

Chris Mahre & Associates - Immigration Questionnaire

(The information you provide will be used in formulating your legal advice. Providing this information ahead of time is not mandatory, but will save significant time at the initial consultation.)

Who referred you to the Law Office of Chris Mahre? If not referred by someone in particular, how did you find out about our services? _____

PART I - PERSONAL INFORMATION

Client's full name: _____

Preferred legal name for documents: _____

Current address: _____

Phone number: _____ E-mail address: _____

Cell number: _____ Fax number: _____

Country of Citizenship? _____ Social Security number _____

Date of birth _____ Country of birth _____

Employed by _____

Date you arrived in U.S. _____ Continuously in U.S.? Yes No

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical illness) _____

Spouse's full name: _____

Current address: _____

Phone number: _____ E-mail address: _____

Cell number: _____ Fax number: _____

U.S. Citizen? Yes No

Date of birth _____ Country of birth _____

Employed by _____

Health Status (describe health condition, including any confirmed diagnosis of mental and/or physical condition) _____

Children and Relatives if applicable

Father

Full name: _____ Relationship: _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____ Country of birth _____
Phone number: _____ E-mail address: _____

Mother

Full name: _____ Relationship: _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____ Country of birth _____
Phone number: _____ E-mail address: _____

Children

1. Full name: _____ Relationship: _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____ Country of birth _____
Pay for Child
Phone number: _____ E-mail address: _____

2. Full name: _____ Relationship: _____
Address _____
City _____ County _____ State _____ Zip _____
Date of birth _____ Country of birth _____
Pay for Child
Phone number: _____ E-mail address: _____

If you have more children, please use the back of this form.

Please list any family member (living or deceased) not already named who has U.S. citizenship _____

PART II – CASE INFORMATION

1. What is your current immigration status

2. If you currently are out of status, were you ever in status? Yes No
3. Please describe under what circumstances you came to the U.S. _____

4. Is your employer aware of your immigration goals? Yes No
5. Is your employer willing to sponsor you or help you with your goals your goals?
 Yes No
6. What is your job title _____
7. Please describe the nature of your work _____

8. Please describe your educational background:

9. Have you ever been arrested, accused, or convicted of any crime? Yes No
10. Please describe any criminal history _____

11. Have you ever been the victim of a crime? Yes No
12. Please describe anything else that you think would be important in evaluating your case:

