

Office of
COASTAL DOCUMENT SERVICES

IMMITIGATION QUESTIONNAIRE

This is a one-time consultation, limited to the specific question or problem for the particular person submitting this questionnaire, based on existing facts. If there are new or additional problems or issues with respect to the person, future changes or differences in law or facts, and/or another person's problems, then a new consultation (and a new consultation fee, if applicable) will be required.

WHO ARE YOU SEEKING IMMIGRATION SERVICES FOR? (i.e. who wants the visa, was denied, is in removal, etc)?

☐ **About myself** and my own immigration situation

- Please fill out the questionnaire concerning your own situation or problems.

☐ **About a friend or relative's** immigration situation

- If you are making inquiries about **another person's case or problems** (i.e. your friend or relative), please provide information **about the person you are inquiring for, NOT ABOUT YOURSELF** (i.e. pretend you are the person on whose behalf you are making the inquiry, and answer as though he/she was filling out the question himself/herself).

Did the person with immigration problem ("Client") ever have a previous consultation with our office?

☐ Yes

☐ No

If so, what is the Client's name who previously consulted with us? _____

What was the approximate date of the consultation?

_____ Month

_____ Year

- PLEASE DO NOT WRITE/PRINT ON BACK OF PAGES
- It is important to the evaluation of the case that you complete this Questionnaire *accurately, truthfully and completely*. We assure you that the information supplied by you (whether or not you retain our services) is strictly confidential.
- PLEASE PRINT LEGIBLY, USING BLUE or BLACK INK.

INFORMATION ABOUT PERSON WITH IMMIGRATION PROBLEM ("CLIENT")

1. a. Client's Full Name (Exactly as it appears on the birth certificate):

_____ Last _____ First _____ Middle/Maiden

b. Name Client is currently using: ☐ Same as above

_____ Last _____ First _____ Middle/Maiden

2. Other names used (Maiden, Married, Religious, Professional, Assumed, Aliases): ☐ None

_____ Last First Middle/Maiden

3. Did client enter the U.S. under an “assumed or fake name”? ☐ Yes ☐ No

_____ Last First Middle/Maiden

4. Client’s Present Address:

_____ No./Street Apt. No. City State Zip Code

5. Client’s Telephone Numbers in Philippines and/or U.S.:

Cell Number: (____) _____ Best time to reach you: _____

Alternate Number: (____) _____

E-Mail address: _____

6. Alternate contact person for client in U.S. in case client cannot be reached:
(Should be different from client’s contact info.)

_____ Last First Middle/Maiden

_____ No./Street Apt. No. City State Zip Code

Relationship to Client: _____

(____) _____
Cell Email

7. Client’s Date of Birth: _____ Age: _____

8. Client’s Birthplace: _____
City Province/State Country

9. Client’s Present Nationality or Citizenship (Country): _____

10. Client's Marital Status

- a. Has client ever been married (whether Church, civil, or "secret" marriage)? ☐ YES ☐ NO
- b. If yes, how many times: _____
- c. Client's present marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widow(er) ☐ Annulled
- d. Marital History:
- i. Date/Place of (1st) Marriage: _____
- If divorced/annulled, date/location of divorce/annulment: _____
- ii. Date/Place of (2nd) Marriage: _____
- If divorced/annulled, date/location of divorce/annulment: _____
- ☐ If you have additional marriages, please provide information on a separate sheet.

INFORMATION ABOUT CLIENT'S FAMILY

11. Spouse's Name: ☐ NONE _____
- Spouse's Nationality/Citizenship: _____
- Spouse's Date/Place of Birth: _____
- Is your spouse in the U.S.? Yes No
☐ ☐

If no, specify Country where spouse resides (i.e. Philippines, etc.): _____

Was your spouse ever married before, or does he/she have children? ☐ Yes ☐ No

12. Children's Info: ☐ NONE

Name	Country of Birth	Date of Birth	Age	Specify where client's child is (U.S./Phil.)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Are any of these children adopted, given, stepchild, etc. (i.e. not the client's biological child)?

☐ Yes ☐ No

☐ If you have additional children, please provide information on a separate sheet.

