

## The Sidman Law Office P.A.

### *INITIAL INTAKE QUESTIONNAIRE*

**This is a one-time consultation**, limited to the specific question or problem for the particular person submitting this questionnaire, based on existing facts and law. If there are new or additional problems or issues with respect to the person, future changes or differences in law or facts, **and/or another person's problems**, then a new consultation (and a new consultation fee) will be required.

**WHO ARE YOU SEEKING LEGAL ADVICE ABOUT? (i.e., who wants the visa, was denied, is in removal, etc)?**

- About myself** and my own immigration situation
  - Please fill out the questionnaire concerning **your own situation or problem.**
  
- About a friend or relative's immigration situation**
  - If you are making inquiries about **another person's case or problems** (ie, your friend or relative), please provide **information about the person you are inquiring for, NOT ABOUT YOURSELF** (ie, pretend you are the person on whose behalf you are making the inquiry, and answer as though he/she was filling out the question himself/herself).

**Did the person with immigration problem ("Client") ever have a previous consultation with our office?**

- Yes
- No

If so, what is the Client's name who previously consulted with us? \_\_\_\_\_

What was the approximate date of the consultation? \_\_\_\_\_  
Month Year

- **PLEASE DO NOT WRITE/PRINT ON BACK OF PAGES**
- **NO PERSONAL CHECKS** are accepted for Initial Consultations.
- In person consultation fee can be paid in Cash, Money Order, Cashier's Check, or via Online Payment/PayPal.)
- It is important to the evaluation of the case that you complete this Questionnaire accurately, truthfully and completely.
- We assure you that the information supplied by you (whether or not you retain our services) is strictly confidential.
- **PLEASE PRINT LEGIBLY, USING BLUE or BLACK INK.**

#### **INFORMATION ABOUT PERSON WITH IMMIGRATION PROBLEM ("CLIENT")**

1.

a. Clients Full Name (Exactly as it appears on the birth certificate):

\_\_\_\_\_

Last                                      First                                      Middle/Maiden

b. Name Client is currently using:     Same as above

\_\_\_\_\_

Last                                      First                                      Middle/Maiden

2. Other names used (Maiden, Married, Religious, Professional Assumed, Aliases):  None

\_\_\_\_\_

Last

First

Middle/Maiden

3. Did client enter the U.S. under an "assumed or fake name"?  Yes  No

\_\_\_\_\_

Last

First

Middle/Maiden

4. Client's Present Address:

\_\_\_\_\_

No./Street

Apt. No.

City

State

Zip Code

5. Client's Telephone Numbers Overseas and/or in the U.S.:

Cell Number: (\_\_\_\_) \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Alternate Number: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

6. Alternate contact person for client in U.S. in case client cannot be reached:  
(Should be different from client's contact info.)

\_\_\_\_\_

Last

First

Middle/Maiden

\_\_\_\_\_

No./Street

Apt. No.

City

State

Zip Code

Relationship to Client: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Cell

\_\_\_\_\_

Email

7. Client's date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

8. Client's Birthplace: \_\_\_\_\_

City Province/State Country

9. Client's Present Nationality or Citizenship (Country): \_\_\_\_\_

**10. Client's Marital Status**

- a. Has client ever been married (whether Church, civil, or "secret" marriage)?  YES  NO
  - b. If yes, how many times: \_\_\_\_\_
  - c. Client's present marital status:  Single  Married  Divorced  Widow(er)  Annulled
  - d. Marital History:
    - i. Date of (1st) Marriage: \_\_\_\_\_ Place of (1st) Marriage: \_\_\_\_\_
      - If divorced/annulled, date: \_\_\_\_\_ Place: \_\_\_\_\_
    - ii. Date of (2nd) Marriage: \_\_\_\_\_ Place of (2nd) Marriage: \_\_\_\_\_
      - If divorced/annulled, date: \_\_\_\_\_ Place: \_\_\_\_\_
- If you have additional marriages, please provide information on a separate sheet.

**INFORMATION ABOUT CLIENT'S FAMILY**

- 11. Spouse's Name:**  NONE \_\_\_\_\_
- Spouse's Nationality/Citizenship: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Place of Birth: \_\_\_\_\_
- Is your spouse in the U.S.?  Yes  No
- If no, specify Country where spouse resides (i.e. Philippines, etc.): \_\_\_\_\_
- Was your spouse ever married before, or does he/she have children?  Yes  No

**12. Children's Info:**  NONE

	Name	Country of Birth	Date of Birth	Age	Specify where client's child is (ie, U.S.)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Are any of these children adopted, given, stepchild, etc. (i.e. not the client's biological child)?

Yes  No

Were any of client's children U.S. Citizens or green card holders before 11/20/14?

Yes  No

If you have additional children, please provide information on a separate sheet.

