

CAMILLE R. MCBRIDE LAW AND CONSULTING, LLC

Tel. (301) 325-3322

Tel. (678) 904-6688

Toll Free Tel. (888) 738-8902

Toll Free Fax (888) 264-9798

www.crmlawoffice.com

IMMIGRATION INTAKE FORM

Date: _____

Last Name: _____ First Name: _____ MI _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Business Phone: _____

Cellular or Pager _____ Email Address: _____

Date of Birth (month/day/year): _____

City and Nation of Birth: _____

Nationality: _____

Other Citizenship? YES NO

If yes, specify:

Social Security Number: _____

A number (green card or work permit): _____

I94 Number: _____

Passport Number: _____

Date Expires: _____ Date Issued: _____

Location Issued: _____

Type of Non-Immigrant Visa (visitor, fiancé, student, etc.): _____

Date of Last Entry to U. S. _____ Place of Last Entry to U.S.: _____

Addresses during the Last 5 Years

Street	City	State & Zip Code	Dates

Employment for the Last 5 Years

Company	Phone #	Dates

Father's Information

Father's Name: _____ Birthdate: _____

Location of birth, city, nation: _____

Present Address:

Mother's Information

Mother's Name: _____ Birthdate: _____

Location of birth, city, nation: _____

Present Address:

Marital Information

What is your marital status?

Single Married Divorced Separated Widowed

Date of marriage: _____

City and State/Nation of Marriage: _____

Spouse's name: _____

Spouse's birth date: _____

Spouse's City and Nation of Birth: _____

Spouse's nationality: _____

Spouse's Social Security Number: _____

Spouse's Prior Spouse: _____

Date and place of Marriage: _____

Date and place of Divorce: _____

Spouse's Prior Spouse: _____

Date and place of Marriage: _____

Date and place of Divorce: _____

Spouse's Addresses during the Last 5 Years

Street	City	State & Zip Code	Dates

Spouse's Employment for the Last 5 Years

Company	Phone #	Dates

Spouse's Father's Name: _____ Birthdate: _____

Location of birth, city, nation: _____

Present Address:

Spouse's Mother's Name: _____ Birthdate: _____

Location of birth, city, nation: _____

Present Address:

ALIEN'S PRIOR MARRIAGE INFORMATION

Name of prior spouse: _____ Birthdate: _____

Date and Place of Marriage: _____

Date and Place of Divorce: _____

SPOUSE'S PRIOR MARRIAGE INFORMATION

Name of prior spouse: _____ Birthdate: _____

Date and Place of Marriage: _____

Date and Place of Divorce: _____

GENERAL QUESTIONS:
(CIRCLE ANSWERS, provide detail as specified)

Are you known by any other names? Include maiden or native alphabetic spelling. YES NO
If yes, list other names you have used:

Do you have a job or offer from a U.S. employer? YES NO
If yes, please provide the employer's name and address, and a description of the job you have been offered.

Do you have family members now living in the U.S.? YES NO
If yes, please provide the name and address of your family member, and describe how you are related to that family member.

Please set out the reason(s) you wish to enter, or remain in, the U.S.

If you are applying for a visa to enter the U.S., do you wish to bring members of your family with you? YES NO

Have you ever entered the U.S. on a visa other than a tourist visa? YES NO
If yes, please provide the dates you were in the U.S. and the type of visa used.

Have you ever been denied permission to enter the U.S., or ordered to leave the U.S.? YES NO
If yes, please give the reason and the relevant dates.

Have you ever been convicted of a crime (other than non-criminal traffic offense)? YES NO
If yes, please provide the details, including the offense for which you were convicted, the sentence or penalty imposed, and the date of the offense.

If you are now in the U.S. have you been ordered to leave, or do you believe you may be ordered to leave? YES NO
If yes, please provide the details, including the reason for the order.

Are you making a claim for political asylum? YES NO
If yes, please provide the details, including the reasons for your claim.

Have other attorneys worked on this matter? YES NO
If yes, provide names, addresses, and a brief description of their involvement:

CHILDREN INFORMATION

First Child's name: _____ A# _____

Current Address: _____ SS# _____

_____ Date child entered United States: _____ DOB: _____

Second Child's name: _____ A# _____

Current Address: _____ SS# _____

_____ Date child entered United States: _____ DOB: _____

Third Child's name: _____ A# _____

Current Address: _____ SS# _____

_____ Date child entered United States: _____ DOB: _____

Fourth Child's name: _____ A# _____

Current Address: _____ SS# _____

_____ Date child entered United States: _____ DOB: _____

EMPLOYER INFORMATION (If employer petition)

Name of Business: _____

Contact person: _____

FEIN #: _____ Type of Business: _____

Business Address: _____

Date business established: _____

Number of Employees: _____

Nature of applicants work: _____

SOC Code: _____ NAICS Code: _____

Number of Employees beneficiary supervises: _____