

Confidential Intake Questionnaire For Individual Immigration Matters

Please answer these questions honestly to the best of your ability. This document is confidential and will not be released to anyone without your permission. This questionnaire is not a legal agreement for representation. All clients must sign an engagement agreement before representation can begin.

Please print neatly!

In yo	our own words, describe what you would	d like us to do f	or you:		
Α.	INFORMATION ABOUT YOU				
1.	Date of Birth:	Gende	er: Mal	e Femal	e
2.	Nationality:	Citize	n of:		
3.	U.S. Social Security Number:				
4.	Name:(Last)	(First)		(Middle)	
5.	Other Names Used (including maiden r	,		,	
6.	Present Permanent U.S. Address:				
	(City, State, & Zip):				
7.	U.S. Phone Numbers: (Home)	(Cell)		(Work)	
8.	Present Permanent Address Abroad: _				
	(City, State, Zip, & Country)				
9.	Phone Numbers Abroad: (Home)		(Cell)	(W	ork)
10.	E-mail Address:				



Stree	t Address/Apt. No.	t U.S. addresses starting w City/State/Zip	From (Mo/Yr)	To (Mo/Yr)
Jii CC	t Address/Apt. No.	Οπ ι γ/στατο/2πρ	1 10III (IVIO) 11)	10 (100/11)
12.	Last Address Abroad:			
	(City, State, Zip, & Countr	ry)		
13.	Please list the 5 (five) last	employment starting with	the most recent employr	ment:
Emple	oyer/Address/Country	Occupation Sai	lary From (Mo/	Yr) To (Mo/Yr)
14.0	urrant Employar'a Tay Idanti	fination Number		
	urrent Employer's Tax Identi			
15. PI	lease indicate the name of the	ne educational institution yo	ou attended in	
	High School:	College:		
	(City/Country):	(City/Coun	try):	
16.	Degrees Earned:			
B INI	FORMATION ABOUT FAMI	I Y MEMBERS		
1.	Name of Father:			



2.	Father's Place of Birth:					
		(City)	(State)		(Cou	ntry)
3.	Father's Date of Birth: _	(Month/Doy/Vo	Decea	sed:	oth/Doy/Voor)	
4.	Father's Permanent Ad	dress:				
	(City, State, Zip, & Coul	ntry)				
5.	Name of Mother:					
6.	Mother's Place of Birth:	(City)	(State)		(Cou	ntry)
7.	Mother's Date of Birth:	(Month/Day/Ye	Decea	sed:(Mor	nth/Day/Year)	
8.	Mother's Permanent Ad	dress:				
	(City, State, Zip, & Cou	ntry):				
9.	Were any of your grand	parents born in	the U.S.?	_ (yes)	_ (no)	
	If so, where?					
			(City)		(State)	
10.	Marital Status:	_Married	Widowed	_Divorced	Separated	Single
	If married, pleas	se indicate the t	otal number of tin	nes married, i	ncluding this ma	rriage:
11.	Spouse's Name:					
	(Last)	•		(Middle)	(Maiden)	
12.	Spouse's Date of Birth:	(Month/Day/Ve	Citizen	of:		
10						
13.	Spouse's U.S. Social S					
14.	Date and Place of Curre	ent Marriage:	(Month/Day/Yea	ar)	(City/State/C	ountry)
15.	Former Spouse's Name):				
	Former Spouse's Name	(Last)	(First)	(Mid	dle) (Ma	iden)
16.	Former Spouse's Date	of Birth:	/D = /\(\frac{1}{2} = \frac{1}{2}\)	_ Citizen of: _		
17.	Former Spouse's U.S. S	Social Security N	Number:			
18.	Date and Place of Previ	ious Marriage: _	(Month/Day/Ye	ar)	(City/State/C	ountry)
10	Data of Tarrellastics of I	Drovious Merris				
19.	Date of Termination of I	revious iviarria	ge or Death:		ridue.	