CLIENT'S EDUCATION / EMPLOYMENT INFORMATION

		<u>CLIENT</u>	<u>CLIENT'S SPOUSE</u>
13.	Did client (or client's spouse) graduate high school <u>in the U.S.</u> , currently enrolled in school <u>in the U.S.</u> , obtained a GED certificate, or served in the U.S. Armed Forces or Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is client (or client's spouse) a college graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Degree/Major: _____		
	Does client or client's spouse have any <u>special skills or work experience</u> (i.e. specialty cook, auto mechanic, executive secretary, office manager, etc.) either in the U.S. or abroad? If so, describe:		
	CLIENT: <input type="checkbox"/> NONE _____		
	CLIENT'S SPOUSE: <input type="checkbox"/> NONE _____		

14. Client's Employment Information

	<u>CLIENT</u> <input type="checkbox"/> NONE	<u>CLIENT'S SPOUSE</u> <input type="checkbox"/> NONE
Present Job Title	_____	_____
Name of Company	_____	_____
How long has the client (or client's spouse) worked for present employer?	_____	_____
How many Employees in the Company?	_____	_____
Monthly Salary	_____	_____

15. If client is seeking a working visa, is there an employer in the US who is willing to sponsor/petition client (or client's spouse) for a working visa/green card?

☐ Yes ☐ No

CLIENT'S ENTRY INFORMATION

16. a. What is client's present U.S. immigration status:

- | | |
|--|---|
| <input type="checkbox"/> Never been to U.S. (If client has <u>never been to the U.S.</u> , please <u>go to Question # 19</u>) | |
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Political Asylum |
| <input type="checkbox"/> Immigrant/Green Card Holder | <input type="checkbox"/> CSS/LULAC |
| <input type="checkbox"/> B-1/B-2 (visitor) | <input type="checkbox"/> TNT or Out of Status |
| <input type="checkbox"/> F-1 (student) | <input type="checkbox"/> Other: _____ |

16. b. Date you most **recently entered** the U.S.: _____

16. c. If client is presently in the U.S., what is/was **expiration date on client's I-94** (white arrival\departure card given to non-immigrants, such as visitors, at time of entry to U.S.): _____

17. a. Was client "physically present" in the U.S. on 12/21/00? ☐ YES ☐ NO

Was client "physically present" in the U.S. on 6/15/12? ☐ YES ☐ NO

17. b. How did client enter the U.S. on most recent trip?

	CLIENT	CLIENT'S SPOUSE	CLIENT'S CHILDREN
Valid Visitor's Visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under a Different Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump Ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Inspection (w/o visa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____

18. **Did client ever:**

Allow his/her visa, I-94, or extension to expire (even for one day)? ☐ Yes ☐ No

Depart the U.S. on "advance parole"? ☐ Yes ☐ No

If yes, when: _____

Did client reside in the U.S. for at least 5 years prior to 6/15/12? ☐ Yes ☐ No

19. **Has client (or client's spouse) ever been denied a Visa, Petition, Labor Certification, or any other immigration benefit for which client applied (i.e. Political Asylum, CSS/LULAC, Visitor's Visa, Family Petition), has client's visa ever been cancelled, or has client otherwise been found ineligible for any visa or immigration benefit?**

☐ Yes ☐ No (Do not write N/A)

If yes, please explain.

20. Has client (or client's spouse) ever been placed in Deportation, Exclusion, or Removal proceedings, ordered deported, been questioned/interviewed by DHS, or did not attend a deportation hearing (ordered deported in absentia) or ever been inside a courtroom?

☐ Yes ☐ No (Do not write N/A)

If yes, please explain.

21. Has client (or client's spouse) ever been arrested, handcuffed, placed in the back seat of a police car, accused of, charged with, convicted of, or questioned by a law enforcement officer about, any crime or other illegal activity in the US or in any other country, no matter how long ago it occurred? (This would also include situations such as domestic violence/spousal abuse, shoplifting, embezzlement, theft, or where a person was charged with a crime and accepted a "plea bargain", had a conviction "expunged", or had the charges "dropped" by law enforcement.)

☐ Yes ☐ No (Do not write N/A)

If yes, please explain.

22. Has client (or client's spouse) ever had an application or petition filed with the INS, USCIS, DHS, DOL, etc. for any of the following?

☐ NONE (Check "NONE" only if all items are not applicable)

	CLIENT	CLIENT'S SPOUSE
a. Family Petition	<input type="checkbox"/>	<input type="checkbox"/>
b. Labor Certification	<input type="checkbox"/>	<input type="checkbox"/>
c. H-1 (working visa)	<input type="checkbox"/>	<input type="checkbox"/>
d. Motion/Appeal	<input type="checkbox"/>	<input type="checkbox"/>
e. CSS/LULAC/SAW	<input type="checkbox"/>	<input type="checkbox"/>
f. Political Asylum	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Specify):	<hr/>	<hr/>

Did client ever get a work permit from INS or CIS?

☐ Yes ☐ No

How was work permit obtained (i.e. what benefit did client apply for, which resulted in having been granted work authorization?

23. Does client (or client's spouse) have any of the following relatives who are U.S. citizens or green card holders? (Please indicate if this relative is deceased by putting "D" by that relative.)

☐ NONE (Check "NONE" only if all items are not applicable)

<u>CLIENT:</u>	Mother	Father	Spouse	Child	Brother/Sister
American Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green card holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>CLIENT'S SPOUSE:</u>	Mother	Father	Spouse	Child	Brother/Sister
American Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green card holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a spouse, parent, or child
who has ever served in the US Armed Forces?

☐ YES

☐ NO

24. Were any of the following relatives **BORN** in the U.S., or naturalized **before** the **BIRTH** of client (or client's spouse)?

☐ NONE (Check "NONE" only if all items are not applicable)

☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Great-grandparents

If **grandparents** were citizens, did grandparents become U.S. Citizen **BEFORE your parent's birth**?

☐ Yes

☐ No

25. Did client or client's spouse ever make any misrepresentations (changed marital status, changed age, altered name, etc.) to an immigration or consular officer to be able to acquire a visa or other immigration benefit or to enter the U.S.?

☐ Yes ☐ No (Do not write N/A)

If yes, please explain.

26. Did client or client's spouse ever sign any affidavit, confession, or other document for the INS/USCIS or Embassy admitting fraud or ineligibility for any immigration benefit, or was client ever told their case was being "investigated" for fraud or other ineligibility?

☐ Yes ☐ No **(Do not write N/A)**

If yes, please explain.

27. Are there any upcoming deadlines or due dates on client's immigration case (i.e. court hearing, interview, response to INS/USCIS, etc)?

☐ Yes ☐ No **(Do not write N/A)**

If yes, please provide due date and explain reason.

28. Has an IMMIGRANT visa petition ever been filed on client's (or client's spouse's) behalf? (Employment Based / Family Based)

☐ **NONE** (Check "NONE" only if all items are not applicable)

For client? ☐ Yes ☐ No

For client's spouse? ☐ Yes ☐ No

When was the petition filed (priority date)? _____
Month Day Year

If an IMMIGRANT visa petition has been filed, who filed it?

☐ Parent ☐ Spouse ☐ Brother/Sister ☐ Child ☐ Employer

What Preference Category?

☐ Immediate Relative (Spouse, Parent, Minor Child (under 21) of U.S. Citizen)

☐ F-1 (Adult (over 21), Unmarried Child of U.S. Citizen)

☐ F-2A (Spouse/Minor Child of Immigrant)

☐ F-2B (Adult, Unmarried Child of Immigrant)

☐ F-3 (Married Child of U.S. Citizen)

☐ F-4 (Brother/Sister of U.S. Citizen)

☐ Employment/Labor Certification

Were client's (or client's spouse's) parents ever petitioned for a green card (i.e. by a relative or employer) while client was under 21 years of age? ☐ YES ☐ NO

29. Has client ever consulted with or retained any attorney or law firm in connection with any immigration matter?

☐ Yes ☐ No

If yes, name of attorney or law firm: _____

30. a. Does client have an "Alien Number" (8 or 9 digit number on a green card, work authorization, etc.)

☐ **NONE** _____

b. Does client's spouse have an "Alien Number" number? ☐ **NONE** _____

c. How was the "Alien Number" obtained? ☐ **N/A** (Check this only if client never had Alien #)

☐ Family Petition ☐ Employer Petition ☐ Asylum ☐ Other _____

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

- No legal relationship shall exist between client and this office by virtue of this questionnaire or consultation, unless and until client formally retains our services pursuant to a written agreement, signed by us, and client pays any applicable deposits, fees or costs for such services. There may be deadlines, due dates, court hearings, interview dates, etc., in connection with the case. However, this consultation and/or your submitting this questionnaire does not obligate our office to represent client, make any appearances, file any documents, or provide any legal services on client's behalf. No prediction, warranty, or guarantee can be made on the outcome of your case. Assistance or information provided during the consultation constitutes our opinion concerning the merits or chances with respect to your case. Client is certainly free to seek a second opinion from another firm concerning his/her case and outcome.
- For PHONE CONSULTATIONS, before mailing, the client or representative can sign the questionnaire. Please mail completed questionnaire and other correspondences directly to our office at Coastal Document Services LLC, Immigration Specialists, 3255 Landmark Drive, Suite 208, North Charleston, S.C. 29418. Please send only COPIES of documents, NOT ORIGINALS, as they will not be returned.
- For IN-PERSON CONSULTATIONS, please bring completed questionnaire and documents with you, especially denials, approvals, filing with DHS that you are consulting about. Do not mail or fax to our office.

DATE	CLIENT'S (or Representative's) SIGNATURE	PRINT CLIENT'S (or Representative's) FULL NAME
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