



Pro Forma Immigration Attorneys Employee Professional Intake Form

EMPLOYEE: NON-CITIZEN/INTENDING IMMIGRANT

Please be sure that all information provided is as detailed and accurate as possible!

Personal, Address and Phone Information

Full Last Name/Surname: _____

First Name: _____

Middle Name: _____

Full Name in Native Language: _____

Other Names Used: _____

Email Address: _____

Alien Number (US Immigration Number) _____

Social Security Number _____

Telephone Number Cell/Home _____

Telephone Number 2 _____

Telephone Number Work _____

Date of Birth: (Month/Day/Year) _____

City of Birth: _____

State/Province of Birth: _____

Country of Birth: _____

Present and Past Nationalities: _____

Name and Nationality of Spouse: _____



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Present Physical Address: _____

City: _____

State/Province: _____

Postal Zone/Zip Code: _____

Country: _____

From Date: (Month/Day/Year) _____

Is your mailing address the same as your current address? _____

(If the answer is no, please provide your mailing address) _____

Do you have an address in the United State where you intend to live? _____ Y/N

Name of Person Currently Living at Address: _____

U.S. Address _____

Phone Number: _____

Is this address where you want your Permanent Residence Card (Green Card) mailed? _____

Have you ever lived anywhere other than this address **since the age of sixteen (16)**? _____ Y/N

Previous Address (1) _____

City: _____

State/Province: _____

Postal Zone/Zip Code _____

Country: _____

From Date: _____

To Date (MM/YYYY): _____



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Previous Address (2) _____
City: _____
State/Province: _____
Postal Zone/ Zip Code: _____
Country: _____
From Date(MM/YYYY): _____
To Date(MM/YYYY): _____

Previous Address (3) _____
City: _____
State/Province: _____
Postal Zone/ Zip Code: _____
Country: _____
From Date(MM/YYYY): _____
To Date(MM/YYYY): _____

(If more space is needed for previous addresses, please use a separate piece of paper.)

Family Information

Father's Surname(s): _____
Father's Given Names (first, middle): _____
Date of Birth: _____
City of Birth: _____
State/Province of Birth: _____
Country of Birth: _____
Is your father still living? _____
Current Address: _____
City: _____
State/Province: _____
Postal Zone/Zip Code: _____
Country: _____



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Mother's Surname(s): _____

Mother's Given Names (first, middle) _____

Date of Birth: _____

City of Birth: _____

State/Province of Birth: _____

Country of Birth: _____

Is your mother still living? _____

Is your mother's address the same as your father's? _____

If not—City: _____

State/Province: _____

Postal Zone/ Zip Code: _____

Country: _____

Spouse Information

(Your) Spouse's Full Name: _____

Spouse's Date of Birth: _____

(Day/Month/Year)

Spouse's City of Birth: _____

Spouse's State/Province of Birth: _____

Spouse's Country of Birth: _____

Spouse's Address (if different from your present address) _____

Occupation: _____

Date of Marriage: _____

Marriage City: _____

Marriage State/Province: _____



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Marriage Country: _____

Is your spouse immigrating to the U.S. with you? _____

Is your spouse immigrating at a later date to join you? _____

Do you have any previous spouses? _____

If yes, please provide full name, date of birth: _____

Place of marriage: _____

Date of Marriage: _____

Date Marriage ended: _____

Manner in which marriage ended: _____ (Divorce, annulment, death)

Previous Spouse's Immigration Status at time of divorce: _____

Children Information

Do you have any children? _____

Number of children: _____

Child Name (1): _____

Date of Birth: _____

City of Birth: _____

State of Birth: _____

Country of Birth: _____

Does this child live with you? _____

Is this child immigrating to the U.S. with you? _____

Is this child immigrating later to the U.S. to join you? _____

Child Name (2): _____

Date of Birth: _____

City of Birth: _____

State of Birth: _____

Country of Birth: _____

Does this child live with you? _____

Is this child immigrating to the U.S. with you? _____

Is this child immigrating later to the U.S. to join you? _____



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Child Name (3): _____
 Date of Birth: _____
 City of Birth: _____
 State of Birth: _____
 Country of Birth: _____
 Does this child live with you? _____
 Is this child immigrating to the U.S. with you? _____
 Is this child immigrating later to the U.S. to join you? _____

Child Name (4): _____
 Date of Birth: _____
 City of Birth: _____
 State of Birth: _____
 Country of Birth: _____
 Does this child live with you? _____
 Is this child immigrating to the U.S. with you? _____
 Is this child immigrating later to the U.S. to join you? _____

(If more space is needed to add another child's information, please use a separate piece of paper.)

