

**Office Use Only**

Interview Date \_\_\_\_\_  
Court Cost \_\_\_\_\_  
Retainer Quoted \_\_\_\_\_  
Conflict Check Completed \_\_\_\_\_  
Contract Signed Date \_\_\_\_\_

# Law Office of A. Green Immigration Law Intake Sheet

The Law Office of A. Green is a service-based business. All services will be charged to the client and prompt payment is expected. We accept cash, credit cards, and checks.

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## GENERAL IMMIGRATION QUESTIONNAIRE

### I. INFORMATION REGARDING APPLICANT

Name: \_\_\_\_\_  
(Last), (First), (Middle)

Other names: \_\_\_\_\_ Sex:  Male  Female

(Maiden, Religious, Professional, Aliases)  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
(Mo/Day/Yr) (City), (State), (Country)

Citizenship: \_\_\_\_\_ U.S. Social Security No. \_\_\_\_\_  
(Country)

Permanent address abroad: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

U.S. address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

If in the U.S., complete the following:  
Date of arrival: \_\_\_\_\_ I-94 No.: \_\_\_\_\_  
(Mo/Day/Yr)

Current nonimmigrant status: \_\_\_\_\_ Expires: \_\_\_\_\_  
(Mo/Day/Yr)

Place where last entered U.S.: \_\_\_\_\_ Means of travel into U.S.: \_\_\_\_\_

Did you talk with a Border or Pre-Flight Inspector on entry into U.S.? \_\_\_\_\_

Passport No.: \_\_\_\_\_ Date issued: \_\_\_\_\_ Date expires: \_\_\_\_\_  
(Mo/Day/Yr) (Mo/Day/Yr)

Color of hair: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_ Height: \_\_\_\_\_

Marks of identification: \_\_\_\_\_

Father's name: \_\_\_\_\_  
(Last), (First)

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Residence: \_\_\_\_\_  
(Mo/Day/Yr) (City), (Country) (City, Country)

Mother's name: \_\_\_\_\_  
(Last), (First)

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Residence: \_\_\_\_\_

(Mo/Day/Yr) (City), (Country) (City, Country)  
 Were any of your or your spouse's grandparents born in the United States?  Yes  No  
 If so, when? \_\_\_\_\_  
 Are either you or your spouse an American Indian born in Canada of at least 50 percent  
 Native bloodline?  Yes  No  
 Are either you or your spouse eligible for a Native American tribal document?  Yes  No

**II. MARITAL INFORMATION**

Marital status:  Married  Widowed  Divorced  Separated  Single  
 Will your spouse accompany you to the U.S.?  Yes  No  
 Spouse's Name: \_\_\_\_\_  
 (Last), (First), (Middle)  
 Other names: \_\_\_\_\_ Sex:  Male  Female  
 (Maiden, Religious, Professional, Aliases)  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
 (Mo/Day/Yr) (City), (State), (Country)  
 Citizenship: \_\_\_\_\_ U.S. Social Security No. \_\_\_\_\_  
 Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

Spouse's former spouse name	Country of citizenship	Date of divorce/death

Is your spouse currently working in the U.S.?  Yes  No  
 If yes, does he or she have authorization to work full-time?  Yes  No  
 If no, does he or she wish to work in the U.S.?  Yes  No  
 Were you previously married?  Yes  No  
 Your first former spouse's name: \_\_\_\_\_  
 (Last), (First), (Middle)  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
 (Mo/Day/Yr) (City), (State), (Country)  
 Citizenship: \_\_\_\_\_ Date of divorce/death: \_\_\_\_\_ Place of divorce: \_\_\_\_\_  
 Your second former spouse's name: \_\_\_\_\_  
 (Last), (First), (Middle)  
 Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
 (Mo/Day/Yr) (City), (State), (Country)  
 Citizenship: \_\_\_\_\_ Date of divorce/death: \_\_\_\_\_ Place of divorce: \_\_\_\_\_

**III. LIST PRESENT BROTHERS, SISTERS AND CHILDREN, INCLUDING STEPCHILDREN**

	Name (First, Last)	Relationship	DOB	City/State/ Country of Birth	Applying with you	Immig Status
1.						
	Address:					
2.						
	Address:					
3.						
	Address:					
4.						
	Address:					
5.						
	Address:					
6.						
	Address:					

Do you have any children who are within four years of the age of 21 who may eventually want to live permanently in the U.S.?  Yes  No

**IV. RESIDENCES LAST FIVE YEARS (present address first)**

Street Address/Apt. #	City/State	Country	From (Mo/Yr)	To (Mo/Yr)
				present
Last address outside of U.S. more than one year:				

