47. I have assisted another person to enter the United States in violation of the law.
- 48. I am ineligible for U.S. citizenship because I obtained a discharge from the U.S. Armed Forces for the reason that I am an alien OR because I received an exemption from the military draft for the reason that I am an alien.
- 49. I have been involved in a single offense of simple possession of 30 grams or less of marijuana.
- 50. Other (specify)

Part 1. Information About Applicant *(continued)*

Reason(s) for Inadmissibility *(continued)*

51.

Statement From Applicant

In the space provided in **number 51**, describe in your own words why you believe that you are inadmissible and all the reasons that you believe support your request for a waiver.

Your statement must explain the acts, convictions, and/or medical conditions that make you inadmissible. Your statement must indicate when you engaged in the acts that you believe make you inadmissible, the date of all convictions, or the date of any medical diagnosis. You must provide this information in **number 51**, even if the information is also in the documents that you submit with your application according to the form instructions.

Your statement must also explain why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case. If your application requires the showing of extreme hardship to a qualifying relative, you must explain the hardship that your qualifying relative has or will experience if you are refused the immigration benefit you are seeking.

If you intend to submit a statement in a separate letter, you may do so but you must write into the space in **number 51**, that you are attaching a letter that explains the acts, convictions, or medical conditions that you believe make you inadmissible. The letter must be submitted at the same time as your Form I-601 application.

NOTE: You should include copies of any documents that support your statement, with your Form I-601 application packet. Records of convictions must be certified from the court in which you were convicted; copies will not be sufficient.

NOTE: If you require more space to complete your statement, use the space provided in **Part 6.**

Part 1. Information About Applicant (continued)

Applicant was previously in the United States as follows:

52.a. City or Town
52.b. State
52.c. Date From (mm/dd/yyyy) ▶
52.d. Date To (mm/dd/yyyy) ▶
52.e. Immigration Status

54.a. City or Town
54.b. State
54.c. Date From (mm/dd/yyyy) ▶
54.d. Date To (mm/dd/yyyy) ▶
54.e. Immigration Status

53.a. City or Town
53.b. State
53.c. Date From (mm/dd/yyyy) ▶
53.d. Date To (mm/dd/yyyy) ▶
53.e. Immigration Status

55.a. City or Town
55.b. State
55.c. Date From (mm/dd/yyyy) ▶
55.d. Date To (mm/dd/yyyy) ▶
55.e. Immigration Status

Part 2. Information About Relative Through Whom Applicant Claims Eligibility, Where Applicable

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

Other Information

3. Daytime Phone Number Extension
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4. E-mail Address (if any)

5. Relationship to Applicant

6. Immigration Status

Physical Address

2.a. Street Number and Name
2.b. Apt. Ste. Flr.
2.c. City or Town
2.d. State 2.e. Zip Code
2.f. Postal Code
2.g. Province
2.h. Country

Check here if the applicant has additional relatives through whom the applicant claims eligibility. Please go to **Part 6** and provide the same information as requested in **Part 2, numbers 1.a. through 6.**

Part 3. Information About Applicant's Other Relatives in the United States

(List only U.S. citizens and permanent residents)

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Physical Address

- 2.a. Street Number and Name
- 2.b. Apt. Ste. Flr.
- 2.c. City or Town
- 2.d. State 2.e. Zip Code

Other Information

3. Daytime Telephone Number Extension
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4. E-mail Address (if any)
5. Relationship to Applicant
6. Immigration Status
- Check here if the applicant has additional relatives in the United States. Please go to **Part 6** and provide the same information as requested in **Part 3, numbers 1.a. through 6.**

Part 4. Signature of Applicant

I certify, under penalty of perjury under the laws of the United States, that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this waiver.

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

- 1.a. Signature of Applicant (See the instructions)
- 1.b. Date of Signature (mm/dd/yyyy) ▶

Part 5. Signature of Person Preparing This Application, If Other Than the Applicant

NOTE: If you are an attorney or representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.

