



Immigration Intake Questionnaire for Adjustment of Status and or Counselor Processing.

Personal Information Petitioner

1. Full Name:

First Name:	Middle Name:	Last Name:

2. Other Names Used:

First Name:	Middle Name:	Last Name:

3. Country of Birth:

4. Country of Citizenship:

5. Current Address:

Street:			
City:	State/Province:	Zip/Postal Code:	Country:

6. Previous Addresses (past 5 years):

Address # 1:

Street:			
City:	State/Province:	Zip/Postal Code:	Country:

Address # 2:

Street:			
City:	State/Province:	Zip/Postal Code:	Country:

Address # 3:

Street:			
City:	State/Province:	Zip/Postal Code:	Country:

Address # 4:

Street:			
City:	State/Province:	Zip/Postal Code:	Country:

Address # 5:

Street:			
City:	State/Province:	Zip/Postal Code:	Country:

7. **Phone Number:**

8. **Email Address:**

9. **Social Security Number (if any):**

10. **Alien Registration Number (if any):**

Marital Information

12. **Current Marital Status:**

- Single
- Married
- Divorced
- Widowed

13. **Date of Current Marriage:**

14. **Place of Current Marriage:**

City:	State/Province:	Country:

15. Spouse's Full Name:

First Name:	Middle Name:	Last Name:

16. Spouse's Date of Birth:

17. Spouse's Country of Birth:

18. Spouse's Country of Citizenship:

19. Spouse's Address (if different from your address):

Street:			
City:	State/Province:	Zip/Postal Code:	Country:

20. Previous Marriages (if any):

Previous Spouse's Full Name:	
Date of Marriage:	
Date of Divorce/Annulment:	
Place of Divorce/Annulment:	
Country of Divorce/Annulment:	

Employment Information of Petitioner

21. Current Employer:

Company Name:	
Job Title:	
Start Date:	
Street Address:	
End Date:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Supervisor's Name:	
Supervisor's Phone Number:	

22. Previous Employers (past 5 years):

Employer 1:

Company Name:	
Job Title:	
Start Date:	
End Date:	
Address:	
Supervisor's Name:	
Supervisor's Phone Number:	

Employer 2:

Company Name:	
Job Title:	
Start Date:	
End Date:	
Address:	
Supervisor's Name:	
Supervisor's Phone Number:	

Employer 3:

Company Name:	
Job Title:	
Start Date:	
End Date:	
Address:	
Supervisor's Name:	
Supervisor's Phone Number:	

Employer 4:

Company Name:	
Job Title:	
Start Date:	
End Date:	
Address:	
Supervisor's Name:	
Supervisor's Phone Number:	

Employer 5:

Company Name:	
Job Title:	
Start Date:	
End Date:	
Address:	
Supervisor's Name:	
Supervisor's Phone Number:	

Educational Information

23. Highest Level of Education:

Degree:	
Institution Name:	
Graduation Date:	
Major/Field of Study:	
Address:	
City:	
State/Province:	
Zip/Postal Code:	

Immigration Information

24. Current Immigration Status:

Status:	
Expiration Date (if applicable):	

25. Date of Last Entry to the USA:

Port of Entry:	
Visa Type Used:	

26. Previous Visits to the USA:

Visit 1:

Date of Entry:	
Date of Exit:	
Visa Type:	
Purpose of Visit:	

Visit 2:

Date of Entry:	
Date of Exit:	
Visa Type:	
Purpose of Visit:	

Visit 3:

Date of Entry:	
Date of Exit:	
Visa Type:	
Purpose of Visit:	

Visit 4:

Date of Entry:	
Date of Exit:	
Visa Type:	
Purpose of Visit:	

Visit 5:

Date of Entry:	
Date of Exit:	
Visa Type:	
Purpose of Visit:	

27. Has any immigration petition been filed for you before?

Yes

No

If yes, provide details (Petition Type, Filing Date, Outcome):

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Family Information

28. Parent 1 (Father/Mother) Information:

Full Name:	
Date of Birth:	
Country of Birth:	
Current Address:	
Immigration Status in the USA (if applicable):	

29. Parent 2 (Father/Mother) Information:

Full Name:	
Date of Birth:	
Country of Birth:	
Current Address:	
Immigration Status in the USA (if applicable):	

30. Children Information:

Child 1:

Full Name:	
Date of Birth:	
Country of Birth:	
Current Address:	
Immigration Status in the USA:	

Child 2:

Full Name:	
Date of Birth:	
Country of Birth:	
Current Address:	
Immigration Status in the USA:	

Child 3:

Full Name:	
Date of Birth:	
Country of Birth:	
Current Address:	
Immigration Status in the USA:	

Child 4:

Full Name:	
Date of Birth:	
Country of Birth:	
Current Address:	
Immigration Status in the USA:	

Criminal and Security Information

31. Have you ever been arrested, cited, or detained by any law enforcement officer?

Yes

No

If yes, provide details (Date, Place, Nature of Offense, Outcome):

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32. Have you ever been charged, indicted, convicted, or imprisoned for breaking any law?

Yes

No

If yes, provide details (Date, Place, Nature of Offense, Outcome):

33. Have you ever been the beneficiary of a pardon, amnesty, rehabilitation decree, or other act of clemency?

Yes

No

If yes, provide details (Date, Place, Nature of Offense, Outcome):

34. Do you have any pending criminal charges against you?

Yes

No

If yes, provide details (Date, Place, Nature of Offense, Outcome):

Beneficiary Information

35. Beneficiary's Full Name:

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

36. Beneficiary's Date of Birth:

37. Beneficiary's Country of Birth:

38. Beneficiary's Current Address:

39. **Beneficiary's Immigration Status:**

40. **Current Nonimmigrant Status:**

Status:	<input type="text"/>
Expiration Date:	<input type="text"/>

41. **Place of Last Entry into the USA:**

Port of Entry:	<input type="text"/>
Date of Entry:	<input type="text"/>

42. **Address Where You Intend to Live in the USA:**

43. **Have you ever before applied for employment authorization from USCIS?**

Yes

No

If yes, provide details (Date, USCIS Office, Result):

Beneficiary Travel Permit

45. **Reason for Travel:**

Humanitarian

Employment

Education

Family

Other (please specify):

46. **Countries to be Visited:**

47. **Expected Date of Departure:**

48. **Sponsor's/Petitioner Full Name: For Affidavit of Support. If the sponsor is other than the petitioner and married, we will need the sponsor's spouse information as well**

First Name:	Middle Name:	Last Name:

49. **Sponsor's Date of Birth:**

50. **Sponsor's Address:**

51. **Sponsor's Income:**

52. **Sponsor Number of Dependents:**

53. **Need Sponsor last 3 years tax return**

Please provide the same above info for the sponsor's spouse

54. **Spouse's Full Name:**

First Name:	Middle Name:	Last Name:

55. **Spouse's Date of Birth:**

56. **Spouse's Address:**

57. **Spouse's Income:**

58. **Spouse's Number of Dependents:**