

Application for Provisional Unlawful Presence Waiver

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-601A

OMB No. 1615-0123 Expires 07/31/2018

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To b	e completed by an Select	t this box if	Attorney	v State Ba	ar Number	Attorney or Accredited Representative
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_	esentative (ii uny).	oplicant.				
	TART HERE - Type or print 1. Information About Y			Vor	IIC M	ailing Address
				7.a.		O .
	rovide the following information Alien Registration Number (A-	•		/ .a.	In care or	rvanic
	► A-			7.b. Street Number		
2.	U.S. Social Security Number (i	f any)		_	and Name	
	>			7.c.	Apt	Ste. Flr.
3.	USCIS Online Account Number	er (if any)		7.d.	City or Tov	wn
	>			7.e.	State	7.f. ZIP Code
You	r Full Name			8.	Is your cur address?	rent physical address the same as your mailing Yes No
4.a.	Family Name (Last Name)					vered "No" to Item Number 8. , provide your
4.b.	Given Name (First Name)				physical ac	Idress in Item Numbers 9.a 9.e.
4.c.	Middle Name			You	r U.S. Ph	ysical Address
Othe	er Names Used (if any)			9.a.	Street Num and Name	ber
	Family Name			9.b.	Apt.	Ste. Flr.
	(Last Name) Given Name			9.c.	City or Tov	wn
3.0.	(First Name)			9.d.	State	9.e. ZIP Code
5.c.	Middle Name					
<u> </u>	Eomily Nome			Oth	er Inform	ation
	Family Name (Last Name)			10.	Gender [Male Female
6.b.	Given Name (First Name)			11.	Date of Bir	rth (mm/dd/yyyy)
6.c.	Middle Name					

Part	t 1. Information About You (continued)	23.a.	Place or Port-of-Entry (Actual or approximate city or town)
12.	City or Town of Birth	22 h	S4-4-
13.	Country of Dirth		. State
13.	Country of Birth	24.a.	From (On or about mm/dd/yyyy)
14.	Country of Citizenship or Nationality	24.b. 25.	To (On or about mm/dd/yyyy) Immigration Status (At the time of entry)
. =		20.	miningration states (At the time of char)
15.a.	Mother's Family Name (Last Name)	26.	Are there other previous entries? Yes No
15.b.	Mother's Given Name (First Name)		If you answered "Yes" to Item Number 26. , include the place of entry, dates, and your immigration status at the
16.a.	Father's Family Name (Last Name)		time of entry for any other prior entries in the space provided in Part 9. Additional Information .
17 L	Eather's Circum Name (First Name)	You	r Immigration or Criminal History
10.D.	Father's Given Name (First Name)	27.	Are you currently in removal, exclusion, or deportation proceedings in which there is no final order issued by the
17. 18.a.	Place or Port-of-Entry (Actual or approximate city or town) State		immigration judge, the Board of Immigration Appeals, a DHS officer, or a Federal court yet? (This includes proceedings under INA section 239, an exclusion or deportation proceeding initiated before April 1,1997, a Visa Waiver Program removal proceeding under INA section 217, expedited removal under INA 235, and a request for a judicial removal order under INA section 238(c))? Yes No If you answered "No" to Item Number 27., go to Item
	Immigration Status (At the time of entry)		Number 29.a. If you answered "Yes" to Item Number 27., select the statement below (either Item Number 28.a. or 28.b.) that most accurately describes your current situation.
You	r Previous Entries Into the United States	28.a.	
	were previously in the United States as follows: Place or Port-of-Entry (Actual or approximate city or town)		proceedings that are administratively closed and, at the time of filing my Form I-601A, have not been placed back on EOIR's calendar to continue my removal, exclusion, or deportation proceedings.
21.a.	State From (On or about mm/dd/yyyy) To (On or about mm/dd/yyyy)		NOTE: You may be eligible for a provisional unlawful presence waiver. Provide a copy of the administrative closure order. Also, if U.S. Citizenship and Immigration Services (USCIS) approves your provisional unlawful presence waiver, you should seek termination or dismissal of your removal, exclusion, or deportation proceeding.
22.	Immigration Status (At the time of entry)		before you depart the United States for your immigrant visa interview.

