

**Immigration Consultation Intake Form**

**Personal Information**

**Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other names used (including maiden name): \_\_\_\_\_ Gender: \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Current Address in U.S.**

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Last Address Outside of U.S.**

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information:**

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Hours we can call: \_\_\_\_\_

Hours we can call: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Pager/Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Citizen of: \_\_\_\_\_

**Date and Place of Birth:**

Date of Birth: \_\_\_\_\_

**Passport Information:**

Passport Country: \_\_\_\_\_

City or Town: \_\_\_\_\_

Passport Number: \_\_\_\_\_

State or Province: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Country: \_\_\_\_\_

**What type of immigration assistance are you seeking?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information**

**Husband or Wife:**    In the U.S.       Outside of U.S.       Unmarried

**Spouse's Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Other names used (including maiden name): \_\_\_\_\_

Current Address (put "same" if you live together): \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Alien ("A") Number: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Applying with you? \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Children:**

Total Number of Sons and Daughters: \_\_\_\_\_

Name	Sex	Date & Country of Birth	Citizen of	Immigration Status	Expiration Date	Applying w/ you?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Parents:**

Name	Country of Birth	Citizen of	Immigration Status
Your Father: _____	_____	_____	_____
Your Mother*: _____	_____	_____	_____
Spouse's Father: _____	_____	_____	_____
Spouse's Mother*: _____	_____	_____	_____

\*Use Mothers Maiden Name

**Previous Marriages:** (  Check if Not Applicable)

Name	Date of Marriage	Country of Marriage	Kids?	Reason for Termination of Marriage	Date of Termination of Marriage	Country of Termination of Marriage
Your's: _____	_____	_____	_____	_____	_____	_____
Spouse's: _____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Immigration History**

Current Immigration Status: \_\_\_\_\_ Date Status Expires: \_\_\_\_\_ Alien ("A") Number: \_\_\_\_\_

Date of First Entry into U.S.: \_\_\_\_\_ Last Entry into U.S.: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

Circle every type of immigration status that you have ever held and provide the dates:

Immigration Status	Date(s)	Immigration Status	Date(s)
B Visitor:	_____	E Trader/Investor:	_____
F Student:	_____	H-1B Professional:	_____
J Exchange Visitor:	_____	K Fiancee:	_____
L Manager:	_____	O Outstanding Ability:	_____
T/N Canadian Worker:	_____	Other: _____	_____

Write Y or S for each one that you or your spouse have ever applied for or been the beneficiary of:

Y (you) or S (Spouse)	Date Filed	Sponsor	Attorney	Result
_____ Green Card	_____	_____	_____	_____
_____ Immigrant Petition	_____	_____	_____	_____
_____ Labor Certification	_____	_____	_____	_____
_____ Asylum	_____	_____	_____	_____
_____ Amnesty	_____	_____	_____	_____

Have you or your spouse ever had any immigration problems? In particular, have you or your spouse even been under removal, deportation, or exclusion proceedings? Please describe **in detail** (attach a separate sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Employment History

#### Current Employer (or Employer Petitioning on Your Behalf)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Are you related to your employer? \_\_\_\_\_

May we contact your employer? \_\_\_\_\_

If yes, whom may we contact?

Name	Title	Department	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

#### Employment in Last Five Years (anywhere in the world)

Job Title	Employer	Country	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Job Qualifications

List the professional licenses or certifications you possess, from any state or country:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years of experience do you have in your position or field? \_\_\_\_\_

## Educational Background

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Please list all your education anywhere in the world:

Level	School/Country	Degree & Major	Number of Years	Graduate?
College/University:	_____	_____	_____	_____
College/University:	_____	_____	_____	_____
College/University:	_____	_____	_____	_____
College/University:	_____	_____	_____	_____
Other Schooling:	_____	_____	_____	_____

### OTHER INFORMATION

Have you ever been arrested or convicted of a crime anywhere in the world (even if the conviction was expunged or removed from your record) or have you ever had any problems with the police?

\_\_\_\_\_

If yes, please explain **in detail**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever claimed to be a citizen of the United States?

\_\_\_\_\_

If yes, please explain **in detail**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever used another name for immigration purposes or for any other reason?

\_\_\_\_\_

If yes, please explain **in detail**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied a visa to come to the United States?

\_\_\_\_\_

If yes, please explain **in detail**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During what years, if any, have you filed an Income Tax Return with the IRS?

\_\_\_\_\_

If you ever had an Employment Authorization Card issued by the INS, give number(s) and validity dates:

\_\_\_\_\_

**Is there anything, not already covered in this form, that you feel we should know?**

\_\_\_\_\_

**STATEMENT OF TRUTHFULNESS**

“By signing below, I certify that I have read and understood the instructions above this questionnaire I certify that all of the information contained in this form is true and correct to the best of my knowledge”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date