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 03/31/2027

For USCIS Use Only	Fee Stamp	Initial Receipt	Resubmitted	Action Block
		Relocated		
Benefits Category ☐ Immigrant ☐ Adjustment of Status ☐ TPS ☐ V Nonimmigrant ☐ K Nonimmigrant		Received	Sent	

Inadmissible Under

☐ 212(a)(1) _____ ☐ 212(a)(3) _____ ☐ 212(a)(6) _____ ☐ 212(a)(10) _____

☐ 212(a)(2) _____ ☐ 212(a)(4) _____ ☐ 212(a)(9) _____ ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).	☐ Select this box if Form G-28 is attached 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.**

Part 1. Information About You

1. Alien Registration Number (A-Number) (if any)
► **A-**

2. USCIS Online Account Number (if any)
►

Your Full Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Other Names Used

List all other names you have ever used, including maiden names, aliases, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Mailing Address

(USPS ZIP Code Lookup)

NOTE: If you are outside of the United States, provide a U.S. mailing address if available. If a U.S. mailing address is not available, provide your mailing address outside the United States.

5.a. In Care Of Name

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

5.e. State **5.f.** ZIP Code

5.g. Province

5.h. Postal Code

5.i. Country

6. Is your current physical address the same as your mailing address? ☐ Yes ☐ No

If you answered "No" to **Item Number 6.**, provide your physical address in **Item Numbers 7.a. - 7.h.**

Part 1. Information About You (continued)

Physical Address

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State **7.e.** ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

Other Information

8. U.S. Social Security Number (if any)
►

9. Sex ☐ Male ☐ Female

10. Date of Birth (mm/dd/yyyy)

11. City or Town of Birth

12. Province of Birth (if applicable)

13. Country of Birth

14. Country of Citizenship or Nationality

If you seek a visa and you were already interviewed by a U.S. Department of State (DOS) consular officer at a U.S. Embassy or U.S. Consulate, provide the information requested in **Item Numbers 15.a. - 15.b**.

15.a. DOS Consular Case Number (if available)

15.b. The location of the U.S. Embassy or U.S. Consulate where your visa application is being or will be made

City

Country

16.a. Are you filing this application after you have already filed Form I-485, Application to Register Permanent Residence or Adjust Status? ☐ Yes ☐ No

16.b. If you answered "Yes" to **Item Number 16.a.**, provide the USCIS Receipt Number for your Form I-485.
►

17.a. Are you filing this application after you have already filed Form I-821, Application for Temporary Protected Status? ☐ Yes ☐ No

17.b. If you answered "Yes" to **Item Number 17.a.**, provide the USCIS Receipt Number for your Form I-821, if any.
►

18.a. Have you previously filed Form I-212, Application for Permission to Reapply for Admission into the United States After Deportation or Removal? ☐ Yes ☐ No

18.b. If you answered "Yes" to **Item Number 18.a.**, provide the USCIS Receipt Number for your Form I-212, if any.
►

18.c. Where did you file your application (for example, USCIS Office, U.S. Port-of-Entry, Immigration Court)?

18.d. Date Filed (mm/dd/yyyy)

19. Are you submitting Form I-212 along with this application? ☐ Yes ☐ No

Part 2. U.S. Entry Information

Provide information for your previous periods of stay in the United States, beginning with your most recent arrival date.

NOTE: If you need extra space to complete this section, use the space provided in **Part 10. Additional Information**.

1.a. Date You Entered the U.S. (mm/dd/yyyy)

1.b. Immigration Status At the Time of Your Entry Into the U.S.

1.c. Location at Which You Entered the U.S.

1.d. U.S. City or Town Where You Lived

2.a. Date You Entered the U.S. (mm/dd/yyyy)

Part 2. U.S. Entry Information (continued)

2.b. Date You Departed the U.S. (mm/dd/yyyy)

2.c. Immigration Status At the Time of Your Reentry Into the U.S.

2.d Location at Which You Entered the U.S.

