ALL CONSULTATION FEES MUST BE PAID IN ADVANCE

Please fill out this form to the best of your knowledge and return it to the receptionist. We need this information in order to effectively assist you and successfully complete your immigration case. As always, all information you provide us will be kept **STRICTLY CONFIDENTIAL**.

IMMIGRATION QUESTIONNAIRE

Name:	A#	
(Last Name, First, Middle)	(Alien Registration Number)	
Drivers License #:	Social Security #:	
Present Address:		
Permanent Mailing Address (if different	:):	
Home Tel: ()	Work Tel: () Ex	xt:
Cell Phone: ()	E-mail Address:	
Place of Birth:	Citizenship:	
Date of Birth:	Gender: Male or Female	
Religion	Marital Status:	
Name of the person whom this case will	be for:	_
Is this person single, married, divorced of	or widowed:	
If so, is spouse a U.S. Citizen?	Date of Marriage:	
What issues or concerns brings you into	our office today?	
When did you / this person enter the Un	ited States?	_
When did you / this person depart from	home country?	_
How did you / this person enter the Unit	ted States?	
Through where did you / this person ent	er the United States?	
Has anyone ever filed any documents for	or you / this person?	
If yes, where, when, and what were the	results of the case:	

Have you / this person ever been ar	rested or detained?			
What was the reason for the arrest?				
How were you / this person arrested	1?			
What was the outcome of the charg	es?			
Do you / this person have any child				
Were your parents or grandparents				
Can you return to your country of b imprisonment?	irth or nationality without fear of	persecution or		
Have you or your spouse ever been	arrested or convicted of any crim	e in the U.S. or abroad?		
Have you / this person ever been in	deportation proceedings?			
Current Status:				
Part II: Information About Your	<u>Spouse</u>			
Name: (Last Name, First, Middle)	Date of Birt	th:/		
Place of Birth:	Address:	Address:		
Gender: Male or Female	Current Status:	Current Status:		
Part II: Spouse info cont.				
If in the U.S., give date of arrival?	/Place of Ar	rival:		
Date and Place of Marriage:				
Is your spouse living with you?_	Spouse's Nationalit	Spouse's Nationality:		
Part III: Employer				
Name of Company:	Occupati	Occupation:		
Address:	City/State:	Zip Code:		
Salary:	Length of Employment:			

City/ Country of Birth Children's Name **Date of Birth Part V: Entry Information Passport** American Visa Issued at:_____ No.:_____ Valid To:_____ Country:_____ Valid To: Type of Visa: **Part VI: Emergency Information** In case of an emergency, who may we contact: (Someone not living with you) 1) Name:_____ Hm #: (______-Wk#: () -May this information be released to anyone other than yourself: _____, If so: Hm / Wk#_____ Relationship: How were you reffered to our office (Friend, Internet, (if you were referred through the internet, kindly use our **214-631-0055** phone number for any future contact or request):___ I CERTIFY THAT THE ABOVE ANSWERS TO THE QUESTIONS AS LISTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Part IV: Children

CLIENT

DATE