

LAW OFFICES OF  
**Marsha Edelman & Associates**

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MARSHA EDELMAN  
GEORGE HUTSON

( ) CASH ( ) CHECK ( ) CC

**CONSULTATION QUESTIONNAIRE**

Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Name: \_\_\_\_\_  
(First) (Middle) (Last)

Other Names (If married woman, give maiden name): \_\_\_\_\_

2. Home Address (Street, City, State, Zip code): \_\_\_\_\_  
(Street) (Apt. No.)

Day Phone: \_\_\_\_\_  
(City) (State) (Zip)

Evening Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Foreign Address: \_\_\_\_\_

Business Address (In USA): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Occupation: \_\_\_\_\_

4. Alien Registration No. (A#) : \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Citizenship Certification No.: \_\_\_\_\_

5. Nationality Present: \_\_\_\_\_ Past: \_\_\_\_\_

Permanent Resident of: \_\_\_\_\_

6. Sex:  Male  Female Height: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_

Complexion: \_\_\_\_\_ Marks of Identification: \_\_\_\_\_

7. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY) (city) (province) (country)

8. Father: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name) (Place of Birth) (Date of Birth) (Nationality)

Present address: \_\_\_\_\_

Mother: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Full Name) (Place of Birth) (Date of Birth) (Nationality)

Present address: \_\_\_\_\_

9. Who recommended you to this office: \_\_\_\_\_

10. Marital Status:  Single  Married  Divorced  Widowed  Separated

11. Present Marriage \_\_\_\_\_

(DATE) (PLACE)  
Name of Spouse (Maiden Name): \_\_\_\_\_ S.S.#:: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Current Address: \_\_\_\_\_

Name of Spouse's Mother: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Spouse's Father: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Including my present marriage, I have been married \_\_\_\_\_ times. My present spouse has been married \_\_\_\_\_ times (including present marriage).

If you have ever been previously married, or represented yourself to be married, please fill in the following:

Name of previous spouse	Date & Place of Marriage	Date & Place of Termination	How Terminated

If you have ever represented yourself to be married, give details:

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

12. Are Spouse and Children immigrating with you? ( ) Yes ( ) No

List all your children and put an "x" next to the ones who will accompany you

Name	Present Address	Date and Place of Birth

13. Do you have any relatives who are United States Citizens: ( ) Yes ( ) No If yes, give name, present address, relationship, date and manner citizenship was acquired for each:

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

14. Do you have any relatives who are Permanent Residents of the United States?

If yes, give names, present address and relationship of each:

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

15. Have you ever applied for a visa at an American Consul? ( ) Yes ( ) No

If yes:

Where: \_\_\_\_\_  
(city) (State) (country)

Visa No. \_\_\_\_\_ Type of visa: \_\_\_\_\_

Date issued: \_\_\_\_\_ Date expires: \_\_\_\_\_

Form I-94 expires: \_\_\_\_\_ Extension until: \_\_\_\_\_

Describe in detail the circumstances surrounding the issuance of your visa.(include what you told the consular officer when you were interviewed):

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

16. Have you or your spouse ever been in the U.S. before? ( ) Yes ( ) No

If yes, give the following information: You \_\_\_\_\_ Spouse: \_\_\_\_\_

<u>Type of Visa</u>	<u>Date of Entry</u>	<u>Place of Entry</u>	<u>Departed</u>

17. Passport No.: \_\_\_\_\_ Issued by: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

18. Have you ever been arrested or convicted of any crimes anywhere in the world? Explain.

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

19. Have you ever been arrested or stopped by US Immigration Officer? Explain.

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

20. Have you ever been in exclusion or deportation proceedings in the US? Explain

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

21. Since your sixteenth birthday, list all memberships in (or affiliations with) political, professional, vocational, or social organizations (give name, address, dates of membership, type of membership and office held):

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

22. Record of Higher Education:

<u>Name of School and Address</u>	<u>Date Attended</u>	<u>Field of Study and Degree</u>

23. I speak, read and/or write the following languages:

- \_\_\_\_\_  Speak     Read     Write
- \_\_\_\_\_  Speak     Read     Write
- \_\_\_\_\_  Speak     Read     Write

24. Record of Employment:

<u>Employer and Address</u>	<u>Nature of Work</u>	<u>Dates</u>	
		<u>From</u>	<u>To</u>

25. List below, in date order (starting from the age of sixteen to the present time) all places of residence for you, your spouse and your unmarried children.  
(It is not necessary to list places where you stayed for less than 3 months.)

<u>First Name</u>	<u>Address</u> (Street, City, Zip, Country)	<u>Dates</u>	
		<u>From</u>	<u>To</u>

