Luba Smal, Attorney at Law P.O. Box 540531, OMAHA, NE 68154 U.S.A. Tel: 1 (402) 210-2040 Fax: 1 (866) 472-0413 E-Mail: attorney@law-visa-usa.com Web: http://www.law-visa-usa.com SMAL IMMIGRATION LAW OFFICE

IMMIGRATION QUESTIONNAIRE(Foreign National Applicant):

	INFORMATION ABOUT YOU								
Last/Family Name:			First Name:				Middle Name:		
All <u>other names</u> used including maiden name, names in prior marriages, aliases:						Name.	1		
Your Home Ac USA and/or ad if you live abroa	d,								
Contact Telephone number, Email address, Skype (what is your preferred method of contact):					Days/Hours we can call you:		n		
A# Alien Registration Number or USCIS number If you have it		r				Passport number, country issued your passport, issuance /expiration dates		Please attach copy (scan or photo) of the 1st page of your current passport and US visa	
SSN and ITIN (all numbers you ever used):			City & Country of Birth:				Date of Birth:	F	
What type of immigration as are you seekir do you need he Please explain.									
If you are presently in the USA, date last entry to the USA? Have you ever re-entered again? In what status/vis came to the USA (provide dates and of your I-94 if you have it).			er left and a you						
Are you currently employed in the U.S.?				emplo	s of U.S. yer:				
the U.S.			ype of n/job are eking?						
List all your previous entries / travel to U.S.A.(or the last 5):									
Date of arrival in USA and date of departure from USA:			What visa, how long you stayed in USA? Where did you arrive in USA state), where did you travel ir Purpose of your visit?		you travel in USA?				

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FAMILY INFORMATION – YOUR WIFE or HUSBAND, CHILDREN & PARENTS

Your marital status: Married, Single, Divorced, Widowed, Engaged		Spouse/Fiancée Immigrant Status in USA?		Is Spouse applying with you?	
Spouse's Last		First		Middle	
Name (Surname):		Name:		Name:	
All other names used by your Spouse including maiden name:		All citizenship(-s) of your Spouse:		Date of Birth & City/Country of Birth:	
Date and Place (City, State & Country) of Your Current Marriage:		Your total number of all marriages		Spouse's total number of marriages	

PREVIOUS MARRIAGES (YOURS & YOUR SPOUSE'S), IF ANY:

	Name of <u>Former</u> Husband or Wife	Date & Place of Birth	Date & Place of Marriage	Child ren? (Y/N)	Date of Termination of Marriage	How terminated (death, divorce, annulment)
Yours						
Spouse's						

CHILDREN (YOUR & YOUR SPOUSE'S):

Total Number of Sons and Daughters: _____ Step children: _____ Adopted Children: _____

Name of the Child

Sex (M/F) Date and Country of Birth Citizenship Status/Visa if in USA	Applying With You? (Yes/No)	
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PARENTS

		Full Legal Name	Date of birth& City/Country of Birth	City/Country of residence (if deceased, year of death)	Citizenship	Immigration Status if in USA	
Your Fa	ather						
Your M	other						
Father-	in-law						
Mother	-in-law						
ADDITIONAL QUESTIONS ABOUT YOU: Have you EVER been arrested, charged or convicted of a crime anywhere in the world? (even if the conviction was expunged, or removed from your record). Including offenses, such as, drunk driving							
Yes/No	OUI/DWI), drug related, violent offenses, prostitution, fraud, theft, domestic violent If yes, please explain in detail including dates and criminal charges/convictions (attach a separate sheet and copies of the court/arrest documents, if relevant):		criminal	Result (convicted, acquitted, etc)			
2) H 3) H 4) H 5) H	 Have you ever used another name for immigration purposes, or for any other reason? Have you ever used another person's green card, passport or any other document? Have you ever used another person's SSN? Have you ever lived to consular or immigration official? 						
Yes/No		If yes, please explain in de	tail including dates	6:	Dated/Places		
1. 2. 3. 4. 5. 6.							
1) Have y	1) Have you <mark>ever been refused, or denied a VISA to come to the U.S</mark> . When and what US Embassy.						

2) Have you ever been denied admission to the USA by CBP officer on the border, at the airport when arriving from abroad? (expedited removal or withdrawal of application for admission).								
Yes/No	es/No If yes, when and what kind of visa and the circumstances of the refusal/denial?							
1. 2.								
fr 2) H 3) H 4) H 0 5) H 6) H	 from what date to what date; how did you enter the U.S. on what visa, if applicable?) 2) Have you ever worked without authorization in the USA? 3) Have you ever been deported or ordered removed/deported from USA by Immigration Judge? 4) Have you ever been a prostitute, received any proceeds or money from prostitution, procured, imported, or trafficked prostitutes? 5) Have you ever violated any controlled substance law or regulation in the USA or abroad? 							
Yes/No	If yes, please explain, provide the date	es and copies of the document	s, if applicable:					
1. 2. 3. 4. 5. 6.								
Yes/No	 1) Are you an alcoholic or drug addict? 2) Do you have any alcohol or drug related convictions (DUI)? 3) Have you ever participated in any court-ordered or voluntary alcohol or drug related treatment (rehab)? If yes, explain. 							
1. 2. 3.								
Yes/No	Yes/No 1) Do you have AIDS/HIV positive, or sexually transmitted disease (STD) or Tuberculosis? 2) Any other serious health issues/diseases? (if yes, explain below)							
1. 2.								
What is your education (high or middle school/college/university/graduate degree) and work / job experience (in the past 5 years)? Please provide brief information below. You can attach your current resume.								
Nam	Name and address of school/college/university Dates when you attended school Degree or Diploma upon graduation							

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Dates of employment	Job or occupation, job functions
1. 2.	
1. 2.	
1. 2. 3.	

By submitting this completed questionnaire, I certify that I understand the instructions above and below; and that all of the information contained in this form is true and correct to the best of my knowledge.

Signed: ______ Dated: _____ (please sign & date here)

Please be advised that by submitting this confidential Questionnaire to us, no Attorney-Client relationship is established. The Attorney-Client relationship can be formed only after both sides agree and accept representation, sign Legal Services Agreement and pay the legal fee. Information provided during preliminary email or telephone communication and on our website is general in nature and does not constitute legal advice. All information that you provide to us in this Questionnaire is CONFIDENTIAL.

ed. 10/2021

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