Previous U.S. Travel Information

If you are immigrating to the US: Have you ever been to the U.S.? _____

If you are in the US: How many times have you entered the US? _____

Provide information on your last five (5) U.S. visits.

1. Date arrived: _____
 Length of Stay: _____
 Location and Manner of Entry: _____

2. Date Arrived: _____
 Length of Stay: _____
 Location and Manner of Entry: _____

3. Date Arrived: _____



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Length of Stay: _____

Location and Manner of Entry: _____

4. Date Arrived: _____

Length of Stay: _____

Location and Manner of Entry: _____

5. Date Arrived: _____

Length of Stay: _____

Location and Manner of Entry: _____

Have you ever been issued a U.S. Visa? _____

Have you ever been refused a U.S. Visa, been refused admission to the United States, or withdrawn your application for admission at the point of entry? Y/N Explain: _____

Work/ Education/ Training Information

Primary Occupation: _____

Present Employer or School Name: _____

Address: _____

City: _____

State/Province: _____

Postal Zone/Zip Code: _____

Country: _____

Start Date: _____

Do you have other occupations? _____

In which occupation do you intend to work in the U.S. (generally)? _____

Were you previously employed **in the last 10 years?** _____



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PLEASE INCLUDE ALL EMPLOYMENT HISTORY FOR LAST TEN (10) YEARS

Employer Name(1): _____
Street: Address _____
City: _____
State/Province: _____
Postal Zone/ Zip Code: _____
Country: _____
Telephone Number: _____
Job Title: _____
Supervisor's Surnames: _____
Supervisor's Given Names: _____
Employment date From (MM/YYYY): _____
Employment date To (MM/YYYY): _____

Employer Name(2): _____
Street: Address _____
City: _____
State/Province: _____
Postal Zone/ Zip Code: _____
Country: _____
Telephone Number: _____
Job Title: _____
Supervisor's Surnames: _____
Supervisor's Given Names: _____
Employment date From (MM/YYYY): _____
Employment date To (MM/YYYY): _____

Employer Name(3): _____
Street: Address _____
City: _____
State/Province: _____
Postal Zone/ Zip Code: _____
Country: _____
Telephone Number: _____
Job Title: _____
Supervisor's Surnames: _____
Supervisor's Given Names: _____



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Employment date From (MM/YYYY): _____

Employment date To (MM/YYYY): _____

Employer Name(4): _____

Street: Address _____

City: _____

State/Province: _____

Postal Zone/ Zip Code: _____

Country: _____

Telephone Number: _____

Job Title: _____

Supervisor's Surnames: _____

Supervisor's Given Names: _____

Employment date From (MM/YYYY): _____

Employment date To (MM/YYYY): _____

(If more work history exists, please provide information on a separate sheet of paper.)

Have you attended any educational institutions? _____

Number of educational institutions attended (*High School, College/University, and/or Graduate School*): _____

Name of Institution (1): _____

Address of Institution: _____

City: _____

State/Province: _____

Postal Zone: Zip Code: _____

Country: _____

Course of Study: _____

Degree or Diploma: _____

Date of Attendance From (MM/YYYY): _____

Date of Attendance To (MM/YYYY): _____

Name of Institution (2): _____

Address of Institution: _____

City: _____

State/Province: _____



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Postal Zone: Zip Code: _____
Country: _____
Course of Study: _____
Degree or Diploma: _____
Date of Attendance From(MM/YYYY): _____
Date of Attendance To(MM/YYYY): _____

Name of Institution (3): _____
Address of Institution: _____
City: _____
State/Province: _____
Postal Zone: Zip Code: _____
Country: _____
Course of Study: _____
Degree or Diploma: _____
Date of Attendance From(MM/YYYY): _____
Date of Attendance To(MM/YYYY): _____

Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?
Y/ N (If yes, please describe.) _____

Have you ever served in the military? (Y/N) _____

If yes, please provide the following:
Branch: _____
Rank/Position: _____
Military Specialty: _____
Dates of Service: _____

