

Application for Provisional Unlawful Presence Waiver

Department of Homeland Security

Form I-601A

OMB No. 1615-0123 Expires 08/31/2023

USCIS

U.S. Citizenship and Immigration Services

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]	attorney or Form BIA-accredited attac	t this box if n G-28 is hed to represent pplicant.	Attorney S (if applicable)		ar Number	Attorney or Accredited USCIS Online Accoun	_
	START HERE - Type or print			77			R T
	t 1. Information About Y					3	SPS ZIP Code Lookup)
Provi	ide the following information ab Alien Registration Number (A			7.a.	In Care Of N	Name	
1.	► A-	-ivumber) (ir arry)		7.b.	Street Numb	per [
2.	U.S. Social Security Number (if any)	16	7.c.	and Name	Ste. Flr.	
3.	USCIS Online Account Number	er (if any)		7.d.	City or Tow	yn	
	>			7.e.	State	7.f. ZIP Code	
You	r Full Name			8.	•	ent physical address the sa	_ · _ ·
4.a.	Family Name				address?	ered "No" to Item Numb	Yes No
4.b.	Given Name (First Name)					dress in Item Numbers 9.	
4.c.	Middle Name			You	ır U.S. Phy	sical Address	
Oth	er Names Used (if any)			9.a.	Street Numb and Name	per	
5.a.	Family Name			9.b.	Apt.	Ste. Flr.	
5.b.	(Last Name) Given Name			9.c.	City or Tow	vn	
5.0.	(First Name)			9.d.	State	9.e. ZIP Code	
5.c.	Middle Name			0.4	7 6		
6.a.	Family Name			Oth	er Informa	anon	
	(Last Name) Given Name			10.	Gender	Male Female	
6.b.	(First Name)			11.	Date of Birt	h (mm/dd/yyyy)	
6.c.	Middle Name						

Par	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	23.b.	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)
15.a.	Mother's Family Name (Last Name)	26.	Are there other previous entries? Yes No
	Mother's Given Name (First Name) Father's Family Name (Last Name)	F	If you answered "Yes" to Item Number 26. , include the place of entry, dates, and your immigration status at the time of entry for any other prior entries in the space provided in Part 9. Additional Information .
10.4.	Tuttier's Furnity France (East France)	You	r Immigration or Criminal History
16.b.	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
You	er Last Entry Into the United States		immigration judge, the Board of Immigration Appeals, a DHS officer, or a Federal court yet? (This includes
18.a. 18.b. 19.	Date of Entry (On or about mm/dd/yyyy) Place or Port-of-Entry (Actual or approximate city or town) State Immigration Status (At the time of entry)		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 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 20.a. 20.b. 21.a.	were previous Entries Into the United States were previously in the United States as follows: Place or Port-of-Entry (Actual or approximate city or town) State From (On or about mm/dd/yyyy) To (On or about mm/dd/yyyy) Immigration Status (At the time of entry)	28.a.	I am in removal, exclusion, or deportation 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. 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, it is important that you resolve your removal, exclusion, or deportation proceedings before you depart the United States for your immigrant visa interview.

