For USCIS use Only		
Action Block	Fee Stamp	
APPELLANT - START HERE: Please type or print in black ink.		
In the Matter of:	File Number: A-	
	Application for one of the	e following:
	Permanent Resi	dence (I-698)
	Temporary Res	sidence (I-687)
	☐ Waiver of Grou	ands of Inadmissibility
I hereby appeal to the USCIS Director from the decision, dated	in the above e	entitled case.
My written brief or statement is attached.		
I waive the right to submit a written brief or statement.		
☐ I will submit a brief within 30 calendar days.		
Summarize the reasons for this appeal. 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. Appellant (or Attention or Perpendictive). Please complete the following.		
Appellant (or Attorney or Representative): Please complete the following.		
Name (Last Name, First Name, Full Middle Name)		
Address (Street Name and Number)	Tel	ephone Number With Area Code
(City or Town)	(State)	(Zip Code)
Title or Relationship to Appellant, If Other Than Appellant		
Signature		Date (mm/dd/yyyy)