2.e. U.S. City or Town Where You Lived

Part 3. Biographic Information (for USCIS Applicant only)

1. Ethnicity (Select **only one** box)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

- ☐ Black ☐ Blue ☐ Brown
- ☐ Gray ☐ Green ☐ Hazel
- ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

- ☐ Bald (No hair) ☐ Black ☐ Blond
- ☐ Brown ☐ Gray ☐ Red
- ☐ Sandy ☐ White ☐ Unknown/ Other

Part 4. Reasons for Inadmissibility

Select all of the following grounds that you believe, according to the best of your knowledge, or that you were told, apply to you. Only select the applicable grounds listed under the immigration benefit you are seeking.

If you were ever arrested or convicted, provide the disposition (outcome) for all arrests or convictions (for example, dismissed from the appropriate authority). You also **will be required** to provide **certified** court records or dispositions for all convictions.

If you are seeking a waiver of inadmissibility because you have a Class A Tuberculosis condition (as defined by U.S. Department of Health and Human Services (HHS) regulations), you must complete **Part 11.** of this application.

If you are seeking a waiver of inadmissibility because you have a history of physical or mental disorders, you must attach the information requested in the instructions.

Section A

I am an applicant for an immigrant visa or adjustment of status (other than based on T nonimmigrant status or based on classification as a Special Immigrant Juvenile, see Section B below), or for K or V nonimmigrant status, and I believe or I was told that I am inadmissible because (review Form I-601 Instructions for a detailed explanation of the individual grounds of inadmissibility listed below):

Select all grounds that you believe apply to you.

1. ☐ I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the **Specific Instructions** section of Form I-601 Instructions.)

2. ☐ I seek an exemption from the vaccination requirement because vaccinations are against my religious beliefs or moral convictions.

3. ☐ I have or had a physical or mental disorder and behavior (or 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.

4. ☐ I have been involved in a crime of moral turpitude (other than a purely political offense).

5. ☐ I have been involved in a controlled substance violation according to the laws and regulations of any state, the United States, or a foreign country related to a single offense of simple possession of 30 grams or less of marijuana.

6. ☐ I have been convicted of two or more offenses (other than purely political offenses), for which the combined sentences to confinement were five years or more.

7. ☐ I am coming to the U.S. to engage in prostitution or, in the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part), procurement of prostitution, or I continue to engage in prostitution or procurement of prostitution.

8. ☐ In the past 10 years, I have (either directly or indirectly) procured, attempted to procure, or to import prostitutes or persons for the purpose of prostitution.

Part 4. Reasons for Inadmissibility (continued)

9. ☐ I came to the United States or I am coming to the United States to engage in any other unlawful commercialized vice whether or not it is related to prostitution.

10. ☐ I have been involved in serious criminal activity and have asserted immunity from prosecution.

11. ☐ I am or I have been a member of or affiliated with the Communist or any other totalitarian party (or subdivision or affiliate of the party,) domestic or foreign.

12. ☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation.)

13. ☐ I have been engaged in alien smuggling.

14. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of the Immigration and Nationality Act (INA) section 274C.

15. ☐ I am subject to the 3-year or the 10-year bar to admissibility because I was previously unlawfully present in the United States in excess of either 180 days or one year or more, respectively, and subsequently departed the United States.

16. ☐ I was previously removed from the United States. (See instructions for Nicaraguan Adjustment and Central American Relief Act (NACARA) and Haitian Refugee Immigration Fairness Act (HRIFA) applicants only. All other applicants file Form I-212.)

17. ☐ I have been ordered removed or I have been unlawfully present in the United States for more than one 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 Violence Against Women Act (VAWA) self-petitioners only. Other applicants file Form I-212.)

18. ☐ Other (specify):

Section B

I am applying for adjustment of status based on a valid T nonimmigrant status or based on classification as a Special Immigrant Juvenile and I believe or I was told that I am inadmissible because:

19. ☐ Specify (Review Form I-601 Instructions for a detailed explanation of the individual grounds of inadmissibility related to your Form I-601.)

Section C

I am applying for TPS and I believe or I was told that I am inadmissible because:

Select all grounds that you believe, according to the best of your knowledge, or that you were told apply to you.

