

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):

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?



No

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

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



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?



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

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



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

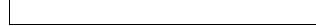
Beneficiary Information

35. Beneficiary's Full Name:

First Name:	Middle Name:	Last Name:

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:	
Expiration Date:	

41. Place of Last Entry into the USA:

Port of Entry:	
Date of Entry:	

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:

45. Reason for flavel.	
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