



Application by Refugee for Waiver of Inadmissibility Grounds

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

USCIS
Form I-602
OMB No. 1615-0069
Expires 03/31/2027

For USCIS Use Only

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| Initial Receipt | Resubmitted | Action Block |
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| Benefits Category: <input type="checkbox"/> Refugee status under INA 207 <input type="checkbox"/> Adjustment of status as a refugee/asylee under INA 209 | Inadmissible Under <input type="checkbox"/> INA 212(a)(1) <input type="checkbox"/> INA 212(a)(6) <input type="checkbox"/> INA 212(a)(10) <input type="checkbox"/> INA 212(a)(2) <input type="checkbox"/> INA 212(a)(8) <input type="checkbox"/> Other: _____ <input type="checkbox"/> INA 212(a)(3) <input type="checkbox"/> INA 212(a)(9) |
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| To be completed by an Attorney or Accredited Representative (if any). | <input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached. | Attorney State Bar Number (if applicable) <div></div> | Attorney or Accredited Representative USCIS Online Account Number (if any) <div></div> |
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► **START HERE - Type or print in black ink.**

Part 1. Information About You

Your Full Legal Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Place of Birth

2.a. City or Town of Birth

2.b. State or Province of Birth

2.c. Country of Birth

Mailing Address [\(USPS ZIP Code Lookup\)](#)

3.a. In Care Of Name (if any)

3.b. Street Number and Name

3.c. ☐ Apt. ☐ Ste. ☐ Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

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

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

Part 1. Information About You (continued)

Physical Address

- 5.a. Street Number and Name
- 5.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 5.c. City or Town
- 5.d. State 5.e. ZIP Code
- 5.f. Province
- 5.g. Postal Code
- 5.h. Country

Other Information

6. Alien Registration Number (A-Number) (if any)
▶ A-
7. USCIS Online Account Number (if any)
▶
8. Date of Birth (mm/dd/yyyy)
9. Country of Citizenship or Nationality
10. Current Status
- ☐ I am a principal refugee applicant currently outside the United States.
- ☐ I am a derivative refugee applicant outside the United States.
- ☐ I am a derivative refugee applicant inside the United States.
- ☐ I am a refugee currently present in the United States seeking adjustment of status.
- ☐ I am an asylee currently present in the United States seeking adjustment of status.

Part 2. Reasons for Inadmissibility

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

Read the Form I-602 Instructions carefully. If you are seeking a waiver because you are seeking an exemption from the vaccination requirements or because you have a physical or mental disorder with associated harmful behavior, or drug abuse or addiction, you must attach the information requested in the Instructions.

NOTE: The Immigration and Nationality Act (INA) sections 212(a)(4), 212(a)(5), and 212(a)(7)(A) **do not** apply to refugees under INA section 207 or refugees or asylees seeking to adjust their status to lawful permanent resident under INA section 209.

I believe or I was told that I am inadmissible because (select **all** grounds that you believe apply to you):

1. ☐ I have a communicable disease of public health significance. See INA section 212(a)(1)(A)(i). (The Form I-602 Instructions has a list of communicable diseases of public health significance.)
2. ☐ I seek an exemption from the vaccination requirement because vaccinations are against my religious beliefs or moral convictions. See INA section 212(a)(1)(A)(ii).
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. See INA section 212(a)(1)(A)(iii).
4. ☐ I am a drug abuser or drug addict as described in U.S. Department of Health and Human Services (HHS) regulations. See INA section 212(a)(1)(A)(iv); 42 CFR 32.
5. ☐ I have been convicted of or admitted to the essential elements of a crime of moral turpitude (other than a purely political offense). See INA section 212(a)(2)(A)(i)(I).
6. ☐ I have been convicted of or admitted to the essential elements of a violation of (or I have attempted or conspired to violate) any controlled substance law or regulation of a U.S. state, the United States, or a foreign country. See INA section 212(a)(2)(A)(i)(II).
7. ☐ 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. See INA section 212(a)(2)(B).
8. ☐ I have engaged in prostitution in the past 10 years or am coming to the United States to engage in prostitution. See INA section 212(a)(2)(D)(i).

