



INITIAL CLIENT QUESTIONNAIRE

C. A. Aziz, P.A.
Confidential
Immigration Questionnaire

1. Your Full Name: (Mr.,Mrs.,Ms.,Miss,Dr.) _____
Circle One Last First Middle
I was referred by _____

Social Security #: _____ Alien Registration #: _____
Other names used: _____

2. Current Address: _____
Phone Numbers: (Home) _____ (Work) _____

3. Date of Birth: _____ Place of Birth: (Country) _____ (City) _____

4. Present Nationality or Citizenship: _____

5. Passport #: _____ Date Issued: _____
Expiration Date: _____ Issuing Country: _____

6. Your U.S. Visa #: _____ Expiration of Visa: _____
Type of visa: _____

Date and Place Visa was Issued: _____

7. Permanent Address Abroad: _____

8. Date and place where you last entered the U.S.: (Date) _____ (City) _____

a. Name of Vessel or Airline & Flight #: _____

b. Arrival/Departure Record (Form I-94) No.: _____

c. I-94 expiration date: _____

d. Were you ever in the U.S. before: YES NO (if yes, answer below)

e. Date(s) of prior visits: _____

In What Status: _____

Length of Stay: _____

9. Have you or your spouse ever applied for a U.S. visa other than the one you currently have? YES NO

a. If yes, when and where did you apply, and what was the final disposition of each visa application?

10. Have you ever been the subject of deportation or exclusion proceedings? YES NO

a. If yes, what was the basis of the charge of deportability or excludability? _____

b. If Yes, when and where, and what was the final disposition? _____

11. Have you or any member of your family ever been arrested? YES NO

a. If Yes, what were the charges and the final disposition? _____

**** YOUR OCCUPATION ****

12. CURRENT PROFESSION/OCCUPATION: _____
a. Name/Address of Current Employer: _____
b. Telephone Number: (_____) _____
c. How many years of experience do you have in this field? _____
d. Describe any experience you have in other fields: _____

<u>Place of Employment/Address</u> <u>(past 5 years)</u>	<u>Occupation</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. EDUCATION/TRAINING

<u>Names/Addresses of Schools/Colleges</u>	<u>Field of Study</u>	<u>From</u>	<u>To</u>	<u>Certificates and Degrees Received</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. DESCRIBE ANY SPECIAL QUALIFICATIONS OR SKILLS YOU MAY HAVE:

16. Do you have an offer of employment in the United States? YES NO
- a. If yes, name/address of business of prospective employer: _____

- b. Telephone number of prospective employer: _____
- c. Would the prospective employer be willing to file a petition on your behalf for immigration purposes? YES NO
- d. Title of position, salary being offered and hours to be worked: _____ \$ _____
(Title of Position) (Salary) (Hours)

**** MARITAL STATUS ****

17. Your Marital Status: Single Married Separated Divorced Widowed
- a. Name of Spouse (if wife, give maiden name): _____
b. Date of Spouse's Birth: _____ Date of Marriage: _____
c. City/Country Spouse's Birth: _____,
d. Place of Marriage: _____ Citizenship of Spouse: _____
e. Present Address of Spouse: _____

IF DIVORCED OR WIDOWED, SEE NEXT PAGE.

f. IF DIVORCED: Name of Former Spouse: _____
 Date of Marriage: _____ Place of Marriage: _____
 Date of Divorce: _____ Place of Divorce Granted: _____

g. IF WIDOWED: Name of Deceased Spouse: _____
 Date of Marriage: _____ Place of Marriage: _____
 Date of Death: _____ Place of Death: _____

**** YOUR CHILDREN ****

18. Do you have children? YES NO
 (If any are step children or children by another spouse, indicate which and give further details at end of form):

<u>Name</u>	<u>Marital Status</u>	<u>Date of Birth</u>	<u>City, Country of Birth</u>	<u>Current Address</u>	<u>Imm. Status</u>