**V. PRESENT/PAST MEMBERSHIP IN GROUPS OF ANY KIND, INCLUDING MILITARY, SINCE YOUR 16th BIRTHDAY (if more space is required, use back of sheet)**

Group Name	City/State	From (Mo/Yr)	To (Mo/Yr)

**VI. INFORMATION REGARDING U.S. EMPLOYER**

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of business: \_\_\_\_\_

Date company established: \_\_\_\_\_ IRS Tax No.: \_\_\_\_\_ No. of employees: \_\_\_\_\_  
 Annual income: Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_  
 Position full-time?  Yes  No Number of hours per week: \_\_\_\_\_  
 Wages per week: \$ \_\_\_\_\_ Other compensation? \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 Company contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

**VII. POSITION OFFERED IN THE U.S.**

Job title: \_\_\_\_\_

Job duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location of place of employment: \_\_\_\_\_

Work schedule: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. Name of labor union: \_\_\_\_\_

Minimum education/degree required to perform the job duties: \_\_\_\_\_

Field of study: \_\_\_\_\_

Do other persons with your job have this education/degree?  Yes  No

Special requirements/skills needed to perform the position (*i.e.*, knowledge of certain types of computer software, foreign language, etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Minimum years of experience required to perform the job duties: \_\_\_\_\_

Title of immediate supervisor: \_\_\_\_\_ Number of people you will supervise: \_\_\_\_\_

**VIII. APPLICANT'S EDUCATION**

School Name/Address	Field of Study	From (Mo/Yr)	To (Mo/Yr)	Degree

List professional licenses: \_\_\_\_\_

**IX. APPLICANT'S PRIOR WORK EXPERIENCE**  
**(if additional space is required, use back of sheet)**

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job title: \_\_\_\_\_

Job duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job title: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job title: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Last occupation abroad:**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job title: \_\_\_\_\_  
Job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X. IMMIGRATION-RELATED QUESTIONS**

Are either you or your spouse an American Indian born in Canada of at least 50 percent Native  
bloodline?

Yes  No

Are either you or your spouse eligible for a Native American tribal document?  Yes  No

Have you ever been placed in immigration proceedings?  Yes  No

Exclusion  Deportation  Rescission  Judicial proceedings

Where: \_\_\_\_\_ When: \_\_\_\_\_

Have you ever applied for a U.S. **nonimmigrant visa** before?  Yes  No

If yes, Classification: \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Outcome?  Issued  Refused Nonimmigrant visa No.: \_\_\_\_\_

Has your U.S. visa ever been canceled?  Yes  No

Plan to apply for immigrant visa abroad?  Yes  No

If yes, where: \_\_\_\_\_

Plan to adjust status in U.S.?  Yes  No

If yes, where: \_\_\_\_\_

**XI. GROUNDS OF EXCLUSION**

1. Have you *ever* (in or outside the United States):
  - a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?  Yes  No
  - b. Been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, **excluding** traffic violations?  Yes  No
  - c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?  Yes  No
  - d. Exercised diplomatic immunity to avoid prosecution for a criminal offense?  Yes  No

If you answered YES to any of the above, give the following information:

Date	Place (City, State, Country)	Nature of Offense	Outcome

2. Have you ever received public assistance in the U.S. from any source, including the U.S. Government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?  Yes  No

If yes, explain: \_\_\_\_\_  
 (Include the names and Social Security number(s) you used)

3. Have you ever:
  - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?  Yes  No
  - b. Engaged in any unlawful commercialized vice, including but not limited to illegal gambling?  Yes  No
  - c. Knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?  Yes  No
  - d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?  Yes  No
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity?  Yes  No
5. Do you intend to engage in the U.S. in:
  - a. Espionage?  Yes  No
  - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?  Yes  No
  - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?  Yes  No

6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?  Yes  No
7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?  Yes  No
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?  Yes  No
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?  Yes  No
10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit?  Yes  No
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?  Yes  No
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver?  Yes  No
13. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child?  Yes  No
14. Do you plan to practice polygamy in the U.S.?  Yes  No

If you answered YES to any of the above, explain fully: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_, certify that the information provided on this questionnaire is true and correct to the best of my knowledge.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature

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## HOW DID YOU HEAR ABOUT US?

- Avvo     
  Google     
  Craigslist     
  Facebook

- Event: Let us know which one so we can honor any discounts. \_\_\_\_\_
- Word of Mouth: Let us know who so we can send a thank you. \_\_\_\_\_
- Other: Let us know \_\_\_\_\_