OMB No. 1615-0029; Expires 04/30/11

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

I-601, Application for Waiver of Grounds of Inadmissibility

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Benefits Category:	Inadmissible under:		Fee Stamp
☐ Immigrant ☐ Adjustment of Status ☐ V nonimmigrant ☐ K nonimmigrant ☐ TPS	☐ 212(a)(1) _____ ☐ 212(a)(2) _____ ☐ 212(a)(3) _____ ☐ 212(a)(4) _____	☐ 212(a)(6) _____ ☐ 212(a)(9) _____ ☐ 212(a)(10) _____ ☐ Other _____	

Action Stamp	Initial Receipt	Resubmitted
	Relocated	
	Received	Sent

A. Information About Applicant

1. Family Name (Surname In CAPS) (First) (Middle)		**2.** Address (Number and Street) (Apartment Number)	
3. (Town or City) (State/Country) (Zip/Postal Code)		**4.** Telephone Number	**5.** E-Mail Address
6. Date of Birth *(mm/dd/yyyy)*	**7.** USCIS File Number A-	**8.** City/Province-State of Birth	
9a. Country of Birth	**9b.** Country of Citizenship/Nationality	**10.** Date of Visa Application	**11.** Location of Visa Application:

10. Reason(s) for Inadmissibility: (Mark all of the grounds listed below that you believe, according to the best of your knowledge, apply to you. Then, in the space provided on Page 3, include a statement explaining the acts, convictions, and medical conditions that make you inadmissible. Your statement must indicate when you engaged in the acts that make you inadmissible, the date of all convictions, and the date of any medical diagnosis. If you seek a waiver of inadmissibility because you have a Class A Tuberculosis condition (as per HHS regulations), you must complete Page 6 of this form. If you seek a waiver of inadmissibility because of a history of physical or mental disorders, you must attach the information requested in the instructions.)

a) I am an applicant for an immigrant visa or adjustment of status (other than based on T nonimmigrant status), or for K or V nonimmigrant status, and I am inadmissible because: (See the form instructions for a detailed explanation of the individual grounds.)

CHECK ALL THAT APPLY

☐ I have a communicable disease of public health significance, as per HHS regulations (Page 3 of the instructions).

☐ I seek an exemption from the vaccination requirement because it is against my religious beliefs or moral convictions (Page 4 of the instructions).

☐ I have, or have had in the past, a physical or mental disorder and behavior associated with the disorder that poses, may pose, or has posed, a threat to the property, safety, or welfare of myself or others (pages 3 and 4 of the instructions).

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

☐ I have been involved in a controlled substance violation according to the laws and regulations of any country that involved a single offense of simple possession of 30 grams or less of marijuana (Page 4 of the instructions).

☐ I have been convicted of two or more offenses, other than purely political ones, for which the combined sentences to confinement were five years or more (Page 4 of the instructions).

☐ I have, within the last 10 years, been involved in prostitution, or I am currently involved in prostitution. "Involved in" prostitution means being a prostitute, procuring or attempting to procure others for prostitution, importing other individuals to engage in prostitution, or receiving the proceeds, in full or in part, from prostitution (Page 4 of the instructions).

☐ I am coming to the United States to engage in any other unlawful commercialized vice, whether or not related to prostitution (Page 4 of the instructions).

☐ I have been involved in serious criminal activity and have asserted immunity from prosecution (Page 4 of the instructions).

☐ 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 (Page 5 of the instructions).

☐ I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation)(pages 4 and 5 of the instructions).

☐ I have been engaged in alien smuggling (Page 5 of the instructions).

☐ I am subject to a civil penalty because I have been the subject of a final order for violation of INA section 274C (Page 5 of the instructions).

☐ I am subject to the three-year or the 10-year bar to admissibility because I have been unlawfully present in the United States in excess of either 180 days or one year, and subsequently departed the United States (Page 5 of the instructions).

☐ I was previously removed from the United States (Page 6 of the instructions for NACARA and HRIFA applicants only. All other applicants, file Form I-212).

☐ 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 (Page 6 of the instructions for NACARA, HRIFA, and approved VAWA self-petitioners only. Other applicants, file Form I-212).

☐ Other (specify): _____

b) I am applying for adjustment of status based on a valid T nonimmigrant status, and I am inadmissible because (See Page 7 of the instructions):

☐ Specify: _____

c) I am an applicant for TPS, and I am inadmissible because (Page 6 of the instructions):

CHECK ALL THAT APPLY

☐ I have a communicable disease of public health significance (a list of communicable diseases of public health significance can be found on Page 3 of the instructions).

