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Confidential Intake Questionnaire For Individual Immigration Matters

For office use only

Consultation appointment – Date: _____ Time: _____ Attorney initial: _____

Please complete questionnaire to the best of your ability! Please print neatly!

A. INFORMATION ABOUT YOU

1. Date of Birth: _____ Gender: Male _____ Female _____
2. Nationality: _____ Citizen of: _____
3. U.S. Social Security Number: _____
4. Name: _____
(Last) (First) (Middle)
5. Other Names Used (including maiden name): _____
6. Present Permanent U.S. Address: _____
(City, State, & Zip) _____
7. U.S. Phone Numbers: _____
(Home) (Cell) (Work)
8. Present Permanent Address Abroad: _____
(City, State, Zip, & Country) _____
9. Phone Numbers Abroad: _____
(Home) (Cell) (Work)
10. E-mail Address: _____

B. INFORMATION ABOUT FAMILY MEMBERS

1. Name of Father: _____
2. Father's Place of Birth: _____
(City) (State) (Country)
3. Father's Date of Birth: _____ Deceased: _____
(Month/Day/Year) (Month/Day/Year)
4. Father's Permanent Address: _____
(City, State, Zip, & Country) _____
5. Name of Mother: _____
6. Mother's Place of Birth: _____
(City) (State) (Country)
7. Mother's Date of Birth: _____ Deceased: _____
(Month/Day/Year) (Month/Day/Year)
8. Mother's Permanent Address: _____
(City, State, Zip, & Country) _____
9. Were any of your grandparents born in the U.S.? _____ (yes) _____ (no)
If so, where? _____
(City) (State)
10. Marital Status: _____ Married _____ Widowed _____ Divorced _____ Separated _____ Single
If married, please indicate the total number of times married, including this marriage: _____
11. Spouse's Name: _____
(Last) (First) (Middle) (Maiden)
12. Spouse's Date of Birth: _____ Citizen of: _____
(Month/Day/Year)
13. Spouse's U.S. Social Security Number: _____
14. Date and Place of Current Marriage: _____
(Month/Day/Year) (City/State/Country)
15. Former Spouse's Name: _____
(Last) (First) (Middle) (Maiden)

16. Former Spouse's Date of Birth: _____ Citizen of: _____
(Month/Day/Year)
17. Former Spouse's U.S. Social Security Number: _____
18. Date and Place of Previous Marriage: _____
(Month/Day/Year) (City/State/Country)
19. Date of Termination of Previous Marriage or Death: _____ Place: _____
(Month/Day/Year) (City/State/Country)

20. Please include the information about your children, including stepchildren.

(1) Name: _____
Relationship: _____
Date of Birth: _____
City, State & Country of Birth: _____
Address: _____
(City, State, Zip, & Country) _____
U.S. Social Security No: _____

(2) Name: _____
Relationship: _____
Date of Birth: _____
City, State & Country of Birth: _____
Address: _____
(City, State, Zip, & Country) _____
U.S. Social Security No: _____

(3) Name: _____
Relationship: _____
Date of Birth: _____

City, State & Country of Birth: _____

Address: _____

(City, State, Zip, & Country) _____

U.S. Social Security No: _____

21. Please list ALL present/past memberships in groups/organizations of any kind:

<i>Group/Organization</i>	<i>Location (City/State/Country)</i>	<i>From (Mo/Yr)</i>	<i>To (Mo/Yr)</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Have you ever committed a crime? _____ (yes) _____ (no)

Have you ever been arrested? _____ (yes) _____ (no)

Have you ever been granted pardon? _____ (yes) _____ (no)

23. If you answered yes to any of the above, please provide the following information:

<i>Date (Mo/D/Yr)</i>	<i>Location (City/State/Country)</i>	<i>Nature of Offense</i>	<i>Outcome</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Have you ever been given public assistance? _____ (yes) _____ (no)

If yes, please explain: _____

25. Have you ever...

Committed a crime of moral turpitude or drug-related offense for which you were not arrested? _____ (Y) _____ (N)

Been arrested, cited, charged, indicted, fined or imprisoned for breaking a law, excluding traffic violations? _____ (Y) _____ (N)

Been the recipient of an act of clemency or similar action? _____ (Y) _____ (N)

- Exercised diplomatic immunity to avoid prosecution in U.S.? __ (Y) __ (N)
- Received public assistance in U.S. from any source, or likely to in the future? __ (Y) __ (N)
- Engaged in prostitution in past 10 years, or likely to in future? __ (Y) __ (N)
- Engaged in unlawful commercialized vice such as illegal gambling? __ (Y) __ (N)
- Encouraged any alien to enter U.S. illegally? __ (Y) __ (N)
- Trafficked in any controlled substance? __ (Y) __ (N)
- Been in any way involved in any terrorist activity? __ (Y) __ (N)
- Engaged in espionage or intend to once in the U.S.? __ (Y) __ (N)
- Been a member of or affiliated with the Communist Party? __ (Y) __ (N)
- Engaged in genocide or persecuted any person because of race, religion, national origin or political opinion? __ (Y) __ (N)
- Been deported or excluded from the U.S.?
? __ (Y) __ (N)
- Committed fraud in order to obtain entry into the U.S.?
? __ (Y) __ (N)
- Left the U.S. to avoid being drafted into the U.S. Army? __ (Y) __ (N)
- Been a J non-immigrant visitor and not complied with the 2-year foreign residence requirement or obtained a waiver? __ (Y) __ (N)
- Withheld custody of a U.S. citizen child from a person granted custody of the child? __ (Y) __ (N)
- Been a polygamist or plan to practice polygamy in the U.S.?
? __ (Y) __ (N)
- Claimed to be a U.S. citizen? __ (Y) __ (N)

If you answered YES to any of the above, please explain fully below:

C. INFORMATION ABOUT YOUR TRAVEL DOCUMENTS AND IMMIGRATION STATUS

1. Date and place of last arrival in the U.S.: _____
(Mo/D/Yr) (City/State/Country)

2. Have you ever filed for a prior visa petition? _____ (yes) _____ (no)

If yes, then answer the following:

Where: _____ When: _____ Approved: ___ (yes) ___ (no)
(City/State/Country) (Mo/D/Yr)

3. Means of travel into the U.S. of last arrival: _____ Inspected: ___ (yes) ___ (no)

4. Status at entry of last arrival (visitor, student, worker) _____ Visa Classification: _____

5. Visa Number: _____ Visa Issued: _____
(Mo/D/Yr) (City/State/Country)

Visa Expiration Date: _____ (Mo/D/Yr) Indefinite: ___ (yes) ___ (no)

6. Passport Number: _____ Passport Issued: _____
(Mo/D/Yr) (City/Country)

Passport Expiration Date: _____ (Mo/D/Yr)

7. I-94 Number: _____ I-94 Issued: _____
(Mo/D/Yr) (City/Country)

8. I-94 Expiration Date: _____ (Mo/D/Yr) Duration of Stay: _____

9. Name exactly as it appears on I-94: _____

10. Have you ever filed for Permanent Residence in the U.S.? _____ (yes) _____ (no)

If yes, please indicate the following: _____
(Mo/D/Yr) (City/State/Country)

D. OTHER IMPORTANT INFORMATION

1. Who referred you to our office? _____

2. Please confirm the following statement:

“This questionnaire is true and completed to the best of my ability.”

Signature Date

Please note: Our 2007 consultation fee for an initial meeting with one of our attorneys is \$190.