**** YOUR FATHER ****

19. Name: _____ Date of Birth: _____
 a.City/Country of Residence: _____ Place of Birth: _____
 b.Citizenship: _____ Was your father ever in the U.S.? YES NO
 c.If yes, for how long?: _____ If deceased, date of death: _____
 d.If in U.S., what is his immigration status: _____

**** YOUR MOTHER ****

20. Maiden Name: _____ Date of Birth: _____
 a.City/Country of Residence: _____ Place of Birth: _____
 b.Citizenship: _____ Was your mother ever in U.S.? YES NO
 c.If yes, for how long?: _____ If deceased, date of death: _____
 d.If in U.S., what is her immigration status: _____

**** OTHER FAMILY ****

21. Do you have any brothers or sisters who are U.S. Citizens or Resident Aliens? YES NO
 If yes, provide names, address, place of birth, date of birth and immigration status, (if in U.S.)

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Immigration Status</u>

22. LIST YOUR RESIDENCES FOR THE LAST 5 YEARS -

<u>Address</u>	<u>City, State, Zip</u>	<u>From</u>	<u>To</u>

**** YOUR HEALTH ****

23. Are you and the members of your family in good health? YES NO

A. Were you or any member of your family ever treated or hospitalized for mental illness or mental retardation? YES NO

- If yes, please explain:

24. LIST ALL PRESENT AND PAST MEMBERSHIPS IN ORGANIZATIONS YOU BELONG TO ANYWHERE IN THE WORLD:

25. DO YOU OR ANY MEMBER OF YOUR FAMILY FEAR PERSECUTION IF YOU ARE REQUIRED TO RETURN TO THE COUNTRY OF YOUR NATIONALITY OR LAST RESIDENCE? YES NO. If Yes, please describe on a separate sheet of paper.

26. PERSONAL BACKGROUND (for purposes of qualifying for immigration). If the answer to any is yes, please explain on the back.

a. I/spouse and children have have not been treated for a mental disorder, drug addiction or alcoholism;

b. I/spouse and children have have not been arrested, convicted or confined in a prison;

c. I/spouse and children have have not been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action;

d. I/spouse and children have have not been convicted of any crime either in the U.S. or anywhere in the world (excluding minor traffic offenses);

e. I/spouse and children have have not been involved with the illegal use of any drugs, narcotics, or marijuana in the U.S. or anywhere;

f. APPLICANTS FOR STATUS AS PERMANENT RESIDENTS MUST ESTABLISH THAT THEY ARE ADMISSABLE TO THE UNITED STATES. EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES AND ARE THEREFORE INELIGIBLE FOR STATUS AS PERMANENT RESIDENTS.

Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations); aliens who have been engaged in or who intend to engage in any commercialized sexual activity; aliens who are or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who have advocated or taught either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization (i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assaulting or killing of government officials because of their official doctrines of the world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who intend to engage in prejudicial activities or unlawful activities or subversive nature; aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana; aliens who have been involved in assisting any other aliens to enter the United States in violation of law; aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service; medical graduates (other than those for whom Relative petitions have been approved) coming principally to perform services as members of the medical profession, unless they have passed Parts I and II of the National Board of Medical Examiners Examination (or an equivalent examination as determined by the Secretary of Health, Education, and Welfare) and who are competent in oral and written English.

Do any of the foregoing clauses apply to you YES NO
or your immediate family members? YES NO

g. Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity, aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars or vagrants; aliens who are polygamists or advocate polygamy; aliens who intend to perform skilled or unskilled labor and who have not been certified by the Secretary of Labor; aliens likely to become a public charge; aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense; aliens who have procured or have attempted to procure a visa by fraud or misrepresentation; aliens who have departed from or remained outside the United States to avoid military service in the time of war or national emergency; aliens who are former exchange visitors who are subject to, but have not complied with, the two-year foreign residence requirement.

Do any of the foregoing clauses apply to you? YES NO
Your immediate family members? YES NO

27. OTHER RELEVANT INFORMATION:

This consultation will be treated confidentially but does not create an ongoing attorney/client relationship.

I swear that I have read or have had read to me in my native language, the above questions, and that my answers are true and complete.

Signature

Date