



QUESTIONNAIRE

GENERAL INFORMATION form with fields for Last Name(s), First Name, Middle Name, Social Security Number, A#, Sex, Date of Birth, Citizen of (Country), Place of Birth, State/Province, Country, Other Names Used, Passport #, Passport Date of Issue, Passport Date of Expiration, Cellphone #, Home Telephone #, Email, Current Address in the U.S., City, State, Zip Code, Address in Your Country of Origin, Height, Eye Color, Hair Color, Religion.

PLACES OF RESIDENCE — for the last ten years (please use an extra sheet of paper if necessary)

Table with 7 columns: Exact Address, Apt. #, City, State, Zip Code, Since (mo./year), Until (mo./year)

CURRENT AND PRIOR MARRIAGES

Marital Status form with fields for Marital Status (Married, Divorced, Separated, Single, Cohabitant), Place and Date of Marriage, Number of Marriages including current one, Last Name(s) of your Spouse or Partner, First Name, Middle Name, Place of Birth of your Spouse or Partner, City, State/Province, Country, Date of Birth of your Spouse or Partner, Citizenship of your Spouse or Partner, Status in the U.S., Date and Location where your Partner Entered the U.S., Social Security Number of your Partner, Partner's A#.

Information for Prior Marriages

Information for Prior Marriages form with fields for Last Name(s) of your Spouse or Partner #1, First Name, Middle Name, Date of Prior Marriage, Location of Prior Marriage (City, State/Province, Country), Date of Divorce, Legally Divorced?, Last Name(s) of your Spouse or Partner #2, First Name, Middle Name, Date of Prior Marriage, Location of Prior Marriage (City, State/Province, Country), Date of Divorce, Legally Divorced?.

CHILDREN — List all of your children, including step-children (Use another sheet of paper if necessary)

(1) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			
(2) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			
(3) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			
(4) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			

SIBLINGS — Include all of your siblings including step siblings (Use another sheet of paper if necessary)

(1) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			
(2) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			
(3) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			
(4) Name	Status in the U.S.	A#	Social Security Number
Date of Birth (month, day, year)	City and State of Birth	Country of Birth	Sex (male, female)
Address if different than yours			

INFORMATION ABOUT YOUR PARENTS

Father	Last Name(s)	First Name	Middle Name
Date of Birth (month, day, year)	City of Birth	State/Province of Birth	Country of Birth
Is he alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death	Status in the U.S.	A#
Father's Address (street)	City	State/Province	Zip Code
Mother	Last Name(s)	First Name	Middle Name
Date of Birth (month, day, year)	City of Birth	State/Province of Birth	Country of Birth
Is she alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death	Status in the U.S.	A#
Mother's Address (street)	City	State/Province	Zip Code
Do you have any grandparents in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name(s)	First Name	Middle Name
If yes, where?	City	State/Province	Alive? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT INFORMATION — for the last 10 years

Please list ALL of the places you have worked for the past ten years. Please do not omit any information.

Name and Address of your Employer	Type of Work	From (Month/Year)	Until (Month/Year)	Income per week (approximate)

Which years have you filed taxes with the IRS:**Assets in the U.S.**

Your Assets		Held Jointly with your Spouse	
Cash/Bank Accounts	\$	Cash/Bank Accounts	\$
Properties	\$	Properties	\$
Auto (minus the amount you owe)	\$	Auto (minus the amount you owe)	\$
Other Assets (describe below)	\$	Other Assets (describe below)	\$
Describe other assets:		Describe other assets:	

TRAVEL/VISA INFORMATION

Last Entrance to the U.S.	(Month, Day, Year)	Place	State
How did you enter? (visitor, student, with visa, without permission)	Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had at any time a J Visa?	
Have you previously filed for a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have, please answer the following.			
Where and When?	Was it Approved?	Consulate where it was ordered	
Visa Classification	Visa #		

TRIPS OUTSIDE OF THE U.S.

How many times have you left the U.S.?

Include all of the dates when you left the U.S. and the dates when you returned to the U.S.

Date of Entrance to the U.S.	Port of Entry/Border Town	Type of Visa	Date of Exit

AFFILIATIONS Include all of your present and past memberships in groups of any type:

Name of the Group and Location (City/State)	From	To

EDUCATION

Type of School	Address	Enrolled From:	Enrolled Until:
Primary School			
Secondary School			
College/University			
Degrees Obtained			

CRIMINAL HISTORY

Have you ever had any contact with the police? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Arrest	Place (city, state, country)	Nature of the Offense	Result

PLEASE ANSWER YES OR NO

Have you left the United States under an order of deportation, exclusion, or removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you left the United States after a grant of voluntary departure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been ordered deported, excluded, removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you stay more time than allowed after an order of voluntary departure by an immigration judge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the beneficiary of an approved visa petition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive or have you received public assistance in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered Yes to any of the previous questions, please explain:	