			(Month/Day/Year)	(City/State/Country)
20. P	lease include the inf	ormation about your children,	including stepchildren.	
(1	1) Name:			
	Relationship:			
	Date of Birth:			
	City, State & Cou	ntry of Birth:		
	Address:			
	(City, State, Zip, 8	& Country)		
	U.S. Social Secu	rity No:		
(2	2) Name:			
	Relationship:			
	Date of Birth:			
	City, State & Cou	ntry of Birth:		
	Address:			
	(City, State, Zip, 8	& Country)		
	U.S. Social Secu	rity No:		
(3	3) Name:			
	Relationship:			
	Date of Birth:			
	City, State & Cou	ntry of Birth:		
	Address:			
	(City, State, Zip, 8	& Country)		
		rity No:		
:1. P		nt/past memberships in groups		
	ganization	Location (City/State/Countr		Yr) To (Mo/Yr)



22.	Have you ever committed a crime? (yes) (no) Have you ever been arrested? (yes) (no) Have you ever been granted pardon? (yes) (no)	
23.	If you answered yes to any of the above, please provide the following information:	
Date (Mo/D/Yr) Location (City/State/Country) Nature of Offense Outcome	
24.	Have you ever been given public assistance?(yes) (no)	
If yes,	please explain:	
 25.	Have you ever	
Comn	nitted a crime of moral turpitude or drug-related offense for which you were not arrested?	(Y)(N)
Been violati	arrested, cited, charged, indicted, fined or imprisoned for breaking a law, excluding traffic ons?	(Y)(N)
Been	the recipient of an act of clemency or similar action?	(Y)(N)
Exerc	ised diplomatic immunity to avoid prosecution in U.S.?	(Y)(N)
Recei	ved public assistance in U.S. from any source, or likely to in the future?	(Y)(N)
Enga	ged in prostitution in past 10 years, or likely to in future?	_(Y)_(N)
Enga	ged in unlawful commercialized vice such as illegal gambling?	_(Y)_(N)
Encou	raged any alien to enter U.S. illegally?	(Y)(N)



Traff	ficked in any controlled substance?	(Y)(N)
Beer	n in any way involved in any terrorist activity?	(Y)(N)
Enga	aged in espionage or intend to once in the U.S.?	(Y)(N)
Beer	n a member of or affiliated with the Communist Party?	(Y)(N)
	aged in genocide or persecuted any person because of race, religion, national origolitical opinion?	in(Y)(N)
Beer	n deported or excluded from the U.S.?	(Y)(N)
Com	nmitted fraud in order to obtain entry into the U.S.?	(Y)(N)
Left t	the U.S. to avoid being drafted into the U.S. Army?	(Y)(N)
	n a J non-immigrant visitor and not complied with the 2-year foreign residence requined a waiver?	uirement or(Y)(N)
With	held custody of a U.S. citizen child from a person granted custody of the child?	(Y)(N)
Beer	n a polygamist or plan to practice polygamy in the U.S.?	(Y)(N)
Clain	med to be a U.S. citizen?	(Y)(N)
	NFORMATION ABOUT YOUR TRAVEL DOCUMENTS AND MANAGEMENT STA	
1.	Date and place of last arrival in the U.S.:	_
•	(Mo/D/Yr) (City/State/Co	ountry)
2.	Have you ever filed for a prior visa petition? (yes) (no)	
	If yes, then answer the following:	
	Where: When:Approved: (City/State/Country) (Mo/D/Yr)	_ (yes) (no)
3.	Means of travel into the U.S. of last arrival:Inspected:	(yes) (no)



4.	Status at entry of last arrival (visitor, s	tudent, worker) _	Visa C	lassification:	
5.	Visa Number:	Visa Issued: _			
		(1	Mo/D/Yr)	(City/State/Co	ountry)
	Visa Expiration Date:	(Mo/D	D/Yr) Indefinite:	(yes) (no)	
6.	Passport Number:	Passport I	ssued:	(0): (0	
			(Mo/D/Yr)	(City/Country)	
	Passport Expiration Date:		(Mo/D/Yr)		
7.	I-94 Number:	I-94 Issued: _			
			(Mo/D/Yr) (City	v/Country)	
8.	I-94 Expiration Date:	(Mo/D	O/Yr) Duration of	Stay:	
9.	Name exactly as it appears on I-94: _				
10.	Have you ever filed for Permanent Re	sidence in the U.S	S.? (yes)	(no)	
If yes,	please indicate the following:				
		(Mo/D/Yr)		(City/State/Count	ry)
D. OT	HER IMPORTANT INFORMATION				
1.	Who referred you to our office?				
2.	Please confirm the following statemen	nt:			
	"This questionnaire is true and	d completed to the	e best of my abili	ty."	
	Signature		Date		
	Please note: Our 2015 consultation fee	for an initial meet	ting with one of o	ur attorneys is \$25	<u>0</u>
	fice use only		•		
Consu	ıltation appointment – Date:	Time: _	Attorn	ey ınitial:	