### **IMMIGRATION INTAKE FORM**

Date:			
Last Name:		First Name:	MI
Street Address:			
City:	State:	Zip Code:	
Home Phone:		Business Phone:	
Cellular or Pager:		Email Address:	
Date of Birth (month/day/year):			
City and Nation of Birth:			
Nationality:			
Other Citizenship? (please circle)	YES NO		
If yes, specify:			
Social Security Number:			
A number (green card or work pe	rmit):		
I94 Number:			
Passport Number:			
Date Expires:		Date Issued:	
Location Issued:			
Type of Non-Immigrant Visa (vis	sitor, fiancé, stu	dent, etc.):	
Date of Last Entry to U. S.		Place of Last Entry to U.S.:	

## Addresses during the Last 5 Years

Street	City	State & Zip Code	Dates

# **Employment for the Last 5 Years**

Company	Phone #	Dates

## **Father's Information**

Father's N	lame:		Birthdate	e:
Location o	of birth, city, nation:			
Present Ad	1.1			
		Mother's Infor	mation	
Mother's N	Name:		Birthdate	e:
Location o	of birth, city, nation:			
Present Ac	ddress:			
		Marital Inform	nation	
What is yo	our marital status	(please circle)?		
Single	Married	Divorced	Separated	Widowed
Date of ma	arriage:			
City and S	tate/Nation of Marr	iage:		
Spouse's n	name:			
Spouse's b	oirth date:			
Spouse's (	City and Nation of E	Sirth:		
Spouse's n	nationality:			
Spouse's S	Social Security Num	ber:		
Spouse's F	Prior Spouse:			

Date and place of Divorce:	_		
Spouse's Prior Spouse:			
Date and place of Marriage:			
Date and place of Divorce:			
Spo	ouse's Addresse	es during the Last 5 Years	
Street	City	State & Zip Code	Dates
Sn	ouse's Employi	ment for the Last 5 Years	
			Datas
Company		Phone #	Dates

Date and place of Marriage:

Spouse's Father's Name:	Birthdate:
Location of birth, city, nation:	
Present Address:	
Spouse's Mother's Name:	Birthdate:
Location of birth, city, nation:	
Present Address:	
ALIEN'S PRIOR MARRIA	GE INFORMATION
Name of prior spouse:	Birthdate:
Date and Place of Marriage:	
Date and Place of Divorce:	
SPOUSE'S PRIOR MARRIA	AGE INFORMATION
Name of prior spouse:	Birthdate:
Date and Place of Marriage:	
Date and Place of Divorce:	

# GENERAL QUESTIONS: (CIRCLE ANSWERS, provide detail as specified)

Are you known by any other names? Include maiden or native alphabetic spelling. YES NO If yes, list other names you have used:
Do you have a job or offer from a U.S. employer? YES NO If yes, please provide the employer's name and address, and a description of the job you have been offered.
Do you have family members now living in the U.S.? YES NO If yes, please provide the name and address of your family member, and describe how you are related to that family member.
Please set out the reason(s) you wish to enter, or remain in, the U.S.
If you are applying for a visa to enter the U.S., do you wish to bring members of your family with you? YES NO
Have you ever entered the U.S. on a visa other than a tourist visa? YES NO If yes, please provide the dates you were in the U.S. and the type of visa used.
Have you ever been denied permission to enter the U.S., or ordered to leave the U.S.? YES NO If yes, please give the reason and the relevant dates.

Have you ever been convicted of a crime (other than non-criminal traffic offense)? YES NO If yes, please provide the details, including the offense for which you were convicted, the sentence or penalty imposed, and the date of the offense.
If you are now in the U.S. have you been ordered to leave, or do you believe you may be ordered to leave? YES NO
If yes, please provide the details, including the reason for the order.
Are you making a claim for political asylum? YES NO If yes, please provide the details, including the reasons for your claim.
Have other attorneys worked on this matter? YES NO If yes, provide names, addresses, and a brief description of their involvement:

### **CHILDREN INFORMATION**

First Child's name:	A#
Current Address:	SS#
Date child entered United States:	
Second Child's name:	A#
Current Address:	SS#
Date child entered United States:	
Third Child's name:	A#
Current Address:	A# SS#
Fourth Child's name:	A#
Current Address:	SS#
EMPLOYER INFOR	MATION (If employer petition)
Name of Business:	
Contact person:	
FEIN #:	Type of Business:
Business Address:	
Date business established:	
Number of Employees:	
Nature of applicants work:	
SOC Code:	NAICS Code: