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CLIENT INFORMATION SHEET

Please complete the following questions in sections I through IX to the best of your ability and sign where indicated on page 4. The purpose of this questionnaire is to help me determine various alternatives available to you. ALL INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL. Please be sure to provide ACCURATE and TRUTHFUL information, as my advice to you will be based upon your answers. Many of these questions may seem personal; however, the CIS, the Labor Department or the Department of State will ask you the same questions.

Date: _____

Referred By: _____

Would you like to be added as a subscriber to our free electronic newsletter? Specify E-mail address below. ___Y ___N

I. BACKGROUND INFORMATION:

Last Name First Name Middle Name Maiden Name

Local Street Address City State Zip

Home Phone No. Business Phone No. Fax No. Social Security No. Driver's License No.

Foreign Address, if any

Month/Day/Year of Birth Place of Birth Country of Citizenship 2nd Country of Citizenship

Email address

II. VISA/PASSPORT INFORMATION:

Date of Last Entry into U.S. With Visa? ___ Without Visa? ___ Type of Visa _____
Visa Number _____

Port of Entry Country of Visa Issuance _____
Date of Visa Issuance _____

Have you changed your status since entry? Yes ___ No ___ Visa Expiration Date _____
A# _____

If yes, to what status? _____ Were you inspected by an Immigration Officer? Yes ___ No ___
I-94 Number/Status _____

I-94 Expiration Date _____

Passport Number _____

Country of Passport Issuance _____

Date of Passport Issuance _____

Passport Expiration Date _____

III. FAMILY/RELATIVES:

Spouse's Last Name First Name Middle Name Maiden Name

Spouse's Immigration Status: _____ Date of Marriage: _____ Place of Marriage _____

Prior Marriages: Name of Former Spouse(s) _____ Date(s) of Marriage _____

Date(s) of Divorce/death of prior spouse(s) _____

Has your spouse ever been married before marrying you? Yes/No If yes, give names, dates of marriage, dates of divorce/death:

Children (*list all children born to you in the U.S. and abroad*)

Complete Name Date of Birth Place of Birth Status In U.S.? Yes/No

Have any of your parents, grandparents or great-grandparents ever lived in the United States, even if for a short time, served in the US military or worked for a US or governmental international organization? Yes / No If yes, explain:

Name of Relative: _____

Date of Birth: _____ Place of Birth: _____ Dates in U.S. _____

Status/Military/Employer: _____

IV. EMPLOYMENT HISTORY (for last 5 years): No. of Years in Occupation/Field _____

Present Employer:

Name Street Address City State Zip

Phone Number Fax Number Position Held

Dates of Employment Job Duties (*in general*)

Prior Employer:

Name Street Address City State Zip

Phone Number Fax Number Position Held

Dates of Employment Job Duties (*in general*)

Prior Employer:

Name Street Address City State Zip

Phone Number Fax Number Position Held

Dates of Employment Job Duties (*in general*)

Prior Employer:

Name Street Address City State Zip

Phone Number Fax Number Position Held

Dates of Employment Job Duties (*in general*)

V. EDUCATION HISTORY:

Highest Level of Education: _____

List all schools and institutions, starting with highest degree (Ph.D., Masters, Bachelors, High School)

School, Address, City, State, Zip	Courses Studied	Years Attended	Degrees/Diplomas
University _____	_____	_____	_____
University _____	_____	_____	_____
College _____	_____	_____	_____
High School _____	_____	_____	_____

Other training/coursework: _____

Minimum education, experience, training required to perform current or proposed job: _____

Do you currently have a job offer? **Yes / No** If yes, explain: _____

Name of Company	Street Address	City	State	Zip
_____	_____	_____	_____	_____
Phone Number	Fax Number	Contact Person	_____	
Position Offered	Job Duties (in general)	Proposed Salary		

VI. PROFESSIONAL MEMBERSHIP/INTERNATIONAL REPUTATION:

(1) Do you have any special skills (language, computer, etc.) that enhance your career? **Yes / No**

(2) If yes, explain: _____

(3) List all memberships in professional organizations or associations prestigious in your field?

Name of Association, Address	Requirements for Membership	Dates of Membership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(4) Have you ever received a major internationally recognized award or prize? **Yes / No**

(5) If yes, explain: _____

(6) Have you ever written, authored or co-authored a scholarly paper or article published in a professional or major trade publication or other major media? **Yes / No**

(7) If yes, list title of article, topic of article, name of publication, readership, and if circulated international or nationally:

VII. CRIMINAL HISTORY:

- (1) *Have you ever been ARRESTED for any crimes in the U.S. or anywhere in the world, even if not charged or charges were dismissed? Yes / No Do you have copies of the court records? If so, please bring them. If not, please order them.*
- (2) *If you were arrested, what was the charge?*

- (3) *Were you CONVICTED (found guilty)? Yes / No* (4) *Date of Conviction* _____
- (5) *Did you appeal? Yes / No* (6) *Did you have an attorney? Yes / No*
- (6) *What was the sentence?* _____
- (7) *Did you serve time in jail or prison? Yes / No* (9) *How long?* _____
- (8) *Have you ever been arrested by the Immigration Service/Border Patrol? Yes / No*
- (9) *Were you deported or did you receive voluntary departure?* _____
- (10) *Did you see a judge? Yes / No* (13) *Did you have an attorney? Yes / No*
- (11) *Did you reenter the USA without a visa after being deported? Yes/No* _____
- (12) *Have you ever been fingerprinted for any reason anywhere? If yes, explain. Yes/No* _____

VIII. IMMIGRATION HISTORY:

- (1) *Have you ever received welfare? Yes / No* (2) *If so, type/amount:* _____
- (2) *Are you willing or able to return to your country? Yes / No* (4) *If no, explain:* _____
- (3) *Have you ever been mistreated, tortured, detained or interrogated in your country? Yes / No*
- (4) *If yes, explain:* _____
- (5) *Have you ever overstayed a visa or I94? Yes/No Explain:* _____
- (6) *Have you ever made a false statement on a visa or immigration application? Yes/No Explain* _____
- (7) *Have you ever made an oral false statement to a US consular, Border Patrol or Immigration officer? Yes/No Explain:*

- (8) *Have you ever made a false claim to US citizenship? Yes/No Explain* _____
- (9) *Have you ever voted in an election in the USA? Yes/No Explain* _____
- (10) *Has anyone previously sponsored you or have you filed for the visa lottery? Yes/no* _____
- (11) *Have you ever passed through and provided biometrics (fingerprints/photo) at a US Visit port at entry or exit? Yes/no*
If so, where and when? _____
- (12) *Do you have a contagious disease such as TB, HIV/AIDS, etc.? Yes/No*
- (13) *Have you ever registered under the NEERS program? If so, when and where? _____ If you were subject to NEERS*
and did NOT register, why not? _____ (NEERS was a post-9/11 registration program for certain people)
- (14) *Have you ever served in the US military? Yes/No If yes, give dates _____ branch _____ honorable discharge? Yes/No*
- (15) *Are there any other special facts or circumstances that you believe are especially important or would help me in evaluating your immigration case?* _____

IX. MISCELLANEOUS:

- (1) *Are there other legal services you would like me to provide?* _____
- (2) *Do you need a referral to another attorney in another area of law (e.g., family, business, estate planning), an accountant or tax attorney, or other professional or service provider?* _____

* * *

THE INFORMATION PROVIDED ABOVE IS PERSONALLY KNOWN TO ME AND IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEGE:

Dated: _____
[Signature of Client]

=====DO NOT WRITE BELOW THIS LINE=====

Interviewer: _____ Fees Quoted: _____

Suggested Course(s) of Action: _____

Potential Problems: _____