

General Immigration Intake Questionnaire

Please complete these questions to the best of your ability and mail, email, or fax the form to:

Keith E. Boggess, Esq.
309 E. Lincoln Hwy., # 309
Exton, PA 19341
Fax: 800-761-0283
keith@boggesslawoffice.com

Please answer all questions fully and honestly. The answers may affect your case. YOUR ANSWERS TO THESE QUESTIONS ARE COMPLETELY CONFIDENTIAL AND WILL NOT BE RELEASED TO ANYONE WITHOUT YOUR PERMISSION. Please sign your name at the end of the form.

This questionnaire is NOT an agreement for me to represent you. All clients must sign a written contract with me before any representation will begin. Until such a contract is signed, please continue to seek other representation.

How did you hear about me? _____

How can I help you?

Your Name: _____ (_____)
First Middle Last (Maiden, if applicable)

Current Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____ Work Phone: _____

Please let me know if I should not use any of the listed numbers.

Email Address: _____

U.S. Social Security Number (if any): _____

Alien Registration Number (if any): _____

Passport Information (if any) *(Please bring a copy of any passport with you)*

Number: _____ Date Issued: _____ Date Expires: _____

From What Country? _____ Country of Birth: _____

City of Birth: _____ Province/State of Birth: _____

Current Work Information

Name of Company: _____ Dates of employment: _____

Company's Address: _____

Telephone: _____ Street _____ City _____ State _____ Zip _____
Fax: _____ Supervisor's Name: _____**Travel and Visa Information**

Address Outside of U.S.: _____

Street _____ City _____ State/Province _____ Postal Code _____ Country _____

Last Arrival in U.S.

Date: _____ Port of Entry: _____ Means of Travel: _____

What kind of visa?: _____ Visa Expiration Date: _____

I-94 Status? _____ Expiration Date: _____

Please list all other times you entered the U.S. below:

Education

Names of School Attended _____ Field of Study _____ Degrees/Certificates _____

Work History of the Past Five (5) Years

If you have additional work history, please write that on the back or on a separate sheet of paper.

1.	Employer	Address		
	Job Title		Month/Year Start Date	Month/Year End Date
2.	Employer	Address		
	Job Title		Month/Year Start Date	Month/Year End Date
3.	Employer	Address		
	Job Title		Month/Year Start Date	Month/Year End Date

Family Information

Marriage Information

Circle one of the following: Single Married Separated Divorced Widowed

Name of Spouse: _____

Address (if different from yours): _____

Date of Marriage: _____

Place of Marriage: _____

Spouse's Date of Birth: _____

City, Province/State, and Country of Spouse's Birth: _____

Issuing country of Spouse's Passport: _____ Passport Number: _____

Date Issued: _____ Date Expires: _____

U.S. Social Security Number (if any): _____

Alien Registration Number (if any): _____

Last time Spouse was in U.S. (if any):

When: _____ Port of Entry: _____

Visa Type and Status: _____ Expires: _____

I-94 Status: _____ Expires: _____

Please list all other times spouse entered U.S. below:

If you were married before, please list the names of former spouses and how and when those marriages ended.

1. _____
2. _____
3. _____

Briefly explain spouse's work history and education.

Family Information

List your children. Please write if the child is a step-child, adopted, or from another spouse. Please use an additional sheet if needed.

1.	Name	Gender	Place of Birth	Date of Birth
	Address (if different)		U.S. Immigration Status	Marital Status
2.	Name	Gender	Place of Birth	Date of Birth
	Address (if different)		U.S. Immigration Status	Marital Status
3.	Name	Gender	Place of Birth	Date of Birth
	Address (if different)		U.S. Immigration Status	Marital Status

Other Family Members

Do you or your spouse have parents, brothers, or sisters who are U.S. citizens or resident aliens? Yes No

If YES, how long have they had this status? _____

If a resident alien, do they intend to become citizens? Yes No

Do you or your spouse have a parent or grandparent who was ever a U.S. citizen? Yes No

Past Attempts to Obtain Immigration Status

Have you ever applied for any immigration-related benefit (such as a visa or a green card)? Yes No

If YES, explain when, where, what type and the status of that application.

Personal Background

Are you and your spouse able to support yourselves and your children in the U.S.? Yes No

Do you or your spouse fear persecution in your home country? Yes No

If yes, explain why: _____

Have you and/or your family filed all of your U.S. income taxes? Yes No

Please answer the questions below honestly. These are important issues that may need to be addressed in your case. Circle either yes or no. If you circle YES, please explain on the back of the paper or on a separate sheet.

Have you, your spouse, or any child EVER:

- | | | |
|-----|----|--|
| Yes | No | have any special skills or training, including firearms, explosives, biological, chemical, or nuclear experience? |
| Yes | No | been a drug abuser or addict, or trafficked in controlled substances? |
| Yes | No | had a communicable disease of public health significance (for example, tuberculosis), a dangerous physical disorder, or a mental disorder of any kind? |
| Yes | No | received welfare, Medicare, or any public benefits in the U.S.? |
| Yes | No | sought to obtain or assisted others to obtain by fraud or willful misrepresentation a U.S. visa, entry into the U.S., or any immigration benefit? |
| Yes | No | seek to enter the U.S. to engage in any unlawful activity? |
| Yes | No | ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion under the control, direct or indirect, of the Nazi Government of Germany, or of the government of any area occupied by, or allied with, the Nazi Government of Germany, or have you ever participated in genocide? |
| Yes | No | been in exclusion or deportation proceedings, or been ordered excluded or deported from the U.S.? |
| Yes | No | done anything that violated the terms of your U.S. nonimmigrant status (for example, overstaying your visa)? |
| Yes | No | lost a passport or had one stolen? |
| Yes | No | been in an armed conflict, either as a participant or a victim? |
| Yes | No | been arrested, convicted, or confined in prison for any reason, including political reasons, anywhere in the world? |
| Yes | No | been the beneficiary of a pardon, amnesty, rehabilitation decree, or other act of clemency or similar action? |
| Yes | No | been a member of any communist or totalitarian party? |
| Yes | No | been questioned or arrested by U.S. immigration? |
| Yes | No | claimed to be a U.S. citizen or resident alien on a U.S. Immigration Employment Eligibility I-9 Form, or for any other immigration benefit? |

If you have any other legal issues besides the ones listed above, please explain (divorce, custody, law suit).

Signature of Prospective Client

By my signature, I affirm that the information I provided above is true to the best of my knowledge.

Please sign here