



Application for Waiver of Grounds of Inadmissibility Under Sections 245A or 210 of the Immigration and Nationality Act

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

USCIS
Form I-690
OMB No. 1615-0032
Expires 03/31/2027

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 or
G-28I is attached.

Attorney State Bar Number
(if applicable)

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

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

Read the Instructions before completing this application.

Part 1. Information About You (Applicant)

Your Current Legal Name

1. Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Mailing Address

[\(USPS ZIP Code Lookup\)](#)

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 (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 (A-Number) (if any)
<input type="text"/>	▶ A- <input type="text"/>
9. USCIS Online 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. I am applying for a waiver for this primary application:

☐ Permanent Residence (Form I-698, LIFE Act Form I-485) ☐ Temporary Residence (Form I-687 or Form I-700)

2. Date You Filed the Primary Application (mm/dd/yyyy)

3. Receipt Number for Primary Application ▶

4. I am applying for a waiver of (select **all applicable** boxes):

INA section (Please see the Instructions for more information on these sections.)

<input type="checkbox"/> 212 (a)(1)(A)(i)	<input type="checkbox"/> 212(a)(2)(I)	<input type="checkbox"/> 212(a)(8)(A)	<input type="checkbox"/> 212 (a)(10)(B)
<input type="checkbox"/> 212 (a)(1)(A)(ii)	<input type="checkbox"/> 212(a)(4)	<input type="checkbox"/> 212(a)(8)(B)	<input type="checkbox"/> 212 (a)(10)(C)
<input type="checkbox"/> 212 (a)(1)(A)(iii)	<input type="checkbox"/> 212(a)(6)(B)	<input type="checkbox"/> 212(a)(9)(A)(i)	<input type="checkbox"/> 212 (a)(10)(D)
<input type="checkbox"/> 212 (a)(1)(A)(iv)	<input type="checkbox"/> 212(a)(6)(C)(i)	<input type="checkbox"/> 212(a)(9)(A)(ii)	<input type="checkbox"/> 212 (a)(10)(E)
<input type="checkbox"/> 212 (a)(2)(A)(i)(II)	<input type="checkbox"/> 212(a)(6)(C) (ii)	<input type="checkbox"/> 212(a)(9)(B)(i)(I)	<input type="checkbox"/> Other Inadmissibility - Specify below
<input type="checkbox"/> 212(a)(2)(D)	<input type="checkbox"/> 212(a)(6)(D)	<input type="checkbox"/> 212(a)(9)(B)(i)(II)	<input type="text"/>
<input type="checkbox"/> 212(a)(2)(E)	<input type="checkbox"/> 212(a)(6)(E)	<input type="checkbox"/> 212(a)(9)(C)(i)(I)	
<input type="checkbox"/> 212(a)(2)(G)	<input type="checkbox"/> 212(a)(6)(F)	<input type="checkbox"/> 212(a)(9)(C)(i)(II)	
<input type="checkbox"/> 212(a)(2)(H)	<input type="checkbox"/> 212(a)(6)(G)	<input type="checkbox"/> 212 (a)(10)(A)	

5. List the specific reasons why you are inadmissible in the space below.

Part 2. Additional Information About You (continued)

6. List all immediate relatives in the United States (parents, spouse, and children). If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

A. Relative 1

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 (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)		
<input type="text"/>		

B. Relative 2

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 (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)		
<input type="text"/>		

C. Relative 3

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 (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)		
<input type="text"/>		

Part 2. Additional Information About You (continued)

D. Relative 4

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 (for example, U.S. citizen, lawful permanent resident, valid nonimmigrant status, deferred action recipient)

7. Describe the family unity, humanitarian, or public interest reasons or considerations for why U.S. Citizenship and Immigration Services (USCIS) should grant your waiver. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Part 3. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

2. Applicant's Mobile Telephone Number (if any)

3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

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

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

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

5. Preparer's Email Address (if any)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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.

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.

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

D.

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

D.

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

D.

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

D.
