



## General Immigration Intake Questionnaire

Please complete these questions to the best of your ability and mail, email, or fax the form to:

Frantzgermain Bernadin, Esq.  
211 3rd Avenue 7th Floor  
New York, New York 10017  
Office: 212.777.4373 Fax: 800-766-0576  
gbernadin@bernadinlaw.com

Please answer all questions fully and honestly. The answers may affect your case. YOUR ANSWERS TO THESE QUESTIONS ARE COMPLETELY CONFIDENTIAL AND WILL NOT BE RELEASED TO ANYONE WITHOUT YOUR PERMISSION. Please sign your name at the end of the form.

This questionnaire is NOT an agreement for me to represent you. All clients must sign a written contract with me before any representation will begin. Until such a contract is signed, please continue to seek other representation.

How did you hear about me? \_\_\_\_\_

How can I help you?

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Your Name: \_\_\_\_\_ (\_\_\_\_\_)  
First Middle Last (Maiden, if applicable)

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please let me know if I should not use any of the listed numbers.

Email Address: \_\_\_\_\_

U.S. Social Security Number (if any): \_\_\_\_\_

Alien Registration Number (if any): \_\_\_\_\_

**Passport Information** (if any) *(Please bring a copy of any passport with you)*

Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

From What Country? \_\_\_\_\_ Country of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Province/State of Birth: \_\_\_\_\_

**Current Work Information**

Name of Company: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Company's Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_**Travel and Visa Information**

Address Outside of U.S.: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Last Arrival in U.S.**

Date: \_\_\_\_\_ Port of Entry: \_\_\_\_\_ Means of Travel: \_\_\_\_\_

What kind of visa?: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_

I-94 Status? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please list all other times you entered the U.S. below:

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**Education**

Names of School Attended \_\_\_\_\_ Field of Study \_\_\_\_\_ Degrees/Certificates \_\_\_\_\_

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**Work History of the Past Five (5) Years**

If you have additional work history, please write that on the back or on a separate sheet of paper.

1.	Employer	Address		
	Job Title		Month/Year Start Date	Month/Year End Date
2.	Employer	Address		
	Job Title		Month/Year Start Date	Month/Year End Date
3.	Employer	Address		
	Job Title		Month/Year Start Date	Month/Year End Date

**Family Information**

**Marriage Information**

Circle one of the following:      Single              Married              Separated              Divorced              Widowed

Name of Spouse: \_\_\_\_\_

Address (if different from yours): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

City, Province/State, and Country of Spouse's Birth: \_\_\_\_\_

Issuing country of Spouse's Passport: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

U.S. Social Security Number (if any): \_\_\_\_\_

Alien Registration Number (if any): \_\_\_\_\_

Last time Spouse was in U.S. (if any):

When: \_\_\_\_\_ Port of Entry: \_\_\_\_\_

Visa Type and Status: \_\_\_\_\_ Expires: \_\_\_\_\_

I-94 Status: \_\_\_\_\_ Expires: \_\_\_\_\_

Please list all other times spouse entered U.S. below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were married before, please list the names of former spouses and how and when those marriages ended.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Briefly explain spouse's work history and education.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family Information

List your children. Please write if the child is a step-child, adopted, or from another spouse. Please use an additional sheet if needed.

1.	Name	Gender	Place of Birth	Date of Birth
	Address (if different)		U.S. Immigration Status	Marital Status
2.	Name	Gender	Place of Birth	Date of Birth
	Address (if different)		U.S. Immigration Status	Marital Status
3.	Name	Gender	Place of Birth	Date of Birth
	Address (if different)		U.S. Immigration Status	Marital Status

## Other Family Members

Do you or your spouse have parents, brothers, or sisters who are U.S. citizens or resident aliens? Yes No

If YES, how long have they had this status? \_\_\_\_\_

If a resident alien, do they intend to become citizens? Yes No

Do you or your spouse have a parent or grandparent who was ever a U.S. citizen? Yes No

## Past Attempts to Obtain Immigration Status

Have you ever applied for any immigration-related benefit (such as a visa or a green card)? Yes No

If YES, explain when, where, what type and the status of that application.


## Personal Background

Are you and your spouse able to support yourselves and your children in the U.S.? Yes No

Do you or your spouse fear persecution in your home country? Yes No

If yes, explain why: _____

Have you and/or your family filed all of your U.S. income taxes? Yes No

**Please answer the questions below honestly. These are important issues that may need to be addressed in your case. Circle either yes or no. If you circle YES, please explain on the back of the paper or on a separate sheet.**

**Have you, your spouse, or any child EVER:**

- |     |    |  |
|-----|----|--|
| Yes | No | have any special skills or training, including firearms, explosives, biological, chemical, or nuclear experience?  |
| Yes | No | been a drug abuser or addict, or trafficked in controlled substances?  |
| Yes | No | had a communicable disease of public health significance (for example, tuberculosis), a dangerous physical disorder, or a mental disorder of any kind?   |
| Yes | No | received welfare, Medicare, or any public benefits in the U.S.?  |
| Yes | No | sought to obtain or assisted others to obtain by fraud or willful misrepresentation a U.S. visa, entry into the U.S., or any immigration benefit?  |
| Yes | No | seek to enter the U.S. to engage in any unlawful activity?   |
| Yes | No | ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion under the control, direct or indirect, of the Nazi Government of Germany, or of the government of any area occupied by, or allied with, the Nazi Government of Germany, or have you ever participated in genocide? |
| Yes | No | been in exclusion or deportation proceedings, or been ordered excluded or deported from the U.S.?  |
| Yes | No | done anything that violated the terms of your U.S. nonimmigrant status (for example, overstaying your visa)?   |
| Yes | No | lost a passport or had one stolen?   |
| Yes | No | been in an armed conflict, either as a participant or a victim?  |
| Yes | No | been arrested, convicted, or confined in prison for any reason, including political reasons, anywhere in the world?  |
| Yes | No | been the beneficiary of a pardon, amnesty, rehabilitation decree, or other act of clemency or similar action?  |
| Yes | No | been a member of any communist or totalitarian party?  |
| Yes | No | been questioned or arrested by U.S. immigration?   |
| Yes | No | claimed to be a U.S. citizen or resident alien on a U.S. Immigration Employment Eligibility I-9 Form, or for any other immigration benefit?  |

If you have any other legal issues besides the ones listed above, please explain (divorce, custody, law suit).

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**Signature of Prospective Client**

By my signature, I affirm that the information I provided above is true to the best of my knowledge.

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Please sign here