

ADJUSTMENT QUESTIONNAIRE

Petitioner refers to the US Citizen or Permanent Resident. Alien refers to the Beneficiary, i.e., the person who will get the green card or visa). **Please answer all questions, even if they are duplicates.** If a question does not apply in your case, write N/A for answer. PLEASE PRINT OR WRITE CLEARLY.

I. INFORMATION ON PETITIONER:

A. GENERAL:

Family Name: _____ First Name: _____ Middle Name: _____

Other Names ever used (e.g., maiden name): _____

Social Security #: _____ Alien Registration Number: _____

Sex: Male [] Female [] Height: _____ Weight: _____

Hair color: _____ Color of Eyes: _____ Citizen of: _____

Date of birth: _____ City/Town of birth: _____

Province/State in which born: _____ Country of birth: _____

B. EMPLOYMENT:

Petitioner's employer's name and address: _____

Position/title: _____ Salary/wages: _____ Works ___ Hours per week

C. PETITIONER'S PARENTS:

Father's Family Name: _____ Father's First Name _____

Father's Middle Name: _____ Father was born at _____,
(City, state/ country)

on (Date) _____ Father's full current address is _____

_____, or if deceased, date of death is _____

Mother's Family Name: _____ Mother's First Name: _____ Mother's

Middle Name: _____ Mother was born at _____, on
(City, state/ country)

(Date) _____ Mother's full current address _____
_____, or if deceased, date of death is _____

D. PETITIONER'S FAMILY DETAILS:

Petitioner is: Single [] Married [] Divorced [] Widowed []

If married or previously married, please complete the following for each spouse:

Family Name: _____ First Name _____ Middle Name _____

Other Names ever used: _____

Date of marriage: _____ City/State of marriage _____

If marriage ended, date: _____ City/State where ended: _____

Family Name: _____ First Name _____ Middle Name _____

Other Names ever used: _____

Date of marriage: _____ City/State of marriage _____

Date marriage ended: _____ City/State where ended: _____

Family Name: _____ First Name _____ Middle Name _____

Other Names ever used: _____

Date of marriage: _____ City/State of marriage _____

Date marriage ended: _____ City/State where ended: _____

Petitioner has _____ children (please state number)

*CHILD'S Name: _____ Soc. Sec. #: _____



Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

If child does not live with you, his/her address is _____

*

E. PETITIONER'S STATUS/SUPPORT INFORMATION

If Petitioner is a US citizen, citizenship was acquired via (check one): Birth in US []

Naturalized [] on _____ at city/state _____ naturalization certificate #: _____

Parents [] (provide certificate of citizenship if one has been obtained)

If Petitioner is a Permanent Resident, he/she became a permanent resident on day _____

Month _____ Year _____

at _____ (city and state)

Petitioner gained permanent resident status through: Marriage to a US citizen or

Permanent Resident. Yes []; Employment []; Asylum/Refugee []; Other (state)

Number of persons related to petitioner by birth, marriage, or adoption) living in

petitioner's residence, including petitioner but excluding alien and his/her children) is:

Number of persons who are otherwise dependent on petitioner, as claimed in his/her most recent tax return was _____. Most recent tax year is _____ and total household income on the return was _____. Petitioner filed a joint [] individual [] tax return.

Number of immigrants not living in petitioner's household whom petitioner is obligated to support under a previously signed affidavit of support (Form I-864) is: _____

If alien is your spouse, you both last lived together at (address) _____
_____ from _____ (Month and Year) to _____ (Month and Year.)

If you have ever filed an immigration petition for this or any other alien before, give alien's name, date and place of filing, and result _____

II. INFORMATION ON ALIEN

A. GENERAL

Family Name: _____ First Name: _____ Middle Name: _____

Other Names ever used, including before marriage: _____

Social Security #: _____ Alien Registration Number: _____

Sex: Male [] Female [] Height: _____ Weight: _____

Hair color: _____ Color of Eyes: _____ Citizen of: _____

Date of birth: _____ City/Town of birth: _____

Province/State in which born: _____ Country of birth: _____

B. EMPLOYMENT:

Employer's name and address: _____

Position: _____ Salary: _____ # Hours worked per week: _____

C. ALIEN'S PARENTS:

Father's Family Name: _____ Father's First Name _____

Father's Middle Name: _____ Father was born at _____,
(City, state country)

on (Date) _____ Father's full current address is _____
_____, or if deceased, date of death is _____

Mother's Family Name: _____ Mother's First Name: _____

Mother's Middle Name: _____ Mother was born at _____,
(City, state, country)

on (Date) _____. Mother's full current address is _____
_____, or, if deceased, date deceased: _____

D. ALIEN'S FAMILY DETAILS:

Alien is: Single [] Married [] Divorced [] Widowed []

If married or previously married, please complete the following for each spouse:

Family Name: _____ First Name _____ Middle Name _____

Other Names ever used: _____

Date of marriage: _____ City/State of marriage _____

If marriage ended, date: _____ City/State where ended: _____

Family Name: _____ First Name _____ Middle Name _____

Other Names ever used: _____

Date of marriage: _____ City/Stat of marriage _____

Date marriage ended: _____ City/State where ended: _____

Family Name: _____ First Name _____ Middle Name _____

Other Names ever used: _____

Date of marriage: _____ City/State of marriage _____

Date marriage ended: _____ City/State where ended: _____

Petitioner has _____ children (please state number)

*CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

CHILD'S Name: _____ Soc. Sec. #: _____

Birth date: _____ City/State of Birth: _____

If child does not live with you, his/her address is _____



E. ALIEN'S IMMIGRATION AND CRIMINAL STATUS

Has alien ever been in the US? Yes [] No [] If currently in the US, alien last arrived as _____ (visitor, student, exchange student, without inspection, etc), on _____ (date) at _____ (city/state). Arrival/Departure

Record (I-94) Number: _____ Date Authorized stay expires: _____

Visa Number _____, obtained at _____ city, country) on _____

Alien also visited the US: from _____ to _____

and stayed at (full address) _____

Has alien ever been under immigration proceedings? Yes [] No [] Where _____

Date _____ Exclusion [] Deportation [] Judicial Proceedings [] Rescission []

Has alien ever been deported from the US? Yes [] No [] If yes, state date _____

Has an Immigration Judge ever allowed alien to leave the US voluntarily, instead of being deported by the Immigration Service? Yes [] No [] If yes, state date alien departed _____ and last US city/state from which alien left _____

Has alien ever been turned away at any US border? Yes [] No []. If yes, state date _____, city and state where this happened _____

Has the police [] or immigration service [] ever fingerprinted alien in the US or at any US border? Yes [] No []. If yes, provide date _____ and city and state where this occurred _____

Has alien ever failed to appear for an interview before the Immigration Service or a hearing before an Immigration Judge? Yes [] No [] If yes, state date and location of

interview or hearing: _____

Has alien ever received any public assistance? Yes [] No [] If yes, state, where, when, amount and type of assistance and circumstances: _____

_____ Amount (\$): _____

If alien has ever been arrested [] jailed [] convicted [] placed on probation [], state date, why, where, final disposition of case: _____

If alien has ever been cited by any law enforcement agency, state date, why, where, final disposition of case: _____

If alien has ever appeared in any court of law, state date, why, where, final disposition of case: _____

Has alien ever given a statement to an immigration officer, police, or any other law enforcement officer? If yes detail the circumstances: _____

Aliens Address Abroad: _____

Alien's phone number abroad: _____

If alien is outside the US, he/she will apply for a visa at US Consulate located in the

following city and country _____

Main objective in contacting this office is: _____

Dated: _____

Petitioner's Signature

Petitioner's Phone #(s)

Print Petitioner's Full Name

Petitioner's Full Address: _____

Dated: _____

Alien's Signature (if alien available)

Alien's Phone #(s)

Print Alien's Full Name

PETITIONER'S BIOIOGRAPHIC INFORMATION

1. YOUR NAME/SOCIAL SECURITY NUMBER

Family Name

First

Middle

Social Sec #

2. OTHER NAMES USED (INCLUDING NAME BEFORE MARRIAGE):

Family Name

First

Middle

3. GENDER/DATE OF BIRTH/NATIONALITY/ALIEN FILE NUMBER:

Male/Female

Month/Day/Year

Nationality

Alien Number

4. CITY AND COUNTRY OF BIRTH:

City

Country

Province

County

State

5. MOTHER'S NAME(Mother's name before marriage is her family name):

Family Name

First

Middle

Social Sec #

6. MOTHER'S DATE & PLACE OF BIRTH/RESIDENCE:

 Month/Day/Year City/State of Birth City/State of Residence
7. FATHER'S NAME:

 Family Name First Middle Social Sec #
8. FATHER'S DATE & PLACE OF BIRTH/RESIDENCE:

 Month/Day/Year City/State of Birth City/State of Residence
9. HUSBAND OR WIFE (FOR WIFE GIVE NAME BEFORE MARRIAGE):

 Family Name First Middle Social Sec #
10. HUSBAND'S OR WIFE'S DATE OF BIRTH/PLACE OF BIRTH:

 Month/Day/Year of Birth City State or Province Country
11. DATE AND PLACE OF MARRIAGE:

 Month/Day/Year of Marriage City/State of Marriage Country
- Page Two
12. FORMER HUSBANDS OR WIVES (IF NONE, SO STATE):

 Family (Maiden) Name First Middle
13. FORMER HUSBAND'S OR WIFE'S DATE/PLACE OF BIRTH:

 Month/Day/Year of Birth City State or Province Country
14. DATE AND PLACE OF MARRIAGE TO FORMER HUSBAND/WIFE:

 Month/Day/Year of Marriage City/State of Marriage Country
15. DATE AND PLACE MARRIAGE TERMINATED:

 Month/Day/Year Terminated City/State Country
16. OTHER FORMER HUSBANDS OR WIVES (IF NONE, SO STATE):