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Par	t 1. Information About You (continued)	31.	departure that has not expired and that was granted to you		
28.b.	I am currently in removal, exclusion, or deportation proceedings that are not administratively closed, or in removal, exclusion, or deportation proceedings that were administratively closed, but EOIR has placed my proceedings back on its calendar in order to continue them.		by the immigration judge or the Board of Immigration Appeals during removal, exclusion, or deportation proceedings? Yes No NOTE: If you answered "Yes" to Item Number 31., you are ineligible for a provisional unlawful presence waiver.		
	NOTE: You are ineligible for a provisional unlawful presence waiver unless your proceedings are administratively closed at the time you file your Form I-601A, and the proceedings have not been put back on EOIR's calendar to continue your removal, exclusion, or deportation after having been previously administratively closed.		If you were granted voluntary departure in the past, but then you withdrew your voluntary departure request or otherwise terminated voluntary departure you should not select "Yes" to Item Number 31. In this case you may be in removal proceedings or you may be the subject of a final order of removal, deportation, or exclusion. You should select the statements that apply to you in Item		
	Are you currently subject to a final order of removal, exclusion or deportation? (This includes an order entered in proceedings under INA section 239, an exclusion or deportation order entered in proceedings initiated before April 1, 1997, a Visa Waiver Program removal order under INA section 217, an expedited removal order under INA section 235, and a judicial order under INA section 238(c))? NOTE: If you answered "Yes" to Item Number 29.a., you are ineligible for a provisional unlawful presence waiver unless you applied for, and USCIS has already approved, an application for permission to reapply for admission under INA section 212(a)(9)(A)(iii) and 8 CFR 212.2 on Form I-212, Application for Permission to Reapply for Admission into the United States after		Numbers 27 28.b. or Item Number 29.a. If you filed a motion to withdraw your voluntary departure request, please submit a copy with your Form I-601A.		
			Answer Item Numbers 32 38. If you answer "Yes" to any question in Item Numbers 32 38., your application for a provisional unlawful presence waiver may be denied as a matter of discretion. For each "Yes" response for Item Numbers 32 38., provide the location and date of the event and a brief description in Part 9. Additional Information. For Item Number 32., if you were arrested but not charged with any crime or offense, provide a statement or other documentation from the arresting authority, prosecutor's office, or court to show that you were not charged with any crime or offense. If you answer "Yes" to Item Number 35., you must provide all related court dispositions.		
29.b.	USCIS Receipt Number for Your Approved Form I-212:	33.	Have you EVER been engaged in alien smuggling? Yes No		
	NOTE: You may also provide a copy of the approval notice that USCIS sent to you when it approved your Form I-212.	34.	Have you EVER been arrested, cited, or detained by a law enforcement officer (including immigration and military officers) in the United States, your home country, and/or any other country for any reason other than traffic		
r	. Has DHS served you with a DHS Form I-871, giving you notice that DHS intends to reinstate a prior deportation, exclusion, or removal order against you as permitted under INA section 241(a)(5)? Yes No If you answered "Yes" to Item Number 30.a. , has DHS served you with a final decision reinstating a prior		violations? Yes No Have you EVER been charged, indicted, convicted, imprisoned, or jailed in the United States, your home		
30.b.			country, and/or any other country for any crime or offense? Yes No		
	deportation, exclusion, or removal order under INA section 241(a)(5)? Yes No	36.	Have you EVER trafficked in or are you NOW trafficking in any controlled substance? Yes No		