Preparer's Full Name

Provide the following information concerning the preparer:

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. Zip Code
- 3.f. Postal Code
- 3.g. Province
- 3.h. Country

Part 5. Signature of Person Preparing This Application, If Other Than the Applicant (continued)

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension
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5. Preparer's E-mail Address (if any)

Declaration

I declare that this document was prepared by me at the request of the applicant or other individual authorized by the form instructions to sign this application (see the instructions), and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.

6.a. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) ▶

Part 6. Additional Information

If you require more space to complete an item, please use the space below. In order to assist us in reviewing your response, you must identify the Part Number and Item Number.

1. _____

2. _____

To Be Completed for Applicants With Class A Tuberculosis Condition (As Per HHS Regulations)

Section A. Statement by Applicant

Upon admission to the United States I will:

- A. Go directly to the health department named in **Section B**;
- B. Present all X-rays used in the visa medical examination to substantiate diagnosis;
- C. Submit to such examinations, treatment, isolation, and medical regimen as may be required; and
- D. Remain under the prescribed treatment or observation, whether on inpatient or outpatient basis, until discharged.

1.a. Signature of Applicant

1.b. Date of Signature (mm/dd/yyyy) ▶

Section B. Statement by Local (City or County) Health Department

NOTE: The physician at the local health department in the area where the alien plans to reside should complete this statement.

I agree to supply any treatment or observation necessary for the proper management and continued care of the alien's tuberculosis condition.

I agree to submit a summary of my initial evaluation of the alien's condition to the State Health Department Official named in **Section D** and to the **Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333:**

- A. Within 30 days of the alien reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or
- B. A report that the alien has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

Satisfactory financial arrangements have been made. (This statement does not relieve the alien from submitting evidence, as required by a U.S. consulate, to establish that the alien is not likely to become a public charge.)

I represent (enter an "X" in the appropriate box and give the complete name, address, and phone number of the health department below):

1.a. City Health Department

1.b. County Health Department

2.a. Name of Health Department (Type or print in black ink)

2.b. Street Number and Name

2.c. Apt. Ste. Flr.

2.d. City or Town

2.e. State

2.f. Zip Code

3.a. Signature of Physician

3.b. Date of Signature (mm/dd/yyyy) ▶

3.c. Printed Name of Physician

3.d. Daytime Phone Number

Extension

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3.e. E-mail Address (if any)

Section C. Arrangement for Medical Care by the Applicant or His or Her Sponsor

Arrange for medical care (of the applicant) and have the appropriate Health Departments complete **Sections B and D.**

Provide the following information:

Address where you or the applicant plan to reside in the United States:

1.a. Street Number and Name

1.b. Apt. Ste. Flr.

1.c. City or Town

1.d. State

1.e. Zip Code

To Be Completed for Applicants With Class A Tuberculosis Condition (As Per HHS Regulations)

Section D. Endorsement of State Health Department Official

NOTE: The State Health Department Official in the area where the applicant plans to reside should complete this statement.

Endorsement signifies recognition of the local health department that completed **Section B** for the purpose of providing care and treatment of the applicant's tuberculosis condition, and that the local health department is within your jurisdiction. Endorsement also signifies recognition that the applicant will be residing within your State's health jurisdiction.

Endorsed by:

1.a. Signature of State Health Department Official

1.b. Date of Signature (mm/dd/yyyy) ▶

2.a. Name of State Health Department (Type or print in black ink)

2.b. Street Number and Name

2.c. Apt. Ste. Flr.

2.d. City or Town

2.e. State

2.f. Zip Code

2.g. Daytime Phone Number

Extension

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2.h. E-mail Address (if any)

Note to the Applicant and his or her Sponsor: If you need assistance, contact USCIS at the National Customer Service Center at **1-800-375-5283**. You may also schedule an appointment at the local USCIS office through InfoPass (available through USCIS' Web site at www.uscis.gov).

Note to the Applicant: If you are approved for a waiver and after admission to the United States you fail to comply with the terms, conditions, and controls that were imposed with the grant of the waiver, you may be subject to removal under Immigration and Nationality Act (INA) section 237(a).