The Scheer Immigration Law Group

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PRACTICE LIMITED TO U.S. IMMIGRATION LAW

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PERSONAL ANALYSIS QUESTIONNAIRE

RE:	NAME
	MATTER Fiancé(e) Visa
	REFERRED BY
	DATE OF CONSULTATION
Complete and return the following questionnais assist you and successfully handle your immigruestionnaire is for our internal use only and is	
GENERAL INFORMATION: Petitioner	
NAME:	
NAME:(LAST NAME, FIRST, MIDDLE	
OTHER NAMES, ALIASES, MAIDEN NAME,	IF MARRIED:
PRESENT ADDRESS:	
PRESENT ADDRESS:(NUMBER, STREE	T, APT#) (CITY, STATE, ZIP CODE)
TELEPHONE:()	
PERMANENT MAILING ADDRESS IF DIFFERENT:	
PLACE OF BIRTH: CITIZEN	SHIP:
DATE OF BIRTH: / /	MARITAL
STATUS:SEX:	

IF FIANCE(E) HAS BEEN IN THE U	JS, PLEASE COMPLETE:				
DATE OF ARRIVAL TO U.S.	PLACE OF				
ARRIVAL					
TYPE OF VISA					
	HAS YOUR FIANCE(E) EVER BEEN ARRESTED BY I.N.S. OR APPEARED BEFORE AN I.N.S. JUDGE?YESNO				
	NO VERSE SIDE OF THIS PAGE & FORWARD COPIES OF I.N.S.				
CORRESPONDENCE.)					
HAS YOUR FIANCE(E) EVER BEE	N ARRESTED IN THE U.S. OR ANOTHER COUNTRY?				
YES NO					
IF YES, PLEASE					
PETITIONER'S EMPLOYMENT (LA	ST FIVE YEARS):				
SOC. SEC.#:					
PRESENT OCCUPATION/JOB					
TITLE:					
	DATES EMPLOYED FROM:TO:				
NAME & ADDRESS:					
	FAX ()				
PRIOR OCCUPATION/JOB					
TITLE:					
	DATES EMPLOYED FROM:TO:				
NAME & ADDRESS:					
	FAX ()				
DUTIES:					
FIANCE(E)'S EMPLOYMENT (LAST	T FIVE YEARS):				
SOC. SEC.#:					
PRESENT OCCUPATION/JOB					
TITLE:					
	DATES EMPLOYED FROM: TO:				
NAME & ADDRESS:					

SALARY:TELEPHONE () FAX ()
DUTIES:
DDIOD OCCUDATION/IOD
PRIOR OCCUPATION/JOB
TITLE: EMPLOYED: DATES EMPLOYED EDOM: TO:
EMPLOYER:DATES EMPLOYED FROM:TO: NAME & ADDRESS:
SALARY: TELEPHONE () FAX ()
DUTIES:
DCTES.
INFORMATION ABOUT FIANCE(E):
NAME:MAIDEN
NAME:
DATE OF BIRTH:/ PLACE OF BIRTH:
IS YOUR FIANCE(E)LIVING WITH YOU? _YES _NO
FIANCE(E)'S CHILDREN IF ANY:
CHILD NAME:
CITY/COUNTRY OF BIRTH:
DATE/PLACE OF BIRTH:
RESIDENCE:

CHILD NAME:
CITY/COUNTRY OF BIRTH:
DATE/PLACE OF BIRTH:
RESIDENCE:
CHILD NAME:
CITY/COUNTRY OF BIRTH:
DATE/PLACE OF RIRTH:

PASSPORT NUMBER:	AMERICAN VISA DATE/PLACE
ISSUED:	
COUNTRY:	
VISA:	_
VALID TO:	
NUMBER OF ENTRIES:	
DATE OF LAST ARRIVAL AT	
U.S.:	
PLACE OF LAST ARRIVAL AT U.S	S.:

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 EXPLAIN ON THE REVERSE SIDE OF THIS PAGE & FORWARD COPIES OF I.N.S. CORRESPONDENCE.)

Claudia Pinzon Executive Assistant

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