

Notice of Appeal of Decision Under INA Section 210 or 245A of the Immigration and Nationality Act

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-694

OMB No. 1615-0034 Expires: 05/31/2020

		Action Block			Fee Stamp				
	or								
USCIS									
	se nly								
	y								
>	STA	RT HERE - Type or print in black ink.							
Pa	Part 1. Information About You (Appellant)								
1.	Full	Legal Name							
	Fami	ly Name (Last Name)	Given Name (First Name)		Middle Name				
2.	Any	Other Names Used							
	A.]	Family Name (Last Name)	Given Name	(First Name)	Middle Name				
	B. 1	Family Name (Last Name)	Given Name	(First Name)	Middle Name				
3.	U.S.	Mailing Address (USPS ZIP Code Lookup)							
	In Ca	are Of Name							
	Stree	t Number and Name	Apt. Ste. Flr. Number						
	City	or Town	State ZIP Code						
4.	Is yo	ur current U.S. mailing address the same as your	U.S. physical a	ddress?	Yes No				
	If yo	u answered "No," provide your U.S. physical add	ress in Item N	umber 5.					
5.	U.S.	Physical Address							
	Street Number and Name				Apt. Ste. Flr. Number				
	City or Town				State ZIP Code				
6.	Alier	Registration Number (A-Number) (if any)							
	► A-								
7.	USC	IS Online Account Number (if any)							

Pa	art 2. Application Information					
1.	Your appeal is based on an application for which of the following?					
	Permanent Residence Temporary Residence Waiver of Grounds of Inadmissibility (Form I-698) (Form I-690)					
2.	Receipt Number (if any) 3. Date of Decision (mm/dd/yyyy)					
Pa	art 3. Reason for Appeal					
1.	Is your written brief attached?					
	If you answered "No," select a response in Item Number 2.					
2.	☐ I waive the right to submit a written brief or statement. ☐ I will submit a brief within 30 calendar days.					
	The appeal must include a statement explaining any error or conclusion of law in the decision being appealed or any erroneous statement of fact stated in the decision. Please provide an explanation. If you need additional space to complete this section, use the space provided in Part 7. Additional Information.					

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Part 4. Appellant's Statement, Contact Information, Certification, and Signature

NO	TE: Read the Penalties section of the Form 1-694 Instructions before completing this part.							
Ap	pellant's Statement							
NO	TE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.							
1.	Appellant's Statement Regarding the Interpreter							
	A. I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.							
	B. The interpreter named in Part 5. read to me every question and instruction on this form and my answer to every question in a language in which							
	I am fluent and I understood everything.							
2.	Appellant's Statement Regarding the Preparer							
	At my request, the preparer named in Part 6. , prepared this form for me based only upon information I provided or authorized.							
Ap	pellant's Contact Information							
3.	Appellant's Daytime Telephone Number 4. Appellant's Mobile Telephone Number (if any)							
5.	Appellant's Email Address (if any)							
An	ppellant's Certification							
_	ies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may							
requ	tire that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of records that USCIS may need to determine my eligibility for the immigration benefit I seek.							
	rtify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information rained in, and submitted with, this form, and that all of this information is complete, true, and correct.							
Ap	pellant's Signature							
6.	Appellant's Signature Date of Signature (mm/dd/yyyy)							
\Rightarrow								
	TE TO ALL APPELLANTS: If you do not completely fill out this form or fail to submit required documents listed in the ructions, USCIS may deny your benefit.							
Pa	rt 5. Interpreter's Contact Information, Certification, and Signature							
Prov	vide the following information about the interpreter.							
Int	terpreter's Full Name							
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)							
2.	Interpreter's Business or Organization Name (if any)							

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Pa	Part 5. Interpreter's Contact Information, Certification, and Signature (continued)								
In	terpreter's Mailing Address								
3.	Street Number and Name	Apt. Ste. Flr. Number							
	City or Town	State ZIP Code							
	Province Postal Code Country								
In	Interpreter's Contact Information								
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone	one Number (if any)							
6.	Interpreter's Email Address (if any)								
In	terpreter's Certification								
I ce	rtify, under penalty of perjury, that:								
I am fluent in English and , which is the same language provided in Part 4. , Item B. in Item Number 1. , and I have read to this appellant in the identified language every question and instruction on this form and his or her answer to every question. The appellant informed me that he or she understands every instruction, question, and answer on the form, including the Appellant's Certification , and has verified the accuracy of every answer.									
In	terpreter's Signature								
6.	Interpreter's Signature	Date of Signature (mm/dd/yyyy)							
Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Form, if Other Than the Appellant									
Pro	vide the following information about the preparer.								
Pr	reparer's Full Name								
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First	Name)							
2.	Preparer's Business or Organization (if any)								

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	han the Appellant (continued)	
<i>P</i> ₁ 3.	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code Country	
Pi	reparer's Contact Information	
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone	ne Number (if any)
6.	Preparer's Email Address (if any)	
Pi	reparer's Statement	
7.	A. I am not an attorney or accredited representative but have prepared this form on behalf of appellant and with the appellant's consent.	of the
	B. I am an attorney or accredited representative and my representation of the appellant in the extends does not extend beyond the preparation of this form.	his case
	NOTE: If you are an attorney or accredited representative whose representation extend preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Appearance as Attorney or Accredited Representative, with this form.	
Pi	eparer's Certification	
rev or l	my signature, I certify, under penalty of perjury, that I prepared this form at the request of the appliewed this completed form and informed me that he or she understands all of the information container form, including the Appellant's Certification, and that all of this information is complete, true, and based only on information that the appellant provided to me or authorized me to obtain or use.	ained in, and submitted with, his
Pi	reparer's Signature	
8.	Preparer's Signature	Date of Signature (mm/dd/yyyy)

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Part /	Addition	al Intor	mation
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If you need extra space to provide any additional information within this form, 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 form 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.	Fan	Family Name (Last Name)			Giv	en Name (First Name)	Middle Name		
		Number (if any)	► A-						
3.	A.	Page Number	B.	Part Number	C.	Item Number			
	D.								
4.	A.	Page Number	В.	Part Number	C.	Item Number			
	D.								
5.	A.	Page Number	В.	Part Number	C.	Item Number			
	D.								
6.	A.	Page Number	B.	Part Number	C.	Item Number			
	ъ								
	D.								

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