

## IMIGRATION INTAKE QUESTIONNAIRE

Please complete this questionnaire as fully as possible, and then mail or e-mail it back to me for review:

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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.

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.

### BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Have you used other names? If so, please provide them: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street name

City State Zip Code

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please indicate what is your preferred way of contacting you: \_\_\_\_\_ phone | \_\_\_\_\_ e-mail | \_\_\_\_\_ mail

Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alien Registration Number (if any) A \_\_\_\_\_

Country of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Province: \_\_\_\_\_

Country(ies) of Citizenship: \_\_\_\_\_

### PASSPORT INFORMATION

Country of Issuance: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Issued on: \_\_\_\_\_ Expires on: \_\_\_\_\_

### CURRENT WORK INFORMATION

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

Company's Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ 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? \_\_\_\_\_

Status Expiration Date: \_\_\_\_\_

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

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

**FAMILY INFORMATION**

MARRIAGE INFORMATION

Marital Status: \_\_\_\_\_ 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): \_\_\_\_\_

Is your Spouse in the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO If YES, then in what status: \_\_\_\_\_

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

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

CHILDREN

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

3.	Address (if different)	U.S. Immigration Status	Marital Status
	Name	Gender	Place of Birth
	Address (if different)	U.S. Immigration Status	Marital Status
4.	Name	Gender	Place 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 re 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.

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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
4.	Employer	Address	
	Job Title	Month/Year Start Date	Month/Year End Date

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 BELOW OR ON A SEPARATE SHEET.

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

1. Yes | No have any special skills or training, including firearms, explosives, biological, chemical, or nuclear experience?
2. Yes | No been a drug abuser or addict, or trafficked in controlled substances?
3. Yes | No had a communicable disease of public health significance (for example, tuberculosis), a dangerous physical disorder, or a mental disorder of any kind?
4. Yes | No received welfare, Medicare, or any public benefits in the U.S.?
5. 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?
6. Yes | No seek to enter the U.S. to engage in any unlawful activity?
7. 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?
8. Yes | No been in exclusion or deportation proceedings, or been ordered excluded or deported from the U.S.?
9. Yes | No done anything that violated the terms of your U.S. nonimmigrant status (for example, overstaying your visa)?
10. Yes | No lost a passport or had one stolen?
11. Yes | No been in an armed conflict, either as a participant or a victim?
12. Yes | No been arrested, convicted, or confined in prison for any reason, including political reasons, anywhere in the world?
13. Yes | No been the beneficiary of a pardon, amnesty, rehabilitation decree, or other act of clemency or similar action?
14. Yes | No been a member of any communist or totalitarian party?
15. Yes | No been questioned or arrested by U.S. immigration?
16. 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?

Please explain below, if you answered YES to any question above. If you have any other legal issues besides the ones listed above, please explain (divorce, custody, law suit).

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