US VISA QUESTIONNAIRE

(PLEASE ANSWER IN **BOLD FONT**. PUT N/A IF NOT APPLICABLE)

PERSONAL INFORMATION				
urname:		Given Names:		
Other Names Used If Applicable: (Maiden Name, Religious Name, Professional Name, Alias, Etc.)				
Surname:		Given Names:		
Gender:				
Marital Status:		Date Of Marriage:		
Date Ended If Separated or Divorced:		If Separated or Divo	orced Please Provide Reason:	
Date of Birth:		Place of Birth:		
Country/Region of Origin (Nationality):				
Do You Hold or Have You Held Any Nationality Other Than the One Indicated Above On Nationality?		If Yes, Please Advise Other Country/Region of Origin (Nationality):		
Do You Hold a Passport for The Other Country/Region of Origin (Nationality) Indicated Above?		If Yes, Please Provide Passport Number		
Are You a Permanent Resident of a Country/Region Other Than Your Country/Region of Origin (Nationality) Indicated Above?		If Yes, Please Advise Other Permanent Resident Country/Region		
Complete Home Address with Zip Code:		Complete Mailing Address with Zip Code:		
Personal Landline Number:		Personal Mobile Number:		
Personal Work Phone Number:		Email Address:		
Passport/Travel Document Type (Regular / Diplomat):		Passport/Travel Document Number:		
Country/Authority That Issued Passport/Travel Document:		Place where the Pa	ssport/Travel Document was Issued?	
Issuance Date:		Expiration Date:		
Have You Ever Lost a Passport or Had One Stolen? If Yes, Please Provide The Following:				
Passport Number:	Country/Authority Passport/Travel Do	That Issued	Reason:	

Purpose Of Your Trip To US				
Reason For Visiting The US (Specify):				
Intended date of entry to US:		Intended Length of Stay in U.S:		
	,			
Who Will Pay for Your Trip?				
Note: If other person will finance your t	rip, please fill up the	following:		
Surname of Person Paying for Trip	Given Name of Per	son Paying for Trip	Relationship to The Applicant	
Financer's contact number		Financer's email address		
Financer's Complete Home Address with Zip Code				
If a company or Organization will fi	nance your trip, pl	ease fill up the foll	owing:	
Name of Company/ Organization	Contact number of Company/		Relationship to The Applicant	
Paying for Trip	Organization Payin	g for Trip	, , , ,	
Financer's Complete Mailing Address with Zip Code				
Δ	ddress Where You	Will Stay In The U	J.S.	
Street Address (Line 1)		City		
State		ZIP Code		
Are There Other Persons Traveling with	You?			
If yes, please fill up the following				
Are You Traveling as Part of a Group or Organization? If You Are Travelling As Part Of A Group Or Organization			g As Part Of A Group Or Organization	
Surnames of Person Traveling with	Given Names of Pe	rson Traveling with	Relationship to You:	
You:	You:	Ü	'	
1.	1.		1.	
2.	2.		2.	
3.	3.		3.	
4.	4.		4.	
Have You Ever Been in The U.S.?		Do you or did you e	ever hold a U.S. Driver's License?	
If Yes, Provide The Dates Covered		- 0 , 0 0 0 0 0 0 0		
	r Been Issued a U.S.	Visa? If Yes, Provide	The Following:	
Previous US Visa Number:		Issuance Date:	<u> </u>	
Are you applying for the same type of	Are you applying in	the same country	Have you been ten-printed?	
visa?	or location where the visa above was		, ,	
	issued, & is this country or location			
	your place of principal of residence?			
		•		
Has your U.S. Visa ever been lost or stolen? If yes, please Has your U.S. Visa ever been cancelled or revoked? If yes,			ever been cancelled or revoked? If yes,	
advise year when you lost it and Explair	1	please explain		
Have You Ever Been Refused a U.S. Visa, Or Been Refused Admission to The United States, Or Withdrawn Your				
Application for Admission at The Port of Entry? If Yes, Explain				
Has Anyone Ever Filed an Immigrant Petition On Your Behalf with The United States Citizenship and Immigration				
Services? If Yes, Explain				