☐ I have or I have 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.

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

☐ I am or have been a drug abuser or drug addict.

☐ I have been or I intend to be involved in any other commercialized vice.

☐ I have committed a serious criminal offense in the United States and asserted immunity from prosecution.

☐ I entered the United States as a stowaway.

☐ I am subject to a final order for violation of section 274C (producing/using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act).

☐ I practice polygamy.

☐ I have attempted, conspired, or engaged in the recruitment or use of child soldiers in violation of Title 18, United States Code, section 2442 by recruiting, enlisting, or conscribing a person under the age of 15 years in an armed force, or by using such a person to participate actively in hostilities.

☐ I am accompanying another alien who is inadmissible after being certified to be helpless under section 232(c) of the Act and I am inadmissible because that other alien requires my protection or guardianship.

☐ 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.

☐ I have been excluded and deported from the United States within the past year, or have been deported or removed from the United States at government expense within the last five years (20 years if you have been convicted of an aggravated felony).

☐ I have assisted another person to enter the United States in violation of the law.

☐ Other (specify): _____

For **ALL** applicants: Describe in your own words why you are inadmissible:

A. Information About Applicant (Continued)

11. Applicant was previously in the United States as follows:

City and State	From (Date)	To (Date)	Immigration Status

12. Applicant's U.S. Social Security Number (if any)

_____

13. If in the United States: Did you file this application after you have already filed Form I-485 or Form I-821?

☐ Yes ☐ No

If "Yes," provide the following information:

Receipt No.:

Filing location:

Date filed:

B. Information About Relative Through Whom Applicant Claims Eligibility

1. Family Name (Surname in CAPS) First Name Middle Name

2. Address (Number and Street) Apt. Number Town or City State Zip/Postal Code

3. Telephone Number **4.** E-Mail Address **5.** Relationship to Applicant **6.** Immigration Status

☐ Check here if the applicant has additional relatives through whom the applicant claims eligibility. Provide the same information as requested in B. 1-5 on a separate sheet of paper.

C. Information About Applicant's Other Relatives in the United States *(List only U.S. citizens and permanent residents)*

1. Family Name (Surname in CAPS) First Name Middle Name

2. Address (Number and Street) Apt. Number Town or City State Zip/Postal Code

3. Telephone Number **4.** E-Mail Address **5.** Relationship to Applicant **6.** Immigration Status

C. Information About Applicant's Other Relatives in the United States (Continued)

1. Family Name (Surname in CAPS) | First Name | Middle Name

2. Address (Number and Street) | Apt. Number | Town or City | State | Zip/Postal Code

3. Telephone Number | **4.** E-Mail Address | **5.** Relationship to Applicant | **6.** Immigration Status

1. Family Name (Surname in CAPS) | First Name | Middle Name

2. Address (Number and Street) | Apt. Number | Town or City | State | Zip/Postal Code

3. Telephone Number | **4.** E-Mail Address | **5.** Relationship to Applicant | **6.** Immigration Status

D. Applicant's Signature and Certification

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.

Signature of Applicant or Qualified Relative / Legal Guardian | Date

E. Preparer's Signature and Certification

I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, 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.

Preparer's Signature | Date | Telephone Number | E-Mail Addresss

Preparer's Family Name (Surname in CAPS) | First Name | Middle Name

Preparer's Street Address | Town or City | State | Zip/Postal Code

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

A. Statement by Applicant

Upon admission to the United States I will:

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

Signature of Applicant

Date

B. Statement by Physician or Health Facility

(A private physician, health department, other public or private health facility, or military hospital may execute this statement. Attach a supporting statement on the facility's letterhead evidencing that arrangements for treatment have been made by the applicant or his or her sponsor.)

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

I agree to submit Form CDC 75.18, "Report on Alien with Tuberculosis Waiver," to the health officer named in **Section D:**

1. Within 30 days of the alien's reporting for care, indicating presumptive diagnosis, test results, and plans for future care of the alien; or
2. Thirty days after receiving Form CDC 75.18, if the alien has not reported.

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 and address of the facility below):

- ☐ **1.** Local Health Department
- ☐ **2.** Other Public or Private Facility
- ☐ **3.** Private Practice
- ☐ **4.** Military Hospital

Name of Facility (Type or print in black ink)

Address (Number and Street) (Room/Suite Number)

City, State, and Zip Code

Signature of Physician Date

Phone Number E-Mail Address

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

Arrange for medical care (of the applicant) and have the physician or facility that will provide the medical care complete **Section B.**

If medical care will be provided by a physician who checked **Box 2** or **3**, in **Section B**, have **Section D** completed by the local or State health officer who has jurisdiction in the United States area where the applicant plans to reside.

