



## Biographic Information from the Applicant

### Your Information

Family Name(s)		First Name		Middle Name	
Any Other Names Used (maiden name, other married names, etc.)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (month/day/year)		City of Birth		State/Province of Birth	
Home Phone		Cell Phone		Other Phone	
Email Address				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Country(ies) of Citizenship		Social Security # (any number ever used)		Green Card # (A #)	
Height Feet      Inches		Weight Lbs.		Eye Color	
				Hair Color	

### Your Physical Address

Address			City		
County		State		ZIP Code	
				Country	

### Your Mailing Address

Address			City		
County		State		ZIP Code	
				Country	

### Who is Filing Immigration Papers for You?

I am Filing for Myself as a: <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Victim <input type="checkbox"/> Other: _____
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### Your Parents' Information

Father's Family Name(s)		First Name		Middle Name		City of Birth		Country of Birth	
City & Country of Current Residence				Date of Birth (month/day/year)				Date of Death (month/day/year)	
Mother's Maiden Family Name(s)		First Name		Middle Name		City of Birth		Country of Birth	
City & Country of Current Residence				Date of Birth (month/day/year)				Date of Death (month/day/year)	

### Your Spouse's Information

Family Name(s) maiden name for wife		First and Middle Names		Date of Birth (month/day/year)	
City of Birth	Country of Birth	Date of Marriage (month/day/year)		Place of Marriage	
Address (if different than yours)				Occupation	

### Your Former Spouse's Information

List information for all of your former husbands or wives (divorce, death, annulment, etc.). If you need more space, use another sheet.

Family Name(s) maiden name for former wife		First Name		Date of Birth (month/day/year)	
Date & Place of Marriage			Date & Place of End of Marriage		

Family Name(s) maiden name for former wife		First Name		Date of Birth (month/day/year)	
Date & Place of Marriage			Date & Place of End of Marriage		

### Your Children's Information

Full Name	Relationship	Date of Birth (month/day/year)	City of Birth	Country of Birth	Green Card #	Address (if different than yours)
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					
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	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					

### Are you in the U.S. Right Now ?

If so, when and how did you arrive? If you need more space, use another sheet.

Date You Arrived (month/day/year)	Place You Entered (city, state)	Status You Entered With	Your Current Status
		<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:

### Have You Been in the U.S. Before?

Begin with your most recent trip to the U.S. If you need more space, use another sheet.

Where Were You in the U.S.??	What Kind of Visa Did You Have?	What Was the A# on the Visa?	From		To	
			Month	Year	Month	Year
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:					
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other::					
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:					
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:					
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other::					

**Where Have You Lived Last Five Years?**

List your current address first. If you need more space, use another sheet.

Street and Number	City	State / Province	Zip Code	Country	From		To	
					Month	Year	Month	Year
							present	

**What was Your Last Address outside the U.S.?**

If you have ever lived outside the U.S., then list your last address abroad before moving to the U.S.

Street and Number	City	State / Province	Country	From		To	
				Month	Year	Month	Year

**Where Have You Worked for the Last Five Years?**

List your current job or school first. If you need more space, use another sheet.

Company or School Name	Complete Address	Specific Occupation	From		To	
			Month	Year	Month	Year
					present	

**What was Your Last Job Outside of the U.S.?**

If you have ever worked or gone to school outside the U.S., then list your last job or school before moving to the U.S.

Company or School Name	Complete Address	Specific Occupation	From		To	
			Month	Year	Month	Year

**What Public Benefits Have You Received?**

List all aid you've received: Food Stamps, Medicaid, TANF, SSI, etc. If you need more space, use another sheet.

Type of Aid	From		To	
	Month	Year	Month	Year
Food Stamps				
Medicaid				
SSI				
Other:				

Are you likely to receive public assistance in the future in the USA from any source, including the U.S. Government or any state, city or municipality (other than medical treatment)? :

YES  NO

**Have You Ever Applied for a Green Card or Work Permit Before?**

Kind of Application	City & State Where You Filed the Papers	Date of Filing the Papers	Outcome
<input type="checkbox"/> Green Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Other: _____			<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied

**Have You Ever Been Deported Before?**

If so, when did that happen? How many times? Where did that happen? What was the result?

**Any Tickets, Citations, Detentions, Arrests or Charges (inside and outside the US)**

List any problems you've had with the police, even if it was dismissed, even if it was just a traffic ticket. If you need more space, use another sheet.

Reason for Ticket, Arrest, Charges, etc.	Date (month/day/year)	Location (city, state, country)	Outcome (paid ticket, dismissed, probation, etc)

**Your Clubs and Organizations, including military service (inside and outside the US)**

List any organizations, associations, funds, foundations, parties, clubs, societies or other similar groups that you belong to.


**Emergency Contact Name**

**Emergency Contact Phone Number**

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\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's signature & credentials

\_\_\_\_\_  
Date