CONTACT PERSON OR ORGANIZATION IN THE UNITED STATES					
Surnames:	Given Names:				
Organization Name:	Relationship to You:				
U.S. Street Address (Line 1):	City:				
State:	ZIP Code (if known):				
Phone Number:	Email Address:				
FAMILY INFORMATION					
Father's Full Name:	Father's Date of Birth:				
Is your father in the U.S.? If yes, status (US Citizen / US Legal Permanent Resident / Nonimmigrant)					
Mother's Full Name:	Mother's Date of Birth:				
Is your mother in the U.S.? If yes, status (US Citizen / US Legal Permanent Resident / No	nnimmigrant\				
Do you have any immediate relatives, not including parents	•				
Means fiance/fiancee, spouse (husband/wife), child (son/da					
If yes, please provide the following	(4.61.61.7)				
1. SURNAME OF THE RELATIVE	GIVEN NAME OF THE RELATIVE				
RELATIONSHIP WITH THE APPLICANT	RELATIVE STATUS IN USA				
	(US Citizen / US Legal Permanent Resident /				
	Nonimmigrant)				
2. SURNAME OF THE RELATIVE	GIVEN NAME OF THE RELATIVE				
RELATIONSHIP WITH THE APPLICANT	RELATIVE STATUS IN USA				
	(US Citizen / US Legal Permanent Resident / Nonimmigrant)				
Do you have any other relatives not including parents or immediate relatives in the United States? If yes, please provide the following					
1. SURNAME OF THE RELATIVE	GIVEN NAME OF THE RELATIVE				
RELATIONSHIP WITH THE APPLICANT	RELATIVE STATUS IN USA				
	(US Citizen / US Legal Permanent Resident / Nonimmigrant)				
SPOUSE DETAILS					
Spouse's Full Name (include Maiden Name):	Date of birth:				
Spouse's Country/Region of Origin (Nationality):	Spouse's Place of Birth:				
Spouse's Complete Address with Zip Code:					
Do you have children / dependents? If yes, kindly fill-up below.					
Complete name and Ages of your Children / dependents:					

CURRENT WORK / EDUCATION				
Primary Occupation / Student:	Present Employer / Name of School:			
Complete Company / School Address with ZIP Code and Contact Number (Telephone and Mobile)				
When did you start working for the company? Or when did you enter the school? Exact dates needed.	What is your job Responsibility?			
What is the source of your Monthly Income?	How much do you earn per month?			
How much is your bank account and what is your Average Daily Balance (ADB) for the past 6 months?	How much is your pocket Money to US?			
PREVIOUS E	MPLOYMENT			
Previous Employer Name:	Previous employer Address (Line 1), City, State/Province, Postal Zone/ZIP Code, Phone Number and Country/Region:			
Job Title, Supervisor's Surname, Supervisor's Given Name, Employment date (start and end):	Briefly describe your duties:			
* Have you attended any educational institutions at a secondary level or above?				
Name of institution:	Street Address (Line 1), City, State/Province, Postal Zone/ZIP Code, Phone Number and Country/Region:			
Course of Study:	Attendance date (start and end):			
TRAVEL HISTORY				
Countries Visited in the past 8 years	Arrival Date and Departure date			
1.				
2.				
3.				
4.				
5.				
6.				
7.				

ADDITIONAL QUESTIONS

Do you belong to a clan or tribe?

Provide a List of Languages You Speak (please enumerate)

Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? (please enumerate)

Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? (please enumerate)

Have you ever served in the military?

If yes, Name of Country/Region, Branch of Service, Rank, Military Specialty, service dates (start and end)

Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the Department of Health and Human Services.)

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?

Are you or have you ever been a drug abuser or addict?

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?

Have you ever been involved in, or do you seek to engage in, money laundering?

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the US?

Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside the United States?

Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the US?

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?

Are you a member or representative of a terrorist organization?

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?

- * Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?
- * Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?
- * Have you ever engaged in the recruitment or the use of child soldiers?
- * Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?
- * Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?
- * Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?
- * Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?
- * Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?
- * Have you voted in the United States in violation of any law or regulation?
- * Have you ever renounced United States citizenship for the purposes of avoiding taxation?