



## Confidential Intake Questionnaire For Individual Immigration Matters

Please answer these questions to the best of your ability and honestly. This document is confidential and will not be released to anyone without your permission. This questionnaire is not a legal agreement for representation. All clients must sign an engagement agreement before representation can begin.

*Please print neatly!*

**In your own words, describe what you would like us to do for you:**

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### 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: \_\_\_\_\_

11. Please list the 5 (five) last U.S. addresses starting with the most recent address:

<i>Street Address/Apt. No.</i>	<i>City/State/Zip</i>	<i>From (Mo/Yr)</i>	<i>To (Mo/Yr)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Last Address Abroad: \_\_\_\_\_

(City, State, Zip, & Country) \_\_\_\_\_

13. Please list the 5 (five) last employment starting with the most recent employment:

<i>Employer/Address/Country</i>	<i>Occupation</i>	<i>Salary</i>	<i>From (Mo/Yr)</i>	<i>To (Mo/Yr)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Current Employer's Tax Identification Number: \_\_\_\_\_

15. Please indicate the name of the educational institution you attended in...

High School: \_\_\_\_\_ College: \_\_\_\_\_

(City/Country): \_\_\_\_\_ (City/Country): \_\_\_\_\_

16. Degrees Earned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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): \_\_\_\_\_
10. 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>

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

If yes, please explain:

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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)
- \_\_\_(Y)\_\_(N)



- Engaged in unlawful commercialized vice such as illegal gambling?
- 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:

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**C. INFORMATION ABOUT YOUR TRAVEL DOCUMENTS AND MANAGEMENT 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 return this form to:**  
The Victoria Law Group  
1200 Brickell Avenue Suite 1450  
Miami, Florida 33131  
Telephone: (305)-515-5599  
Fax: (866)-621-7395

Please note: Our consultation fee for an initial meeting with one of our attorneys is \$200

**For office use only**

Consultation appointment – Date: \_\_\_\_\_ Time: \_\_\_\_\_ Attorney initial: \_\_\_\_\_