Can you speak/or read languages other than your native language? Y/N (If yes, please list.) _____

Petitioner Information

Petitioner Name: _____

Petitioner Address: _____



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City: _____

State/Province: _____

Postal Zone/Zip Code: _____

Country: _____

Telephone: _____

Mobile/Cell Telephone: _____

Email Address: _____

Miscellaneous questions

1. Do you have a communicable disease of public health significance such as tuberculosis (TB)?
Yes No
2. Do you have documentation to establish that you have received vaccinations in accordance with U.S. law? Yes No
3. Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? Yes No
4. Are you or have you ever been a drug abuser or addict? Yes No
5. Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? Yes No
6. Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? Yes No
7. Are you the spouse, son, or daughter of an individual who has violated any controlled substance trafficking law, and have knowingly benefited from the trafficking activities in the past five years?
Yes No
8. Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?
Yes No
9. Have you ever been involved in, or do you seek to engage in, money laundering? Yes No
10. Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? Yes No
11. Have you ever knowingly aided, abetted, assisted, or colluded with an individual who has been identified by the President of the United States as a person who plays a significant role in a severe form of trafficking in persons? Yes No



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12. Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities? Yes No
13. Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? Yes No
14. Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? Yes No
15. Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? Yes No
16. Are you a member or representative of a terrorist organization? Yes No
17. Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? Yes No
18. Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? Yes No
19. Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? Yes No
20. Have you ever engaged in the recruitment of or the use of child soldiers? Yes No
21. Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? Yes No
22. Are you a member of or affiliated with the Communist or other totalitarian party?
23. Have you ever directly or indirectly assisted or supported any of the groups in Colombia known as the Revolutionary Armed Forces of Colombia (FARC), National Liberation Army (ELN), or United Self-Defense Forces of Colombia (AUC)? Yes No
24. Have you ever, through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership? Yes No
25. Are you the spouse, minor child, or agent of an individual who has through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership? Yes No
26. Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice? Yes No
27. Have you ever disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention? Yes No
28. Are you the spouse, minor child, or agent of an individual who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention? Yes No



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29. Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? Yes No
30. Have you ever been the subject of a removal or deportation hearing? Yes No
31. Have you failed to attend a hearing on removability or inadmissibility within the last five years? Yes No
32. Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa? Yes No
33. Are you subject to a civil penalty under INA 274C? Yes No
34. Have you been ordered removed from the U.S. during the last five years? Yes No
35. Have you been ordered removed from the U.S. for a second time within the last 20 years? Yes No
36. Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? Yes No
37. Have you ever intentionally assisted another person in withholding custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? Yes No
38. Have you voted in the United States in violation of any law or regulation? Yes No
39. Have you ever renounced United States citizenship for the purpose of avoiding taxation? Yes No
40. Have you attended a public elementary school or a public secondary school on student (F) status after November 30, 1996 without reimbursing the school? Yes No
41. Do you seek to enter the United States for the purpose of performing skilled or unskilled labor but have not yet been certified by the Secretary of Labor? Yes No
42. Are you a graduate of a foreign medical school seeking to perform medical services in the United States but have not yet passed the National Board of Medical Examiners examination or its equivalent? Yes No
43. Are you a health care worker seeking to perform such work in the United States but have not yet received certification from the Commission on Graduates of Foreign Nursing Schools or from an equivalent approved independent credentialing organization? Yes No
44. Are you permanently ineligible for U.S. citizenship? Yes No
45. Have you ever departed the United States in order to evade military service during a time of war? Yes No
46. Are you coming to the U.S. to practice polygamy? Yes No
47. Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? Yes No
48. Has the Secretary of Homeland Security of the United States ever determined that you knowingly made a frivolous application for asylum? Yes No
49. Are you likely to become a public charge after you are admitted to the United States? Yes No



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50. Have you ever applied for a Social Security number? Yes No
51. Do you want the Social Security Administration to issue a Social Security number and a card?
52. Do you authorize disclosure of information from this form to the Department of Homeland Security, the Social Security Administration, and such other U.S. Government agencies as may be required for the purposes of assigning you a social security number (SSN) and issuing you a Social Security card and do you authorize the Social Security Administration to share your SSN with the Department of Homeland Security? Yes No