

J-1 VISA WAIVER RECOMMENDATION APPLICATION INSTRUCTIONS

Keep this page for your records

Complete the following two pages of this form and send them, along with the fee and supporting documentation listed below, to:

**U.S. Department of State
Waiver Review Division
P.O. Box 952137
St. Louis, MO 63195-2137**

PLEASE DO NOT STAPLE ANY DOCUMENTS

PLEASE AVOID TWO-SIDED DOCUMENTS AND ONLY USE 8 1/2" X 11" PAPER

Supporting documents and fee

1. Application fee of \$215 PER J-1 APPLICANT. Please send a cashier's check or money order in U.S. currency drawn on a U.S. bank, made payable to THE U.S. DEPARTMENT OF STATE. Include your name, date and place of birth on whatever form of payment you submit. DO NOT SUBMIT MORE THAN ONE APPLICATION FEE PER PERSON.
2. Any additional pages needed to full respond to the questions in this form.
3. A statement demonstrating why the exchange visitor is eligible to receive a waiver of the two-year home country requirement of the exchange visitor program. The length of the statement may vary.
4. Copies of all DS-2019 "Exchange Visitor Program Certificate Of Eligibility For Exchange Visitor (J-1) Status" (formerly IAP-66) forms.
5. Notice of Entry of Appearance as Attorney or Representative (G-28 form), if the exchange visitor is represented by an attorney.
6. Copy of the data page of the exchange visitor's current passport containing name and birth date.
7. Two self-addressed, stamped envelopes.

Once your application has been processed, you will receive your case number and further instructions on how to proceed. Please do not call to verify that the application has arrived. Current processing times are listed on the U.S. Department of State web site, www.travel.state.gov.

PAPERWORK REDUCTION ACT

*The response time is an estimated average including the time needed to look for, get, and provide the information required. You do not have to provide the information requested if the OMB approval has expired. We would appreciate any comments on the estimated response and cost burdens, and recommendations for reducing them. Please send your comments to: U.S. Department of State (A/ISS/DIR) Washington, DC 20520.



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**TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED.
YOU MAY APPEND ADDITIONAL PAGES IN ORDER TO FULLY RESPOND TO THE QUESTIONS**

1. Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Surname (As in Passport)				
Given Names (As in Passport, First and Middle)			Maiden Name (If Any)			
Please indicate any other names that you are, or have been, known by. These can include aliases, previous married names, religious names, professional names, etc.						
Other Surname(s)			Other Given Name(s)			
2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		3. Date of Birth (mmm-dd-yyyy)				
4. Country Information (As shown on your most recent DS-2019/formerly IAP-66.)						
City of Birth		Country of Birth		Citizenship Country	Legal Permanent Residence Country	
5. I am requesting a recommendation for a waiver of the 212(e) requirement based on: (Check Only One)						
<input type="checkbox"/> Exceptional Hardship		<input type="checkbox"/> Persecution		<input type="checkbox"/> Interested Government Agency (Physician)		
<input type="checkbox"/> Interested Government Agency (non-physician)		<input type="checkbox"/> State Health Agency Request		<input type="checkbox"/> No Objection Statement		
6. Did your exchange visitor program(s) include U.S. Government funds, funds from your own government or funds from an international organization?						
7. Current Address of Exchange Visitor						
Street		City	State/Province	ZIP/Postal Code	Country (If Not U.S.)	
Home Phone		Business Phone	Facsimile	Email Address		
8. Last U.S. city and state, if not currently living in U.S.						
City				State		
9. Are you represented by an attorney or other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please enter the following information about his attorney or organization.)						
Attorney, Representative, and/or Organization Name						
Street		City		State	ZIP Code	
Business Phone/Extension		Facsimile		Email Address		
If this form is being prepared by an attorney, the attorney must sign here.						
10. Mailing Address of Exchange Visitor (If different from your current or attorney address.)						
Street		City	State/Province	ZIP/Postal Code	Country (If Not U.S.)	
11. I request that all correspondence, including my recommendation, be sent to my: (Check Only One)						
<input type="checkbox"/> Current Address (Line 7)		<input type="checkbox"/> Attorney Address (Line 9)		<input type="checkbox"/> Mailing Address (Line 10)		
12. List all exchange visitor programs in which you participated, beginning with the first program.						
SEVIS Number	Program Number	Purpose of the Form	Begin Date (mmm-dd-yyyy)	End Date (mmm-dd-yyyy)	Subject/Field Code	Funding Amount

13. Is there any period of time in the U.S. that is not covered by your form DS-2019/formerly IAP-66?
 Yes (If yes, please explain below.) No

14. Does this application include any J-2 dependents? Yes (If yes, please enter information about these J-2 dependents below.) No

Surname	Given name	Date of Birth (mmm-dd-yyyy)	Country of Birth	Relationship

15. Is your spouse in J-1 status? Yes (If yes, he or she must apply separately for a waiver.) No

16. If your spouse has applied for a waiver, please enter information about his/her J waiver case below:

Surname	Given name	Date of Birth (mmm-dd-yyyy)	Country of Birth	J Waiver Case Number

17. Date and place of first entry into the U.S. on your original exchange visitor (J-1) visa. Entry information should refer to the first time the J-1 visa was used to enter the U.S. If the EV changed to J-1 visa status while already in the U.S., enter the date of status change, control number and issuing post of that first J-1 visa.

Date (mmm-dd-yyyy)	Port of Entry	State of Entry	Visa Control Number	Issuing Post

18. Alien Registration Number, if any A _____	19. I-94 Number _____
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20. If you have ever applied for a J visa waiver recommendation or advisory opinion, please enter your most recent case number _____

21. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a waiver recommendation.

Signature of Exchange Visitor _____ Date(mmm-dd-yyyy) _____

DO NOT WRITE BELOW THIS SPACE - FOR OFFICE USE ONLY

Case Number	Date Received	Fee Paid	G-28