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Par	1. Information About You (continued)	31.	Are you currently subject to a grant of voluntary 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		by the immigration judge or the Board of Immigration Appeals during removal, exclusion, or deportation proceedings? Yes No
	placed my proceedings back on its calendar in order to continue them.	Λ	NOTE: If you answered "Yes" to Item Number 31. , you are ineligible for a provisional unlawful presence waiver.
29.a.	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. Are you currently subject to a final order of removal, exclusion or deportation? (This includes an order entered	A I	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 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.
	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))? Yes No	quest provi of dis 38., p	ver Item Numbers 32 38. If you answer "Yes" to any ion in Item Numbers 32 38., your application for a sional unlawful presence waiver may be denied as a matter scretion. For each "Yes" response for Item Numbers 32 provide the location and date of the event and a brief
	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	Num crime from show you a	ber 34., if you were arrested but not charged with any e or offense, provide a statement or other documentation the arresting authority, prosecutor's office, or court to that you were not charged with any crime or offense. If answer "Yes" to Item Number 35., you must provide all ed court dispositions.
	Deportation or Removal. If you have already applied for and if USCIS has already granted you permission to reapply for admission, provide the relevant information in Item Number 29.b. If you answered "No" to Item Number 29.a. , go to Item Number 31.	32.	Have you EVER knowingly and willfully given false or misleading information to a U.S. Government official while applying for an immigration benefit or to gain entry or admission into the United States? Yes No
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
30.a.	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	35.	violations?
30.b.	If you answered "Yes" to Item Number 30.a. , has DHS served you with a final decision reinstating a prior		country, and/or any other country for any crime or offense?
	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)			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	42	used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No	
38.	Are you NOW or have you EVER been engaged in prostitution?	43.	Have you EVER received any type of military, paramilitary, or weapons training? Yes No Have you EVER recruited, enlisted, conscripted, or used	
quest provi	wer Item Numbers 39.a 45. If you answer "Yes" to any ion in Item Numbers 39.a 45. , your application for a sional unlawful presence waiver may be denied as a	45	any person under 15 years of age to serve in or help an armed force or group? Yes No	
Num	er of discretion. For each "Yes" response for Item bers 39.a 45. , provide a complete explanation in 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	
	you EVER ordered, incited, called for, committed, assisted, d with, or otherwise participated in any of the following:	Par	et 2. Biographic Information	
39.a.	Acts involving torture or genocide? Yes No	1.	Ethnicity (Select only one box)	
39.b.	Killing any person?	T	Hispanic or Latino	
39.c.	Intentionally and severely injuring any person? Yes No	2.	Not Hispanic or Latino 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? Yes No)/ _	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,	4.	Weight Pounds Pounds	
	militia, or insurgent organization? Yes No	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 Gray Red Sandy White Unknown/ Other	

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

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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**.

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

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

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, 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 everything.

At my request, the preparer named in **Part 8.**,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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.

Part 6. Applicant's Statement, Contact Information, Declaration, 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 understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application 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.

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 (if any)

	Inte	erpreter's Mailing Address	
	3.a.	Street Number and Name	
	3.b.	Apt. Ste. Flr.	
A	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)	
	1		
	Inte	erpreter's Certification	
	I cert	ify, under penalty of perjury, that:	
which is the same language specified in Part 6. , Item No. 1.b. , and I have read to this applicant in the identified land every question and instruction on this application and his answer to every question. The applicant informed me the she understands every instruction, question, and answer application, including the Applicant's Declaration and Certification , and has verified the accuracy of every answer.			
	Inte	erpreter's Signature	
	7.a.	Interpreter's Signature	
	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. Fir.
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)

Prepar	Preparer's Statement			
7.a.	I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.			

7.b.	I am an attorney or accredited representative an				
		representation of the applicant in this case extends/			
		does not extend beyond the preparation of this			
-		application.			
		NOTE: If you are an attorney or accredited			

NOTE: If you are an attorney or accredited representative, you may need 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 Declaration and 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.

Pre	parer's Signature
8.a.	Preparer's Signature
8.b.	Date of Signature (mm/dd/yyyy)

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Part 9. Additional Information	5.a. Page Number 5.b. Part Number 5.c. Item Number
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 part to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if at at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; an sign and date each sheet. 1.a. Family Name	ore 5.d. age e any)
(Last Name) 1.b. Given Name	
(First Name) 1.c. Middle Name	FICAD
2. A-Number (if any) ► A-	
3.a. Page Number 3.b. Part Number 3.c. Item Num	mber 6.a. Page Number 6.b. Part Number 6.c. Item Number
3.d. PROD	6.d.
01/2	6/2024
4.a. Page Number 4.b. Part Number 4.c. Item Num	mber 7.a. Page Number 7.b. Part Number 7.c. Item Number
4.d.	7.d.

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