# CLIENT'S EDUCATION / EMPLOYMENT INFORMATION

	<u>CLIENT</u>	<u>CLIENT'S SPOUSE</u>
13. Did client (or client's spouse) graduate high school in the U.S. currently enrolled in school in the U.S., obtained a GED certificate, or served in the U.S. Armed Forces or Coast Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is client (or client's spouse) a college graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/Major: _____	_____	_____
Does client or client's spouse have any <b>special skills or work experience</b> (i.e. specialty cook, auto-mechanic, executive secretary, office manager, etc.) either in the U.S. or abroad? If so, describe:		
CLIENT: <input type="checkbox"/> NONE _____		
CLIENT'S SPOUSE: <input type="checkbox"/> NONE _____		

	<u>CLIENT</u> <input type="checkbox"/> NONE	<u>CLIENT'S SPOUSE</u> <input type="checkbox"/> NONE
14. <b>Clients Employment Information</b>		
Present Job Title	_____	_____
Name of Company	_____	_____
How Long has the client (or client's Spouse) worked for present employer?	_____	_____
How many Employees in the Company?	_____	_____
Monthly Salary	_____	_____

15. If client is seeking a working visa, is there an employer in the U.S. who is willing to sponsor/petition client (or client's spouse) for a working visa/green card?
<input type="checkbox"/> Yes <input type="checkbox"/> No

# CLIENT'S ENTRY INFORMATION

16. a. What is client's present U.S. Immigration status:
<input type="checkbox"/> Never been to U.S. (If client has <u>never been to the U.S.</u> , please go to Question #19)
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Political Asylum
<input type="checkbox"/> Immigrant/Green Card Holder <input type="checkbox"/> CSS/LULAC
<input type="checkbox"/> B-1/B-2 (viitor) <input type="checkbox"/> TNT or Out of Status
<input type="checkbox"/> F-1 (student) <input type="checkbox"/> Other: _____

16. b. Date you most **recently entered** the U.S.: \_\_\_\_\_

16. c. If client is presently in the U.S., what is/was **expiration date on client's I-94** (white arrival/departure card given to non-immigrants, such as visitors, at time of entry to U.S.): \_\_\_\_\_

17. a. Was client "physically present" in the U.S. on 12/21/00?  YES  NO

Was client "physically present" in the U.S. on 11/20/14?  YES  NO

17. b. How did client enter the U.S. on most recent trip?

	CLIENT	CLIENT'S SPOUSE	CLIENT'S CHILDREN
Valid Visitor's Visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under a Different Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump Ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Inspection (w/o visa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	_____	_____	_____

18. **Did client ever:**

Allow his/her visa, I-94, or extension to expire (even for one day)?  Yes  No

Depart the U.S. on "advance parole"?  Yes  No

If yes, when: \_\_\_\_\_

Did client reside in the U.S. continuously since before 01/01/10?  Yes  No

19. **Has client (or client's spouse) ever been denied a Visa, Petition, Labor Certification, or any other immigration benefit for which client applied (i.e. Political Asylum, CSS/LULAC, Visitor's Visa, Family Petition), has client's visa ever been cancelled, or has client otherwise been found ineligible for any visa or immigration benefit?**

Yes  No (Do not write N/A)

If yes, please explain.

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20. **Has client (or client's spouse) ever been placed in Deportation, Exclusion, or Removal proceedings, ordered deported, been questioned/interviewed by DHS, or did not attend a deportation hearing (ordered deported in absentia) or ever been inside a courtroom?**

Yes  No (Do not write N/A)

If yes, please explain.

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21. Has client (or client's spouse) ever been arrested, handcuffed, placed in the back seat of a police car, accused of, charged with, convicted of, or questioned by a law enforcement officer about, any crime or other illegal activity in the US or in any other country, no matter how long ago it occurred? (This would also include situations such as domestic violence/spousal abuse, shoplifting, embezzlement, theft, or where a person was charged with a crime and accepted a "plea bargain", had a conviction "expunged", or had the charges "dropped" by law enforcement.)

Yes  No (Do not write N/A)

If yes, please explain.

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22. Has client (or client's spouse) ever had an application or petition filed with the INS, USCIS, DHS, DOL, etc. for any of the following?

NONE (Check "NONE" only if all items are not applicable)

	CLIENT	CLIENT'S SPOUSE
a. Family Petition	<input type="checkbox"/>	<input type="checkbox"/>
b. Labor Certification	<input type="checkbox"/>	<input type="checkbox"/>
c. H-1 (working visa)	<input type="checkbox"/>	<input type="checkbox"/>
d. Motion/Appeal	<input type="checkbox"/>	<input type="checkbox"/>
e. CSS/LULAC/SAW	<input type="checkbox"/>	<input type="checkbox"/>
f. Political Asylum	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Specify)	_____	_____

Did client ever get a work permit from INS or CIS?  Yes  No

How was work permit obtained (ie, what benefit did client apply for, which resulted in having been granted work authorization?)

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23. Does client (or client's spouse) have any of the following relatives who are U.S. citizens or green card holders? (Please indicate if this relative is deceased by putting "D" by that relative.)