20. ☐ I have a communicable disease of public health significance. (A list of communicable diseases of public health significance can be found in the **Specific Instructions** section of Form I-601 Instructions.)

21. ☐ I have or 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.

22. ☐ I am or have been a drug abuser or drug addict as described in U.S. Department of Health and Human Services (HHS) Regulations. See 42 CFR 34.

23. ☐ I have been involved in a controlled substance violation according to the laws and regulations of any state, the United States, or a foreign country related to a single offense of simple possession of 30 grams or less of marijuana.

24. ☐ I am coming to the U.S. to engage in prostitution or, in the past 10 years, I have engaged in prostitution (including receiving the proceeds of, in full or in part,) procurement of prostitution, or I continue to engage in prostitution or procurement of prostitution.

25. ☐ In the past 10 years, I have (either directly or indirectly,) procured, attempted to procure, or to import prostitutes or persons for the purpose of prostitution.

26. ☐ I came to the United States or I am coming to the United States to engage in any other unlawful commercialized vice, whether or not it is related to prostitution.

27. ☐ I have been involved in serious criminal activity and have asserted immunity from prosecution.

28. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability.

Part 4. Reasons for Inadmissibility (continued)

29. ☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation).

30. ☐ I falsely represented myself as a U.S. citizen.

31. ☐ I have been engaged in alien smuggling.

32. ☐ I am subject to a civil penalty because I have been the subject of a final order for violation of INA section 274C.

33. ☐ I am ineligible for U.S. citizenship because I departed from or remained outside the United States to avoid or evade training or service in the armed forces in a time of war or national emergency.

34. ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States.

35. ☐ 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.

36. ☐ 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 person granted custody.

37. ☐ I was an unlawful voter who voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation.

38. ☐ I am a former U.S. citizen who renounced my citizenship in order to avoid taxation by the United States.

39. ☐ Other (specify):

Your Inadmissibility Statement

In the space provided in **Item Number 40.**, provide a statement and a full explanation of the acts, convictions, and/or medical conditions that you believe or you were told 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 even if the information is also in the documents that you submit with your application.

If you need extra space to complete your statement, use the space provided in **Part 10. Additional Information** or attach a separate letter. If you include a separate letter, indicate in **Item Number 39.** that you are attaching a letter.

40.

Part 5. Information About Your Qualifying Relatives

Provide information for your U.S. citizen or lawful permanent resident through whom you are eligible to submit this application. In **Item Number 9.**, provide a statement explaining the extreme hardship that you or your qualifying relative (U.S. citizen, lawful permanent resident, or other qualified parent or child) has or will experience if you are refused the immigration benefit you are seeking. It is not necessary for an SIJ to complete **Part 5.** of the application.

☐ Select here if you are a VAWA self-petitioner and would like to claim extreme hardship to yourself. (If you are only claiming extreme hardship for yourself, you can skip to **Item Number 9.** If you have additional qualifying relatives to whom you would like to claim extreme hardship, provide their information below.)

Relative's Full Name

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

2.f. Province

2.g. Postal Code

2.h. Country

Contact Information

3. Daytime Telephone Number (if any)

4. Email Address (if any)

Other Information

5. What is your relative's relationship to you?

6. What is your relative's immigration status?

7. Relative's A-Number (if any)

► **A-**

8. Date of Birth (mm/dd/yyyy)

☐ Select this box if you have additional relatives through whom you claim eligibility and use the space provided in **Part 10. Additional Information** to provide the same information as requested in **Part 5.**, **Item Numbers 1.a. - 8.**

Statement From Applicant (Extreme Hardship)

In the space provided below, explain the extreme hardship that your qualifying relative (or yourself if you are a VAWA self-petitioner) would experience if you are refused the immigration benefit you are seeking. For more information on extreme hardship, see Form I-601 Instructions. If you need extra space to complete your statement, use the space provided in **Part 10. Additional Information** or attach a separate letter. Indicate in **Item Number 9.** if you are attaching a separate letter. The letter must be submitted at the same time as your Form I-601 application.

9.

