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PRACTICE LIMITED TO
U.S. IMMIGRATION LAW

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PERSONAL ANALYSIS QUESTIONNAIRE

RE: NAME _____
MATTER _____
REFERRED BY _____
DATE OF CONSULTATION _____

PLEASE FILL OUT THIS FORM THE BEST YOU CAN AND RETURN IT TO OUR OFFICE. WE NEED TO KNOW THIS INFORMATION IN ORDER TO EFFECTIVELY ASSIST YOU AND SUCCESSFULLY COMPLETE YOUR IMMIGRATION CASE. AS ALWAYS, ALL THE INFORMATION YOU SUPPLY US WILL BE KEPT **STRICTLY CONFIDENTIAL**.

GENERAL INFORMATION

NAME: _____
LAST NAME FIRST MIDDLE

OTHER NAMES, ALIASES, MAIDEN NAME, IF MARRIED: _____

PRESENT ADDRESS: _____
NUMBER, STREET, APT# CITY STATE ZIP CODE

() () () ()
TELEPHONE WORK CELL FAX

PLACE OF BIRTH: _____ CITIZENSHIP: _____
CITY, STATE, COUNTRY

DATE OF BIRTH: ____ / ____ / ____ MARITAL STATUS: _____ SEX: _____

DATE OF LAST ARRIVAL AT U.S.: ____ / ____ / ____

PLACE OF LAST ARRIVAL AT U.S. _____ USA
City State Country

WERE YOU AN EXCHANGE (J-1) VISITOR? ___ YES ___ NO IF SO, WHEN: ____ / ____ / ____

HAVE YOU EVER BEEN APPREHENDED BY INS OR APPEARED BEFORE AN I.N.S. JUDGE IN ANY PROCEEDING? ___ YES _____ NO (IF SO, PLEASE EXPLAIN ON THE REVERSE SIDE OF THIS PAGE & FORWARD COPIES OF I.N.S. CORRESPONDENCE.)

EDUCATION: UNIVERSITIES, COLLEGE, TRADE SCHOOLS:

NAME _____ FROM/TO _____
CITY/COUNTRY _____
FIELD OF STUDY _____ DEGREE _____
NAME _____ FROM/TO _____
CITY/COUNTRY _____
FIELD OF STUDY _____ DEGREE _____

EMPLOYMENT:

PRESENT OCCUPATION/JOB TITLE: _____ SOC. SEC.#: _____
EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____
NAME & ADDRESS: _____
SALARY: _____ TELEPHONE (_____) _____ FAX (_____) _____
DUTIES: _____

PRIOR OCCUPATION/JOB TITLE: _____ SOC. SEC.#: _____
EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____
NAME & ADDRESS: _____
SALARY: _____ TELEPHONE (_____) _____ FAX (_____) _____
DUTIES: _____

PRIOR OCCUPATION/JOB TITLE: _____ SOC. SEC.#: _____
EMPLOYER: _____ EMPLOYED FROM: _____ TO: _____
NAME & ADDRESS: _____
SALARY: _____ TELEPHONE (_____) _____ FAX (_____) _____
DUTIES: _____

INFORMATION ABOUT FAMILY

SPOUSE'S NAME: _____ DATE OF BIRTH: ____/____/____
MAIDEN NAME: _____ SPOUSE'S NATIONALITY: _____
IS YOUR SPOUSE LIVING WITH YOU? ___ YES ___ NO SPOUSE'S OCCUPATION: _____
DATE OF MARRIAGE: ____/____/____ PLACE OF MARRIAGE: _____
City State Country
PRIOR SPOUSE: _____
NAME DATE OF BIRTH PLACE OF BIRTH
____/____/____ _____
DATE OF MARRIAGE PLACE OF MARRIAGE DATE OF DIVORCE PLACE OF DIVORCE

CHILD NAME: _____ DATE OF BIRTH: _____

CITY/COUNTRY OF BIRTH: _____

RESIDENCE: _____

CHILD NAME: _____ DATE OF BIRTH: _____

CITY/COUNTRY OF BIRTH: _____

RESIDENCE: _____

CHILD NAME: _____ DATE OF BIRTH: _____

CITY/COUNTRY OF BIRTH: _____

RESIDENCE: _____

PASSPORT INFORMATION

NUMBER: _____ COUNTRY: _____

VALID TO: _____ NUMBER OF ENTRIES: _____

AMERICAN VISA INFORMATION

DATE ISSUED: ____ / ____ / ____ PLACE ISSUED: _____

TYPE OF VISA: _____ VALID TO: _____

I-94 ENTRY DOCUMENT # _____ VALID TO: _____

HAVE YOU EVER FILED DOCUMENTS WITH THE I.N.S. TO OBTAIN A WORKER PERMIT, GREEN CARD, ASYLUM OR CITIZENSHIP OR RECEIVED ANY CORRESPONDENCE FROM THE I.N.S., OR THE AMERICAN CONSULATE ABROAD? IF YES, PLEASE GIVE DETAILS ON REVERSE, i.e., WHAT FILED, WHEN, WHERE, RESULT.