**[INSERT NAME & ADDRESS OF WRITER OR PRINT ON LETTERHEAD]**

**[DATE]**

[AGENCY]

**RE: [CLIENT NAMES]**

To Whom It May Concern:

**[INSERT:** Biographical information about yourself, including your full name, current address, legal status in the United States (i.e. citizen or legal permanent resident), current occupation and employer (or student status). Please also feel free to include information about your spouse or children, if applicable.]

**[INSERT:** Complete information and details explaining how you came to know [CLIENT NAMES], and the extent of your contact with them.]

**[INSERT:** Your knowledge, with specific examples, of how [QRs] will suffer if [APPLICANT] is unable to reside with them in the United States (including paragraphs on each of the following: effects on their physical health, mental health, [QR]’s profession, [the children’s education], the family’s financial situation, or other). Please address how they would suffer without [APPLICANT] in the U.S., as well as how they would suffer if the family had to relocate to [COUNTRY].]

**[INSERT:** Examples that show [APPLICANT]’s good moral character and desirability for a visa to reside in the United States (including charitable or volunteer activities, involvement in religious or civic organizations, professional capabilities and stable employment, dedication to [QRs], or other).]

I fully support [APPLICANT]’s application for a waiver of inadmissibility because **[PLEASE INSERT A SUMMARY OF YOUR ABOVE POINTS]**.

I swear under penalty of perjury, under the laws of the United States, that the foregoing statements are true and correct to the best of my knowledge and belief. Should you require any additional information, please do not hesitate to contact me at **[PLEASE INSERT YOUR PHONE NUMBER]**.

Sincerely,

**[PLEASE TYPE YOUR NAME HERE AND SIGN ABOVE YOUR NAME]**