If medical care will be provided by a physician who checked **Box 4** in **Section B**, forward this form directly to the military facility at the address provided in **Section B**.

Provide the following information:

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

Address (Number and Street) Apt Number

City, State, and Zip Code

D. Endorsement of Local or State Health Officer

Endorsement signifies recognition of the physician or facility for the purpose of providing care for tuberculosis. If the facility or physician who signed his or her name in **Section B** is not in your health jurisdiction and not familiar to you, you may want to contact the health officer responsible for the jurisdiction of the facility or physician prior to endorsing.

Endorsed by: **Signature of Health Officer**

Date:

Enter below the name and address of the local health department where the "Notice of Arrival of Alien with Tuberculosis Waiver" will be sent when the alien arrives in the United States.

Official Name of Department

Address (Number and Street) (Room/Suite Number)

City, State, and Zip Code

Phone Number E-Mail Address

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).

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☐ I was previously removed from the United States (Page 6 of the instructions for NACARA and HRIFA applicants only. All other applicants, file Form I-212).

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☐ Other (specify): _____

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☐ Specify: _____

c) I am an applicant for TPS, and I am inadmissible because (Page 6 of the instructions):

CHECK ALL THAT APPLY

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☐ I have committed a serious criminal offense in the United States and asserted immunity from prosecution.

☐ I entered the United States as a stowaway.

☐ I am subject to a final order for violation of section 274C (producing/using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act).

☐ I practice polygamy.

☐ I have attempted, conspired, or engaged in the recruitment or use of child soldiers in violation of Title 18, United States Code, section 2442 by recruiting, enlisting, or conscribing a person under the age of 15 years in an armed force, or by using such a person to participate actively in hostilities.

☐ I am accompanying another alien who is inadmissible after being certified to be helpless under section 232(c) of the Act and I am inadmissible because that other alien requires my protection or guardianship.

☐ 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.

☐ I have been excluded and deported from the United States within the past year, or have been deported or removed from the United States at government expense within the last five years (20 years if you have been convicted of an aggravated felony).

☐ I have assisted another person to enter the United States in violation of the law.

☐ Other (specify): _____

For **ALL** applicants: Describe in your own words why you are inadmissible:

A. Information About Applicant (Continued)

11. Applicant was previously in the United States as follows:

City and State	From (Date)	To (Date)	Immigration Status

12. Applicant's U.S. Social Security Number (if any)

_____

13. If in the United States: Did you file this application after you have already filed Form I-485 or Form I-821?

☐ Yes ☐ No

If "Yes," provide the following information:

Receipt No.: _____

Filing location: _____

Date filed: _____

B. Information About Relative Through Whom Applicant Claims Eligibility

1. Family Name (Surname in CAPS) | First Name | Middle Name

2. Address (Number and Street) | Apt. Number | Town or City | State | Zip/Postal Code

3. Telephone Number | **4.** E-Mail Address | **5.** Relationship to Applicant | **6.** Immigration Status

☐ Check here if the applicant has additional relatives through whom the applicant claims eligibility. Provide the same information as requested in B. 1-5 on a separate sheet of paper.

C. Information About Applicant's Other Relatives in the United States *(List only U.S. citizens and permanent residents)*

1. Family Name (Surname in CAPS) | First Name | Middle Name

2. Address (Number and Street) | Apt. Number | Town or City | State | Zip/Postal Code

3. Telephone Number | **4.** E-Mail Address | **5.** Relationship to Applicant | **6.** Immigration Status

C. Information About Applicant's Other Relatives in the United States (Continued)

1. Family Name (Surname in CAPS) | First Name | Middle Name

2. Address (Number and Street) | Apt. Number | Town or City | State | Zip/Postal Code

3. Telephone Number | **4.** E-Mail Address | **5.** Relationship to Applicant | **6.** Immigration Status

1. Family Name (Surname in CAPS) | First Name | Middle Name

2. Address (Number and Street) | Apt. Number | Town or City | State | Zip/Postal Code

3. Telephone Number | **4.** E-Mail Address | **5.** Relationship to Applicant | **6.** Immigration Status

D. Applicant's Signature and Certification

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.

Signature of Applicant or Qualified Relative / Legal Guardian | Date

E. Preparer's Signature and Certification

I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, 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.

Preparer's Signature | Date | Telephone Number | E-Mail Addresss

Preparer's Family Name (Surname in CAPS) | First Name | Middle Name

Preparer's Street Address | Town or City | State | Zip/Postal Code