Part 2. Reasons for Inadmissibility (continued)

9. ☐ I directly or indirectly procure or import (or attempt to procure or import) prostitutes or persons for the purpose of prostitution (including receiving any proceeds or money from prostitution), or I have done so in the past 10 years.
See INA section 212(a)(2)(D)(ii).
10. ☐ I came to the United States or I am coming to the United States to engage in any other commercialized vice, such as illegal gambling, prostitution, bootlegging, narcotics, or the sale of child pornography. See INA section 212(a)(2)(D)(iii).
11. ☐ I have exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a serious criminal offense in the United States.
See INA section 212(a)(2)(E).
12. ☐ I have been involved in human trafficking activity inside or outside the United States, or I am the spouse, son, or daughter of a person involved in human trafficking activity and have obtained some benefit from that activity within the last five years.
See INA section 212(a)(2)(H).
13. ☐ I engage, have engaged, or intend to engage in a money laundering offense as described in 18 U.S.C. section 1956 or 1957. See INA section 212(a)(2)(I).
14. ☐ 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. See INA section 212(a)(3)(D).
15. ☐ I have used or recruited child soldiers in violation of 18 U.S.C. section 2442.
See INA section 212(a)(3)(G).
16. ☐ I am present in the United States without being admitted or paroled. See INA section 212(a)(6)(A).
17. ☐ I did not attend or did not remain at a removal proceeding to determine my inadmissibility or deportability. See INA section 212(a)(6)(B).
18. ☐ I have sought to obtain an immigration benefit by fraud or by concealing or misrepresenting a material fact. See INA section 212(a)(6)(C)(i).
19. ☐ I falsely claimed to be a U.S. citizen. See INA section 212(a)(6)(C)(ii).
20. ☐ I have been a stowaway on a vessel or aircraft arriving in the United States.
See INA section 212(a)(6)(D).
21. ☐ I have knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or try to enter the United States illegally (alien smuggling).
See INA section 212(a)(6)(E)(i).
22. ☐ I am subject to a civil penalty because I was the subject of a final order for violation of INA section 274C (document fraud).
See INA section 212(a)(6)(F).
23. ☐ I violated a term or condition of my student visa status. See INA sections 212(a)(6)(G) and 214(l).
24. ☐ I am permanently ineligible for U.S. citizenship because I evaded military service.
See INA sections 212(a)(8)(A) and 101(a)(19).
25. ☐ 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. See INA section 212(a)(8)(B).
26. ☐ I was previously removed from the United States.
See INA section 212(a)(9)(A).
27. ☐ I am subject to the 3-year bar to admissibility because I was unlawfully present in the United States for more than 180 days before departing the United States. See INA section 212(a)(9)(B)(i)(I).
28. ☐ I am subject to the 10-year bar to admissibility because I was unlawfully present in the United States for one year or more before departing the United States. See INA section 212(a)(9)(B)(i)(II).
29. ☐ 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 INA section 212(a)(9)(C).
30. ☐ I have practiced polygamy since I entered the United States or I intend to practice polygamy in the United States. See INA section 212(a)(10)(A).
31. ☐ I am accompanying another person who is inadmissible after being certified to be helpless under INA section 232(c) and I am inadmissible because that other person requires my protection or guardianship. See INA section 212(a)(10)(B).
32. ☐ I have been involved in detaining, retaining, or withholding a U.S. citizen child outside the United States from a person who has been granted custody of the child, or I am the spouse, parent, sibling, or agent of someone who has detained, retained, or withheld such a child. See INA section 212(a)(10)(C).
33. ☐ I voted in violation of a Federal, state, or local constitutional provision, statute, ordinance, or regulation. See INA section 212(a)(10)(D).
34. ☐ I am a former citizen of the United States who renounced my citizenship to avoid paying taxes in the United States. See INA section 212(a)(10)(E).
35. ☐ Other (specify):

Part 2. Reasons for Inadmissibility (continued)

Your Inadmissibility Statement

In the space provided in **Item Number 36.**, provide a statement and 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 8. Additional Information** or attach a separate letter. If you include a separate letter, indicate in **Item Number 36.** below that you are attaching a letter.

36.

37. I request a waiver of the grounds of inadmissibility listed above for the following reasons (select all applicable boxes and provide an explanation in **Item Number 38.**):

- ☐ For Humanitarian Reasons
☐ To Assure Family Unity
☐ In the Public Interest

In the space provided in **Item Number 38.**, provide an explanation for why you are requesting a waiver on the grounds indicated in **Item Number 37.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

38.

In the space provided in **Item Number 39.**, 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. For more information on discretion, see the Form I-602 Instructions. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

39.

Part 3. Applicant Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder

Complete **Item Numbers 1.a. - 8.b.** if you have or had a physical or mental disorder and behavior associated with the disorder that has posed or may pose a threat to the property, safety, or welfare of yourself or others.