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Part 1. Information About You (continued)	42. Have you EVER assisted or participated in selling or providing weapons to any person who to your knowledge
37. Are you NOW or have you EVER knowingly assisted, abetted, conspired, or colluded with others in the unlawful trafficking of any controlled substance? Yes No	used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No No 43. Have you EVER received any type of military,
38. Are you NOW or have you EVER been engaged in prostitution? Yes No	paramilitary, or weapons training? Yes No 44. Have you EVER recruited, enlisted, conscripted, or used
Answer Item Numbers 39.a 45. If you answer "Yes" to any question in Item Numbers 39.a 45. , your application for a provisional unlawful presence waiver may be denied as a	any person under 15 years of age to serve in or help an armed force or group? Yes No
matter of discretion. For each "Yes" response for Item Numbers 39.a 45. , provide a complete explanation in Part 9. Additional Information .	45. Have you EVER used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No
Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:	Part 2. Biographic Information
39.a. Acts involving torture or genocide? Yes No	1. Ethnicity (Select only one box)
39.b. Killing any person?	Hispanic or Latino
39.c. Intentionally and severely injuring any person? ☐ Yes ☐ No	Not Hispanic or Latino 2. Race (Select all applicable boxes)
39.d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes No	White Asian Black or African American
39.e. Limiting or denying any person's ability to exercise religious beliefs?	American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
Have you EVER:	3. Height Feet Inches
40.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or insurgent organization? Yes No	4. Weight Pounds Pounds 5. Eye Color (Select only one box)
40.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No	□ Black □ Blue □ Brown □ Gray □ Green □ Hazel □ Maroon □ Pink □ Unknown/Other
41. Have you EVER been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No	6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/ Other

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Part 3. Information About Your Immigrant Part 4. Information About Your Qualifying Visa Case Relative Provide the basis on which you are immigrating to the United Provide the following information about the qualifying relative States using the check boxes below. (Select **only one** box) (the U.S. citizen or Lawful Permanent Resident (LPR) spouse or parent) who would experience extreme hardship if you were Diversity Visa Program Selectee or Derivative refused admission to the United States. 1.b. Immediate Relative Petition (Form I-130) Your Qualifying Relative's Full Name and Preference-Based Family Petition (Form I-130), Relationship to You including Derivatives **1.a.** Family Name **1.d.** Employment-Based Petition (Form I-140), including (Last Name) Derivatives 1.b. Given Name Special Immigrant/Widow Petition (Form I-360), (First Name) including Derivatives Middle Name If you selected **Item Number 1.a.** because you are a Diversity U.S. Citizen Spouse Visa (DV) Program selectee or derivative, provide information about your (or your spouse's or parent's) DV case: 2.b. U.S. Citizen Parent **2.a.** DOS DV Case Number (KCC Case Number) LPR Spouse **2.d.** LPR Parent DV Program Selectee's Full Name (If you are a derivative and your parent or spouse is the DV Program Selectee) Your Other Qualifying Relative **2.b.** Family Name Do you have more than one qualifying relative (U.S. citizen (Last Name) or LPR spouse or parent)? Yes \square No Given Name (First Name) If you answered "Yes" to Item Number 3., provide the **2.d.** Middle Name other qualifying relative's name and your relationship to the qualifying relative in Item Numbers 4.a. - 5.d. If you selected **Item Numbers 1.b.**, **1.c.**, **1.d.**, or **1.e.** provide Also provide evidence of the U.S. citizenship or LPR the following information about the approved immigrant visa status of the other qualifying relative with your petition (Form I-130, Form I-140, or Form I-360) that was filed application. See the What Evidence Must I Submit on your (or your spouse's or parent's) behalf, or that you used to With Form I-601A section of the Instructions. self-petition on your behalf, that is your basis to immigrate and the related Department of State (DOS) immigrant visa Additional Qualifying Relative's Full Name and application. Relationship to You 3.a. USCIS Receipt Number **4.a.** Family Name (Last Name) 4.b. Given Name **3.b.** DOS Consular Case Number (NVC Case Number) (First Name) **4.c.** Middle Name **Petitioner Name** (Provide the full name of the family member or U.S. Citizen Spouse the company who petitioned for you (or your spouse or parent).) 5.b. U.S. Citizen Parent Family Name (Last Name) 5.c. LPR Spouse **3.d.** Given Name **5.d.** LPR Parent (First Name) **3.e.** Middle Name Company or Organization Name

