

# Form I-690, Application for Waiver of Grounds of Inadmissibility

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

**For Government Use Only.**

Fee Receipt Number (This application):	Fee Stamp
Alien Registration Number (A# of This Applicant):	

**APPLICANT: Start here.** See instructions before completing this application. If you need more space to answer fully any question on this form, use a separate sheet and identify each answer with the number of the corresponding question. Type or print in black ink.

<b>1. Family Name</b> ( <i>Last Name in CAPITAL letters</i> )      ( <i>First Name</i> )      ( <i>Middle Name</i> )	<b>2. Date of Birth</b> ( <i>mm/dd/yyyy</i> )
<b>3. Address</b> ( <i>No. and Street</i> )      ( <i>Apt. No.</i> )      ( <i>City/Town</i> )      ( <i>State/Country</i> )      ( <i>Zip/Postal Code</i> )	
<b>4. Place of Birth</b> ( <i>City or Town and County, Province or State</i> )      ( <i>Country</i> )	<b>5. U.S. Social Security Number</b>
<b>6. Date of Visa Application</b> ( <i>mm/dd/yyyy</i> ) <b>for:</b> <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Temporary Residence	<b>7. Visa applied for at:</b>
<b>8. I am applying for a waiver of:</b> <input type="checkbox"/> 212 (a) (1)(A)(i), (ii), (iii) or (iv) <input type="checkbox"/> 212 (a)(2)(C)(i)(II) - possession of marijuana, 30 gms or less <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 (E) - Please specify: <input style="width: 100px;" type="text"/>	

**9. List reasons of inadmissibility:**

**10. List all immediate relatives in the United States (Parents, spouse and children):**

Name	Address	Relationship	Immigration Status

**11. I should be granted a waiver because:** (*Describe family unity considerations or humanitarian or public interest reasons for granting a waiver. If more space is needed, attach an additional sheet.*)

<b>12. Applicant's Signature</b>	<b>13. Date</b>
----------------------------------	-----------------

**FOR USCIS USE ONLY.** Recommended by:

(*Print Name and Title*) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Stamp # \_\_\_\_\_ Director \_\_\_\_\_

