## **Immigration Law Questionnaire**

This form is designed to gather the necessary personal, family, and historical information required for any immigration application or defense. Please provide complete and truthful answers to all questions.

### **SECTION 1: Client/Applicant Personal Information**

Full Legal Name (as it appears on your passport): All Other Names Used (Maiden Name, Aliases, etc.): Date and Place of Birth (City, Country): Nationality/Country of Citizenship: A-Number (Alien Registration Number, if known): **Current Residential Address:** Primary Phone Number and Email Address: Phone: Email: **SECTION 2: Immigration and Travel History** 1. Current Status Are you currently in the United States? () Yes () No How did you last enter the U.S. (e.g., At port of entry, with visa, without inspection): Date of Last Entry to the U.S.: Current Immigration Status (e.g., B2 Visitor, F1 Student, Asylum Pending, **Undocumented):** Date your authorized stay in the U.S. expires or expired (I-94 date): 2. Visa and Prior Entries Have you ever been issued a U.S. Visa? () Yes () No If Yes, which type(s): List ALL trips outside of the U.S. after your last entry (Date Out, Date In, Reason):

#### 3. Prior Applications/Petitions

Have you ever applied for a U.S. visa or benefit (e.g., Green Card, Citizenship, Asylum) that was DENIED, REVOKED, or WITHDRAWN? () Yes () No

If Yes, explain the type of application, date, and reason for the denial:

## **SECTION 3: Marital and Family History**

#### 1. Marital Status

Current Marital Status: () Single () Married () Divorced () Widowed

If Married, Spouse's Full Legal Name, DOB, and current Immigration Status:

**Date and Location of Current Marriage:** 

If Divorced/Widowed, give details of all previous marriages (Spouse's Name, Date/Place of Marriage, Date/Place of Termination):

#### 2. Children

List ALL children (biological and adopted), regardless of age or location:

Full Name	Date of Birth	Location (City, Country)	Immigration Status (e.g., US Citizen)
1.			
2.			
3.			

## **SECTION 4: Education, Employment, and Finances**

#### 1. Employment

**Current Employer (Name, Address, and Occupation):** 

Are you currently authorized to work in the U.S.? () Yes () No

If your application requires a U.S. financial sponsor (e.g., Affidavit of Support), provide the sponsor's name and relationship to you:

#### 2. Education

Highest level of education completed, and name of institution:

# SECTION 5: Grounds of Inadmissibility (Critical Disclosures)

#### 1. Criminal History

Have you ever been arrested, charged, cited, or convicted of ANY crime or offense anywhere in the world, including traffic violations (excluding parking tickets)? () Yes () No

If YES, provide details for ALL events (Date, Location, Charge, Outcome/Sentence):

#### 2. Health and Public Charge

Do you have any physical or mental disorder, or are you addicted to drugs/alcohol? () Yes () No

Have you ever been determined by a court to be a danger to yourself or others? () Yes () No

Have you ever received U.S. public benefits (e.g., cash assistance, SSI, Medicaid)? () Yes () No If Yes, which ones and when:

#### 3. Immigration Violations

Have you ever been excluded, deported, removed, or ordered to leave the U.S.? () Yes () No

Have you ever knowingly misrepresented a material fact to gain a visa or other

immigration benefit? () Yes () No

Have you ever claimed U.S. Citizenship when you were not a citizen? () Yes () No

If YES to any violation, explain fully:

## **SECTION 6: Specific Case Objective and Narrative**

#### 1. Objective

What specific immigration status or benefit are you primarily seeking? (e.g., Green Card, U.S. Citizenship, Asylum, Defense from Deportation):

Who is your U.S. Citizen or Legal Permanent Resident relative who may be sponsoring you (if applicable)?

#### 2. Detailed Narrative

Please use this space to explain in detail the primary reason you are seeking this immigration benefit, any fear of persecution, hardship to U.S. relatives, or any other critical information that tells your story:

Client	Sign	ature:
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Date: