

Please type or print plainly with a ball point pen.

## **I. Filing the Application**

The application and supporting documents should be taken or mailed to:

The American Consulate at which the applicant is applying for a visa, if the applicant is not in the United States; or

The office of the Immigration and Naturalization Service having jurisdiction over the applicant's place of residence, if the applicant is in the United States, and is applying for status as a permanent resident.

## **II. Fee**

No fee is required if this application is filed for an alien who:

Is afflicted with tuberculosis; Is mentally retarded; or Has a history of mental illness.

All other applications must be accompanied by a fee of ninety dollars (\$90). The fee cannot be refunded, regardless of the action taken on the application. Do not mail cash.

Payment must be made by a check or money order: Drawn on a bank or other institution located in the United States; Payable in United States currency; and Payable in the exact amount (\$90).

If the check is drawn on an account of a person other than the applicant, the name of the applicant must be entered on the face of the check.

Personal checks are accepted subject to collectibility. An uncollectible check will void the application and any documents issued pursuant to the application. A charge of \$5.00 will be imposed if the check is not honored by the bank on which it is drawn.

Unless the applicant resides in the Virgin Islands or Guam, the check or money order must be made payable to the "Immigration and Naturalization Service". If the applicant resides in the Virgin Islands, make the check or money order payable to the "Commissioner of Finance of the Virgin Islands". If the applicant resides in Guam, make the check or money order payable to the "Treasurer, Guam".

## **III. Applicants with Tuberculosis**

An applicant with active tuberculosis or suspected tuberculosis must complete Statement A on page two of this form. The applicant and his or her sponsor is also responsible for having:

Statement B completed by the physician or health facility which has agreed to provide treatment or observation, and

Statement D, if required, completed by the appropriate local or state health officer.

This form should then be returned to the applicant for presentation to the consular office, or to the appropriate office of the Immigration and Naturalization Service.

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Submission of the application without the required, fully executed statements will result in the return of the application to the applicant without further action.

#### **IV. Applicants with Mental Conditions**

An alien who is mentally retarded or who has a history of mental illness shall attach a statement that arrangements have been made for the submission of a medical report, as follows, to the office where this form is filed:

The medical report shall contain:

- A complete medical history of the alien, including details of any hospitalization or institutional care or treatment for any physical or mental condition;
- Findings as to the current physical condition of the alien, including reports of chest X-rays and a serologic test if the alien is 15 years of age or older, and other pertinent diagnostic tests; and
- Findings as to the current mental condition of the alien, with information as to prognosis and life expectancy and with a report of a psychiatric examination conducted by a psychiatrist who shall, in the case of mental retardation, also provide an evaluation of intelligence.
- For an alien with a past history of mental illness, the medical report shall also contain available information on which the United States Public Health Service can base a finding as to whether the alien has been free of such

mental illness for a period of time sufficient in the light of such history to demonstrate recovery.

The medical report will be referred to the United States Public Health Service for review and, if found acceptable, the alien will be required to submit such additional assurances as the United States Public Health Service may deem necessary in his or her particular case.

**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 5304, Washington, D. C. 20536; and to the Office of Management and Budget, Paperwork Reduction Project: OMB No. 1115-0049, Washington, D.C. 20503.