

*Christopher Law Office*

**IMMIGRATION INTAKE QUESTIONNAIRE**

**BRIEFLY EXPLAIN THE MAIN REASONS YOU ARE SEEKING IMMIGRATION ADVISE** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL/CONTACT INFORMATION**

1. First & Middle Names \_\_\_\_\_  
Family Name \_\_\_\_\_  
Any Other Names Used (including Maiden Name) \_\_\_\_\_

2. Home Address:  
Number & Street \_\_\_\_\_  
Apt No, City, Province, Postal Code, \_\_\_\_\_  
Country \_\_\_\_\_

3. Date of Birth (MO/DAY/YR) \_\_\_\_\_

4. Country of Birth \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

6. Telephone Numbers: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Fax \_\_\_\_\_  
Cell \_\_\_\_\_

7. E-Mail \_\_\_\_\_

8. City and Country of Last Residence \_\_\_\_\_

**IMMIGRATION STATUS/HISTORY (WRITE "N/A" IF NOT APPLICABLE)**

9. Alien Registration Number A \_\_\_\_\_

10. List all your Passports (Countries)  
\_\_\_\_\_  
\_\_\_\_\_

(You may be asked to provide our office with copies of all passports.)

Please return your completed questionnaire to Christopher Law Office, PO Box 370452, Milwaukee, WI 53237, or email to [marc@christopher-law.com](mailto:marc@christopher-law.com), or fax to 888.264.0002.

\* Attorney Marc Christopher, Licensed to Practice in Wisconsin and Iowa.

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Passport Number(s) \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Expiration Date \_\_\_\_\_

11. Last Entry Into U.S.: When \_\_\_\_\_  
Where \_\_\_\_\_  
Visa Status \_\_\_\_\_ Until: \_\_\_\_\_

I-94 Number (If applicable) \_\_\_\_\_

Prior Entries? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please list all U.S. Visas Previously Issued: (If Applicable)  
Where \_\_\_\_\_  
When \_\_\_\_\_  
Valid Until \_\_\_\_\_  
Category (B, F, G, H, L, J, L, O, S, T, U) \_\_\_\_\_

## INFORMATION ON YOUR EMPLOYMENT (WRITE "N/A" IF NOT APPLICABLE)

13. Employer's Name \_\_\_\_\_  
Employer's Address:  
Number & Street \_\_\_\_\_ Suite No. \_\_\_\_\_  
City, Province, Postal Code, Country \_\_\_\_\_

14. Name of Work Supervisor and/or Contact \_\_\_\_\_  
Phone Number Of Supervisor/Contact \_\_\_\_\_  
Fax Number Of Supervisor/Contact \_\_\_\_\_

## INFORMATION ON YOUR MARITAL STATUS (WRITE "N/A" IF NOT APPLICABLE)

15. Marital Status: \_\_ Single \_\_ Married \_\_ Separated \_\_ Divorced \_\_ Widowed

A) Name of Spouse \_\_\_\_\_  
B) Address of Spouse (if living apart): \_\_\_\_\_  
\_\_\_\_\_  
C) Birth Date of Spouse \_\_\_\_\_  
D) Social Security Number \_\_\_\_\_  
E) Alien Registration Number: A \_\_\_\_\_  
F) Date of Marriage \_\_\_\_\_

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G) Place of Marriage \_\_\_\_\_

H) City, Province, and Country of Birth of Spouse \_\_\_\_\_

I) Spouse's Passport (Countries) \_\_\_\_\_

Passport Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

J) If Most Recent Marriage was Terminated by Divorce or Death

Date \_\_\_\_\_ Where \_\_\_\_\_

## FAMILY

16. **Children:** If applicable, please provide the following information for all children including step children and adopted children

### Child 1:

A. Full Name \_\_\_\_\_

B. Male \_\_\_ Female \_\_\_

C. Marital Status \_\_\_\_\_

D. Date of Birth \_\_\_\_\_

E. Place of Birth \_\_\_\_\_

F. Place of Residence \_\_\_\_\_

G. Immigrant Status \_\_\_\_\_

### Child 2:

A. Full Name \_\_\_\_\_

B. Male \_\_\_ Female \_\_\_

C. Marital Status \_\_\_\_\_

D. Date of Birth \_\_\_\_\_

E. Place of Birth \_\_\_\_\_

F. Place of Residence \_\_\_\_\_

G. Immigrant Status \_\_\_\_\_

### Child 3:

A. Full Name \_\_\_\_\_

B. Male \_\_\_ Female \_\_\_

C. Marital Status \_\_\_\_\_

D. Date of Birth \_\_\_\_\_

E. Place of Birth \_\_\_\_\_

F. Place of Residence \_\_\_\_\_

G. Immigrant Status \_\_\_\_\_

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17. **Parents:** Please provide the following information for your parents:

Mother:

- A. Full Name \_\_\_\_\_
- B. Date of Birth \_\_\_\_\_
- C. Place of Birth \_\_\_\_\_
- D. Place of Residence \_\_\_\_\_
- E. Immigrant status in U.S. \_\_\_\_\_
- F. Country of Citizenship \_\_\_\_\_
- G. Deceased? \_\_\_\_\_

Father:

- A. Full Name \_\_\_\_\_
- B. Date of Birth \_\_\_\_\_
- C. Place of Birth \_\_\_\_\_
- D. Place of Residence \_\_\_\_\_
- E. Immigrant status in U.S. \_\_\_\_\_
- F. Country of Citizenship \_\_\_\_\_
- G. Deceased? \_\_\_\_\_

18. Do You or Your Spouse Have Brothers or Sisters Who Are U.S. Citizens or Resident Aliens (have Green Cards)? Yes \_\_\_ No \_\_\_

If Yes, How Long Have They Been in that Status? \_\_\_\_\_

19. Do Either You or Your Spouse Have a Grandparent Who Was Born in the U.S. or Became a Naturalized Citizen? Yes \_\_\_ No \_\_\_

20. Has An Immigrant (Green Card) Petition Ever Been Filed for You, Your Spouse, or Children? Yes \_\_\_ No \_\_\_

If Yes, Please State When, Where, What Type, and the Status of that Application.

\_\_\_\_\_

21. Has a Labor Certification Ever Been Filed You, Your Spouse, or Children? Yes \_\_\_ No \_\_\_

If Yes, Please State When, Where, What Type, And the Status of that Application.

\_\_\_\_\_

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22. Have You or Your Spouse Ever Worked for the United States Government, Including the Military? Yes\_\_\_ No\_\_\_

## EDUCATION AND EXPERIENCE

**NOTE: In lieu of completing this section, please provide us with an updated *curriculum vitae*.**

23. **EDUCATION**

Names of Schools, Colleges or Universities	Field Of Study	Degrees or Certificates Received
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## PERSONAL BACKGROUND (PLEASE ANSWER ALL QUESTIONS)

24. Have You **Ever**:
- A) Made an Incorrect or Fraudulent Statement or Misrepresented a Fact to Obtain or Try to Obtain Any Visa or Immigration Benefit from the U.S., Including Entry Into the U.S.? Yes\_\_\_ No\_\_\_
  - B) Been Treated for A Mental Disorder, Mental Retardation, Drug Addiction, or Alcoholism? Yes\_\_\_ No\_\_\_
  - C) Been Given a Citation or Probation, Been Convicted or Confined In a Jail or Prison for Any Reason Including Political Reasons? Yes\_\_\_ No\_\_\_
  - D) Worked Without Authorization? Yes\_\_\_ No\_\_\_
  - E) Overstayed Any U.S. Visa, or Otherwise Violated Your Visa Status? Yes\_\_\_ No\_\_\_
  - F) Been Convicted of Any Crime Either in the U.S. or Anywhere in the World? (Excluding *Minor* Traffic Offenses) Yes\_\_\_ No\_\_\_

Please note previous convictions and include date and place of final dispositions if available\_\_\_\_\_

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G) Been Involved with Drugs or Narcotics Anywhere in the World? Yes\_\_\_ No\_\_\_

H) Been a Victim of Domestic Violence? Yes\_\_\_ No\_\_\_

I) Been the Victim of a Crime in the U.S. or Assisted in the Investigation or Prosecution of a Crime against you or Another Person? Yes\_\_\_ No\_\_\_

25. Have You Ever Been Required to Appear in U.S. Immigration Court or Been the Subject of U.S. Removal, Deportation or Exclusion Proceedings? Yes\_\_\_ No\_\_\_

If Yes, When, Where, and What Was the Final Result?

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27. Have You, Your Spouse, or Children Been Questioned or Arrested by the Immigration Service? Yes\_\_\_ No\_\_\_

If Yes, When, Where, and What Was the Final Disposition?

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(Please provide copies of all documents regarding all prior contact with the immigration Service.)

28. Do You or Your Spouse Fear Harm in Your Home Country or are You Afraid That Certain Groups or Persons in Your Home Country Might Try to Hurt You? Yes\_\_\_ No\_\_\_

If Yes, Please Explain:

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29. Have You or Your Spouse ever been in the US on a J-1 Visa? Yes\_\_\_ No\_\_\_

If Yes, Then on Which Program, and were either of you Subject to the Requirement That You Return to Your Home Country for Two Years?

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30. Have you and your Family Filed all Your U.S. Income Taxes? Yes \_\_\_ No \_\_\_

Please sign and date this Questionnaire to confirm that the contents are true and correct to the best of your knowledge and belief

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

How did you hear of us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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