NONE (Check "None" only if all items are not applicable.)

<b>CLIENT:</b>	Mother	Father	Spouse	Child	Brother/Sister
American Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green card holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CLIENT'S SPOUSE:</b>	Mother	Father	Spouse	Child	Brother/Sister
American Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green card holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a spouse, parent or child who

who has ever served in the US Armed Forces?  YES  NO

24. Were any of the following relatives **BORN** in the U.S., or naturalized **before the BIRTH** of client (or client's spouse)?

NONE (Check "NONE" only if all items are not applicable)

Mother  Father  Grandmother  Great-grandparents

**If grandparents were citizens, did grandparents become U.S. Citizen BEFORE your parent's birth?**

Yes  No

25. Did client or client's spouse ever make any misrepresentation (changed marital status, changed age, altered name, etc.) to an immigration or consular officer to be able to acquire a visa or other immigration benefit or to enter the U.S.?

Yes  No (Do not write N/A)

If yes, please explain.

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26. Did client or client's spouse ever sign any affidavit, confession, or other document for the INS/USCIS or Embassy admitting fraud or ineligibility for any immigration benefit, or was client ever told their case was being "investigated" for fraud or other ineligibility?

Yes  No (Do not write N/A)

If yes, please explain.

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27. Are there any upcoming deadlines or due dates on client's immigration case (ie, court hearing, interview, response to INS/USCIS, etc)?

Yes  No (Do not write N/A)

If yes, please provide due date and explain the reason.

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**28. Has an IMMIGRANT visa petition ever been filed on client's (or client's spouse's) behalf? (Employment Based / Family Based)**

**NONE** (Check "NONE" only if all items are not applicable)

For client?

For client's spouse?

When was the petition filed (priority date)? \_\_\_\_\_

Month

Day

Year

If an IMMIGRANT visa petition has been filed, who filed it?

Parent  Spouse  Brother/Sister  Child  Employer

What Preference Category?

Immediate Relative (Spouse, Parent, Minor Child (under 21) of U.S. Citizen)

F-1 (Adult (over 21), Unmarried Child of U.S. Citizen)

F-2A (Spouse/Minor Child of Immigrant)

F-2B (Adult, Unmarried Child of Immigrant)

F-3 (Married Child of U.S. Citizen)

F-4 (Brother/Sister of U.S. Citizen)

Employment/Labor Certification

Were client's (or client's spouse's) parents ever petitioned for a green card (ie, by a relative or employer) while client was under 21 years of age?  Yes  No

**29. Has client ever consulted with or retained any attorney or law firm in connection with any immigration matter?**

Yes  No

If yes, name of attorney or law firm: \_\_\_\_\_

**30. a. Does client have an "Alien Number" (8 or 9 digit number on a green card, work authorization, etc.)**

NONE \_\_\_\_\_

**b. Does client's spouse have an "Alien Number" number?  NONE \_\_\_\_\_**

**c. How was the "Alien Number" obtained?  N/A (Check this only if client never had Alien #)**

Family Petition  Employer Petition  Asylum  Other



31. Briefly describe the nature of the immigration problem and type of legal assistance required (i.e. want working visa, deportation defense, family petition, previously denied a visa, appeal etc.):  
NOTE: PLEASE DO NOT LEAVE THIS ITEM UNANSWERED.

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**Please Read**

- No attorney-client relationship shall exist between client and this office by virtue of this questionnaire or consultation, unless and until client formally retains our services pursuant to a written retainer agreement, signed by us, and client pays any applicable attorney fees and costs for such services. There may be deadlines, due dates, court hearings, interview dates, etc., in connection with the case. However, this consultation and/or your submitting this questionnaire does not obligate our office to represent client, make any appearances, file any documents, or provide any legal services on client's behalf. No prediction, warranty, or guarantee can be made on the outcome of your case. Our advice during the consultation constitutes our opinion concerning the merits or chances with respect to your case. Client is certainly free to seek a second opinion from another attorney concerning his/her case and outcome.
- For PHONE CONSULTATIONS in U.S. before mailing, the client or representative can sign the intake. Please mail completed questionnaires and other correspondences directly to our office at 600 Whitehead St. Suite 202, Key West, FL 33040. Please send only **COPIES** of documents, **NOT ORIGINALS**, as they will not be returned.
- For IN-PERSON CONSULTATIONS, please bring completed questionnaire and documents with you, especially denials, approvals, filing with DHS that you are consulting about. Please sign before submitting the questionnaire to the receptionist. Do not mail or fax to our office.
- An attorney will contact you in connection with your consultation.

By signing this box, you certify that the answers you furnished on this form are true and correct to the best of your knowledge and belief. You understand that any false or misleading statements may result in the permanent refusal of a visa, or denial of entry in the United States.

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**DATE**

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**CLIENT'S  
(or Representative's)  
SIGNATURE**

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**PRINT CLIENT'S  
(or Representative's)  
FULL NAME**