 Family (Maiden) Name First Middle

17. FORMER HUSBAND'S OR WIFE'S DATE/PLACE OF BIRTH:

 Month/Day/Year of Birth City State or Province Country
18. DATE AND PLACE OF MARRIAGE TO FORMER HUSBAND/WIFE:

 Month/Day/Year of Marriage City/State of Marriage Country
19. DATE AND PLACE MARRIAGE TERMINATED:

 Month/Day/Year Terminated City/State Country
20. YOUR RESIDENCE LAST FIVE (5) YEARS, START WITH CURRENT:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)

Your Phone Number(s): Home: _____ Work: _____ Cell: _____

Page Three

21. YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)
22. YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)
23. YOUR LAST RESIDENCE OUTSIDE THE US:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)

24. YOUR EMPLOYMENT LAST FIVE (5) YEARS (LIST ALL):

Full Name and address of employer, and your **occupation**

From _____ (Month/Year) To _____ (Month/Year)

25. YOUR EMPLOYMENT LAST FIVE (5) YEARS (CONTINUED):

Full Name and address of employer, and your **occupation**

From _____ (Month/Year) To _____ (Month/Year)

26. YOUR LAST OCCUPATION ABROAD IF NOT ALREADY STATED:

(Full Name and address of employer, and your **occupation/job title**)

From _____ (Month/Year) To _____ (Month/Year)

Today's Date: _____ Your Signature: _____

BENEFICIARY'S BIOI GRAPHIC INFORMATION

1. YOUR NAME/SOCIAL SECURITY NUMBER

_____ Family Name _____ First _____ Middle _____ Social Sec # _____

2. OTHER NAMES USED (INCLUDING NAME BEFORE MARRIAGE):

_____ Family Name _____ First _____ Middle _____

3. GENDER/DATE OF BIRTH/NATIONALITY/ALIEN FILE NUMBER:

_____ Male/Female _____ Month/Day/Year _____ Nationality _____ Alien Number _____

4. CITY AND COUNTRY OF BIRTH:

_____ City _____ Country _____ Province _____ County _____ State _____

5. MOTHER'S NAME (Mother's name before marriage is her family name):

_____ Family Name _____ First _____ Middle _____ Social Sec # _____

6. MOTHER'S DATE & PLACE OF BIRTH/RESIDENCE:

 Month/Day/Year City/State of Birth City/State of Residence
7. FATHER'S NAME:

 Family Name First Middle Social Sec #
8. FATHER'S DATE & PLACE OF BIRTH/RESIDENCE:

 Month/Day/Year City/State of Birth City/State of Residence
9. HUSBAND OR WIFE (FOR WIFE GIVE NAME BEFORE MARRIAGE):

 Family Name First Middle Social Sec #
10. HUSBAND'S OR WIFE'S DATE OF BIRTH/PLACE OF BIRTH:

 Month/Day/Year of Birth City State or Province Country
11. DATE AND PLACE OF MARRIAGE:

 Month/Day/Year of Marriage City/State of Marriage Country
- Page Two
12. FORMER HUSBANDS OR WIVES (IF NONE, SO STATE):

 Family (Maiden) Name First Middle
13. FORMER HUSBAND'S OR WIFE'S DATE/PLACE OF BIRTH:

 Month/Day/Year of Birth City State or Province Country
14. DATE AND PLACE OF MARRIAGE TO FORMER HUSBAND/WIFE:

 Month/Day/Year of Marriage City/State of Marriage Country
15. DATE AND PLACE MARRIAGE TERMINATED:

 Month/Day/Year Terminated City/State Country
16. OTHER FORMER HUSBANDS OR WIVES (IF NONE, SO STATE):

 Family (Maiden) Name First Middle

17. FORMER HUSBAND'S OR WIFE'S DATE/PLACE OF BIRTH:

 Month/Day/Year of Birth City State or Province Country
18. DATE AND PLACE OF MARRIAGE TO FORMER HUSBAND/WIFE:

 Month/Day/Year of Marriage City/State of Marriage Country
19. DATE AND PLACE MARRIAGE TERMINATED:

 Month/Day/Year Terminated City/State Country
20. YOUR RESIDENCE LAST FIVE (5) YEARS, START WITH CURRENT:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)
- Your Phone Number(s): Home: _____ Work: _____ Cell: _____

Page Three

21. YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)
22. YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)
23. YOUR LAST RESIDENCE OUTSIDE THE US:

 Street, number, city, province or state, country, zip code
 From _____ (Month/Year) To _____ (Month/Year)

24. YOUR EMPLOYMENT LAST FIVE (5) YEARS (LIST ALL):

Full Name and address of employer, and your **occupation**

From _____ (Month/Year) To _____ (Month/Year)

25. YOUR EMPLOYMENT LAST FIVE (5) YEARS (CONTINUED):

Full Name and address of employer, and your **occupation**

From _____ (Month/Year) To _____ (Month/Year)

26. YOUR LAST OCCUPATION ABROAD IF NOT ALREADY STATED:

(Full Name and address of employer, and your **occupation/job title**)

From _____ (Month/Year) To _____ (Month/Year)

Today's Date: _____ Your Signature: _____