

In the Matter of:	Fee Stamp	
Application for: <input type="checkbox"/> Permanent Residence <input type="checkbox"/> Temporary Residence <input type="checkbox"/> Waiver of Grounds of Excludability	File No.: A-	
I hereby appeal to the Commissioner from the decision, dated _____ in the above entitled case.		
<input type="checkbox"/> My written brief or statement is attached. <input type="checkbox"/> I waive the right to submit a written brief or statement. <input type="checkbox"/> I will submit a brief within 30 calendar days.		
Briefly, state reasons for this appeal.		
Appellant (or Attorney or Representative) Please complete the following.		
Name (Type or Print)		
Address (Street Name and Number)		
(City or Town)	(State)	(ZIP Code)
Title or Relationship to Appellant, if other than appellant.		
Signature X	Date	

INSTRUCTIONS

FORM I-694

- FILING AN APPEAL:** This form must be mailed to the address given on the "Notice of Denial", and must be received within 30 days. The thirty (30) day period for submitting an appeal begins three days after the notice of denial is mailed. No extensions will be granted.
- BRIEFS:** A brief in support of an appeal is not required, but may be desired. If a brief is to be submitted, it may be submitted with this appeal form or received up to thirty (30) calendar days from the date of receipt of the appeal form at the Regional Processing Facility.
- ORAL ARGUMENT:** Oral argument before the Commissioner or an officer designated by the Commissioner may be requested by letter attached to this notice. The letter must set forth the reasons oral argument is desired in support of or in place of a brief. Oral argument will be denied in any case where the appeal is found to be frivolous, where oral argument will serve no useful purpose or where written material or representations will appropriately serve the interests of the appellant. If oral argument is granted, it must be held in person. The officer to whom the appeal is taken will designate in writing the time, date, and place of the oral argument. Oral argument in any case will be limited to fifteen (15) minutes, unless justification and arrangements for additional time are made in advance.
- COUNSEL:** In presenting and prosecuting this appeal the appellant may, if he or she desires, be represented at no expense to the Government by counsel or other duly authorized representatives.
- FEE:** A fee of fifty dollars (\$50.00) must be paid for filing this appeal. It cannot be refunded regardless of the action taken on the appeal. A separate cashier's check or money order must be submitted for each application. ***All fees must be submitted in the exact amount.*** The fee must be in the form of a cashier's check or money order. No cash or personal checks will be accepted. The cashier's check or money order must be *payable to "Immigration and Naturalization Service"*.
- REPORTING BURDEN:** Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Justice, Immigration and Naturalization Service (Room 2011), Washington, DC 20536; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D. C. 20503.