

QUESTIONNAIRE-BACKGROUND

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; print or write clearly. Write N/A if a question does not apply.

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. INFORMATION ON PETITIONER'S PARENTS

Father: Family Name: _____ First Name _____

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: Family Name: _____ First Name: _____

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

on (Date) _____ Mother's full current address is _____
_____, 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) _____ 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: Family Name: _____ First Name _____

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: Family Name: _____ First Name: _____

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 officer or 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 and provide the dates and location.

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: _____

This office should also know the following: _____

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Everything stated in this questionnaire is true.

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

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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: _____

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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 BIOGRAPHIC 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

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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: _____

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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: _____