Part 6. Information About Your Other Relatives With Ties to the United States

Provide information for any other U.S. citizen, lawful permanent resident, or any other family members you would like considered in deciding your case. In the space provided in **Item Number 9.**, include a statement explaining why you believe your application should be approved as a matter of discretion, with the favorable factors outweighing the unfavorable factors in your case.

Relative's Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Part 6. Information About Your Other Relatives With Ties to the United States (continued)

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. Province

2.g. Postal Code

2.h. Country

Contact Information

3. Daytime Telephone Number (if any)

4. Email Address (if any)

Other Information

5. What is your relative's relationship to you?

6. What is your relative's immigration status?

7. Relative's A-Number (if any)

► **A-**

8. Date of Birth (mm/dd/yyyy)

☐ Select this box if you have any other relatives with ties to the United States and use the space provided in **Part 10. Additional Information** to provide the same information as requested in **Part 6.**, **Item Numbers 1.a. - 8.**

Statement From Applicant (Discretion)

In the space provided below, explain why you believe your application should be approved as a matter of discretion, with the favorable outweighing the unfavorable factors in your case. For more information on discretion, see Form I-601 Instructions. If you need extra space to complete your statement, use the space provided in **Part 10. Additional Information** or attach a separate letter. Indicate in **Item Number 9.** if you are attaching a separate letter. The letter must be submitted at the same time as your Form I-601 application.

9.

Part 7. 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 8.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is 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.a. Applicant's Signature (sign in ink)

4.b. Date of Signature (mm/dd/yyyy)

Part 8. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. 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 he or she understood every instruction, question, and answer on the application.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

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 Contact Information

3. Preparer's Daytime Telephone Number

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

5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6.a. Preparer's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy)

Part 10. 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. 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.

Part 11. Statement for Applicants With a Class A Tuberculosis Condition (As Defined By HHS Regulations)

To be completed for applicants with a Class A Tuberculosis Condition (as defined by HHS Regulations).

Statement by Applicant

Upon admission to the United States, I will go directly to the health department named in the section below; present all X-rays used in the visa medical examination to substantiate diagnosis; submit to such examinations, treatment, isolation, and medical regimen as may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until discharged.

1.a. Signature of Applicant (sign in ink)

1.b. Date of Signature (mm/dd/yyyy)

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.

Within 30 days of the alien reporting for care, I agree to submit a summary of my initial evaluation of the alien's condition, indicate presumptive diagnosis, and provide test results and plans for future care of the alien to the State Health Department Official named in the **Endorsement of State Health Department Official** section and to the **Division of Global Migration and Quarantine (E03), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia 30333.**

I also agree to report the alien if 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 (select the appropriate box and give the complete name, address, certification, and contact information of the health department):

2.a. ☐ City Health Department

2.b. ☐ County Health Department

3. Name of Health Department

Physical Address

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State **4.e.** ZIP Code

Physician's Certification

5.a. Signature of Physician (sign in ink)

5.b. Date of Signature (mm/dd/yyyy)

5.c. Physician's Family Name (Last Name)

5.d. Physician's Given Name (First Name)

Physician's Contact Information

6. Daytime Telephone Number

7. Email Address (if any)

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 **Statement by Local (City or County) Health Department** and **Endorsement of State Health Department Official** sections.

Provide the following information:

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

8.a. Street Number and Name

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town

8.d. State **8.e.** ZIP Code

Part 11. Statement for Applicants With a Class A Tuberculosis Condition (As Defined By HHS Regulations) (continued)

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 the **Statement by Local (City or County) Health Department** section 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:

9.a. Signature of State Health Department Official (sign in ink)

9.b. Date of Signature (mm/dd/yyyy)

10. Name of State Health Department

Physical Address

11.a. Street Number and Name

11.b. ☐ Apt. ☐ Ste. ☐ Flr.

11.c. City or Town

11.d. State **11.e.** ZIP Code

Contact Information

12. Daytime Telephone Number

13. Email 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 online at **www.uscis.gov**. Select "Schedule an Appointment" and follow the screen prompts to set up your appointment. Once you finish scheduling an appointment, the system will generate an appointment notice for you.

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 INA section 237(a).