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Part 5. Statement From Applicant

In the space provided, explain in detail why you believe USCIS should approve your application for a provisional unlawful presence waiver as a matter of discretion. Provide all of the reasons you believe support your application for this waiver, including information about the extreme hardship your qualifying relatives would experience if you were refused admission to the United States. If you need extra space to complete your statement, use the space provided in Part 9. Additional Information.

Part 6. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-601A Instructions before completing this part. You must file Form I-601A while in the United States.

App	plicant's Statement
	TE: Select the box for either Item Number 1.a. or 1.b. If cable, select the box for Item Number 2.
1.a.	I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
1.b.	The interpreter named in Part 7. read to me every question and instruction on this application and my answer to every question in
	,
	a language in which I am fluent, and I understood all of this information as interpreted.
2.	At my request, the preparer named in Part 8. ,
	,
	prepared this application for me based only upon
	information I provided or authorized.
App	plicant's Contact Information
3.	Applicant's Daytime Telephone Number
4.	Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)
App	olicant's Certification
of un may	es of any documents I have submitted are exact photocopies naltered, original documents, and I understand that USCIS require that I submit original documents to USCIS at a later. Furthermore, I authorize the release of any information.

date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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Part 6. Applicant's Statement, Contact Information, Certification, and Signature (continued)

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

and that all of this information is complete, true, and correct. Applicant's Signature 6.a. Applicant's Signature 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Inte	Interpreter's Full Name			
l.a.	Interpreter's Family Name (Last Name)			
l.b.	Interpreter's Given Name (First Name)			
2.	Interpreter's Business or Organization Name (if any)			

Inte	erpreter'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.	Province
3.g.	Postal Code
3.h.	Country
Inte	erpreter's Contact Information
4.	Interpreter's Daytime Telephone Number
5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)
Inte	erpreter's Certification
I cert	tify, under penalty of perjury, that:
which 1.b., every answ she u appli	th is the same language specified in Part 6. , Item Number and I have read to this applicant in the identified language of question and instruction on this application and his or her ter to every question. The applicant informed me that he or inderstands every instruction, question, and answer on the cation, including the Applicant's Certification , and has ited the accuracy of every answer.
Inte	erpreter's Signature
7.a.	Interpreter's Signature (sign in ink)
7.b.	Date of Signature (mm/dd/yyyy)

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Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Pre	parer'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 (if any)
Pre	parer'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.	Province
3.g.	Postal Code
3.h.	Country
Pre	parer's Contact Information
4.	Preparer's Daytime Telephone Number
5.	Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)

Preparer's	Statement
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7.a.	I am not an attorney or accredited representative but have prepared this form on behalf of the authorized individual and with the authorized individual's consent.
7.b.	I am an attorney or accredited representative and have prepared this form on behalf of the authorized individual and with the authorized individual's consent.
	NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Si	gnature
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8.a.	Preparer's Signature (sign in ink)	
8.b.	Date of Signature (mm/dd/yyyy)	

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		5 o	Page Number	<i>5</i> h	Dout Number	5 a	Item Number
Part 9. Additional Information		5.a.	Page Number	5.0.	Part Number	5.c.	Item Number
If you need extra space to provide any adwithin this application, use the space below space than what is provided, you may mat to complete and file with this application sheet of paper. Type or print your name at the top of each sheet; indicate the Page Number , and Item Number to which you sign and date each sheet.	ow. If you need more ke copies of this page or attach a separate and A-Number (if any) e Number, Part	5.d.					
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	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.					
4.a. Page Number 4.b. Part Number	4.c. Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.		7.d.					

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