Statement by Applicant

In the United States, I will:

Go directly to the physician or health facility named in the **Physician's or Health Facility's Statement**; present copies of diagnostic tests used in the medical examination to prove the diagnosis; submit to counseling and any examinations, treatment, and medical regimen that may be required; and remain under prescribed treatment or observation, whether on inpatient or outpatient basis, until I am discharged.

Applicant's Signature

1.a. Applicant's Signature

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

Physician's or Health Facility's Statement

NOTE: This section must be completed and signed by a private physician or representative of a public or private health facility where the applicant will receive treatment in the United States.

I agree to supply any treatment or observation necessary to properly manage the applicant's physical or mental health condition.

I represent a/an (select the appropriate box and provide the complete name and address of the facility):

2.a. ☐ Local Health Department Outpatient Clinic

2.b. ☐ Other Public or Private Health Facility

2.c. ☐ Private Practice

Part 3. Applicants Who Have or Had a Physical or Mental Disorder and Behavior Associated with the Disorder (continued)

Physician's or Health Facility's Physical Address

3. Name of Facility
- 4.a. Street Number and Name
- 4.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 4.c. City or Town
- 4.d. State 4.e. ZIP Code
- 4.f. Province
- 4.g. Postal Code
- 4.h. Country

Physician's Contact Information

5. Daytime Telephone Number
6. Email Address (if any)

Physician's Signature

- 7.a. Physician's Family Name (Last Name)
- 7.b. Physician's Given Name (First Name)
- 8.a. Physician's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

Part 4. Applicant with a Class A Tuberculosis Condition (As Defined by HHS Regulations)

Complete **Item Numbers 1.a. - 15.** if you have a Class A Tuberculosis condition (as defined by HHS regulations).

Statement by Applicant

In the United States, I will:

Go directly to the health department named in the **Local (City or County) Health Department's Statement**; present all X-rays used in the visa medical examination to prove the diagnosis; submit to any examinations, treatment, isolation, and medical regimen that may be required; and remain under the prescribed treatment or observation, whether on an inpatient or outpatient basis, until I am discharged.

Applicant's Signature

- 1.a. Applicant's Signature
- 1.b. Date of Signature (mm/dd/yyyy)

Local (City or County) Health Department's Statement

NOTE: This statement must be completed by the physician at the local health department in the area where the applicant plans to reside.

I agree to supply any treatment or observation necessary to properly manage and provide continued care of the applicant's tuberculosis condition.

Within 30 days of the applicant reporting for care, I agree to submit a summary of my initial evaluation of the applicant's condition, indicate the presumptive diagnosis, and provide test results and plans for the applicant's future care to the state health department official named in the **State Health Department Official's Endorsement** 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 applicant if he or she has not reported within 30 days after receiving notice from the Division of Global Migration and Quarantine, CDC.

I represent (select the appropriate box and provide the complete name, address, contact information, and signature of the health department):

- 2.a. ☐ City Health Department
- 2.b. ☐ County Health Department

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations)
(continued)

Local (City or County) Health Department's Name and Physical Address

3. Name of Local (City or County) Health Department

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 Contact Information

5. Daytime Telephone Number

6. Email Address (if any)

Physician's Signature

7.a. Physician's Family Name (Last Name)

7.b. Physician's Given Name (First Name)

8.a. Physician's Signature

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

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

Provide the following information.

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

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

State Health Department Official's Endorsement

NOTE: The state health department official in the area where the applicant plans to reside should complete this statement.

By signing this endorsement, I recognize that the local health department that completed the **Local (City or County) Health Department's Statement** section will provide care and treatment of the applicant's Tuberculosis condition, and that the local health department is within my jurisdiction. This endorsement also signifies recognition that the applicant will be residing within my state's health jurisdiction.

State Health Department Official's Signature

10.a. State Health Department Official's Family Name (Last Name)

10.b. State Health Department Official's Physician's Given Name (First Name)

11.a. Signature of State Health Department Official

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

Part 4. Applicants with a Class A Tuberculosis Condition (As Defined by HHS Regulations)
(continued)

State Health Department Official's Name and Physical Address

12. Name of State Health Department

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town

13.d. State

13.e. ZIP Code

State Health Department Official's Contact Information

14. Daytime Telephone Number

15. Email Address (if any)

Part 5. 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 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are 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. Applicant's Signature



Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

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)

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

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. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

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

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 are 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. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. 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-

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