



Agape Document Services Unlimited

Please fill out this questionnaire. It is important that you answer each question fully because the legal document preparer will use this information to prepare your case. You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A". Your response to these questions will help to properly prepare your legal documents.

Thank You ,
Agape Document Services Unlimited

Part A. Personal Information			
1. Current legal name (as shown on the passport or I-94 departure card)			
First name	Middle name	Family name	
2. Other name used (including maiden name)			
3. Date of Birth	Month	Day	Year
4. Nationality		5. Citizenship (country)	
6. Place of birth			
Town		Province/State	Country
7. Sex (M/F)	8. Race	9. Height: feet inches	10. Weight in pounds
11. Hair color		12. Eye color	
13. U.S. Social Security no.		14. Home phone	
15. Business phone		16. E-mail address	
17. Fax number		18. Cell/Alternative phone	
19. Current residence address			
			Zip
20. Business address			
			Zip
21. Address in the United States where you will reside (if not currently in the U.S.)			
			Zip
22. Present occupation (please circle): employed student retired unemployed other			
If "other" please explain:			
Part B. Please complete if you are currently outside of the U.S. (if not applicable skip this part)			
1. Full name, address and phone number(s) of contact person or organization in the U.S.:			
2. List all countries you have entered in the last 10 years (give the year of each visit):			
3. List all countries that ever issued you a passport:			

4. Have you ever lost a passport or had one stolen?			
5. National Identification Number (if applicable):			
6. Clan or Tribe name (if applicable):			
7. List all Professional, Social and Charitable Organizations to which you belong(ed) or contribute(ed) or with which you work(ed):			
8. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience?			
If "Yes" please explain:			
9. Have you ever performed military service?			
If "Yes" please list: Country, Branch of Service, Rank, Position, Military Specialty, Dates of Service:			
10. Have you ever been in an armed conflict, either as a participant or victim?			
If "Yes" please explain:			
11. Have you made specific travel arrangements?			
If "Yes" please provide a complete itinerary for your travel: Arrival & Departure dates, Flight Information, Specific Locations You Will Visit, Point of Contact at each Location:			
12. How long do you intend to stay in the United States?			
13. What is the purpose of your trip?			
14. Who will pay for your trip?			
15. Have you ever been refused a U.S. Visa?			
If Yes:	When	Where	What type of visa
16. Have you ever been issued a U.S. Visa?			
If Yes:	When	Where	What type of visa
17. Have you ever been in the United States?			
If Yes:	When	For how long	
18. Do you intend to work in the United States?			

19. Do you intend to study in the United States?			
20. Has your U.S. Visa ever been canceled or revoked? Have you ever been refused admission to the United States? Has anyone ever filed an immigrant visa petition on your behalf? If answered "Yes" to any of the above, please explain below:			
21. Are any of the following persons in the U.S., or do they have U.S. Legal Permanent Residence or U.S. Citizenship (please indicate that person's status in the U.S.: i.e., U.S. legal permanent resident, U.S. citizen, visiting, studying, working, etc.)?	Yes	No	Status
Husband / Wife			
Fiancé / Fiancée			
Father / Mother			
Son / Daughter			
Brother / Sister			
22. Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?			
23. Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder?			
24. Names and relationships of persons traveling with you:			
Part C. Sponsor or Petitioner (if not applicable skip this part)			
Please complete this part if you are a Sponsor or Petitioner of a person seeking immigration benefits.			
1. I am sponsoring (husband, wife, parent, brother, sister, child):			
2. Are you related by adoption?			
3. Has your relative ever been in the United States?			
4. Is your relative currently in the United States?			
5. Are you applying for an advance parole document for a person who is outside the U.S.?			
6. Will your relative apply for adjustment of status?			
7. Address in the U.S. where your relative intends to live:			
8. If you are a U.S. citizen, how did you acquire your citizenship (birth in the U.S., Naturalization, parents)?			
9. Have you obtained a certificate of citizenship in your name?			
Certificate number	Date, Place of issuance		

10. If you are a lawful permanent resident alien, complete the following:			
Date, Place of Adjustment of Status			
How did you gain permanent resident status (Marriage to a U.S. citizen or lawful permanent resident, through adoption)?			
11. If filing for your husband or wife, provide last address at which you lived together:			
Street address, unit number, city, state/province, zip, country		From (month/year)	To (month/year)
12. Have you ever filed a petition for any foreign national before?			
If you answered "Yes" to the above question provide the following: Name, Place, Date of filing, Results:			
13. Are you, or any person you are sponsoring, now in exclusion, deportation, removal or recission proceedings?			
If "Yes" Name of DHS office:			
14. If you applying for an advance parole document (permission to travel to the U.S.) for a person who is outside the United States, provide the following information about this person:			
Current legal name (as shown on the passport or I-94 departure card):			
First name	Middle name	Family name	
15. Date of Birth:	Month	Day	Year
16. Country:		17. Citizenship:	
18. Current address:			
19. Date of intended departure (month, day, year):			
20. Expected length of trip:			
*Please note that a relative you are sponsoring should complete a separate questionnaire.			
Part D. Family Information			
1. Name of Father:			
First name	Middle name	Family name	
2. Father's date of birth:	Month	Day	Year
3. Father's place of birth:			
Town	Province/State	Country	
4. Father's current residence address:			
City		Country	
5. Is Father deceased?		6. If yes, what year?	
7. Name of Mother:			
First name	Middle name	Family name	Maiden Name

8. Mother's date of birth:	Month	Day	Year
9. Mother's place of birth:			
Town	Province/State	Country	
10. Mother's current residence address:			
City		Country	
11. Is Mother deceased?		12. If yes, what year?	
13. Were any of your grandparents born in the United States?			
14. If yes, where?			
Part E. Marital information			
1. Marital status- M/W/D/SP/S		2. Date of present marriage	
3. Number of times of married, including this marriage			
4. Spouse's name			
First name	Middle name	Family name	Maiden name
5. Spouse's date of birth	Month	Day	Year
7. Spouse's place of birth			
Town	Province/State	Country	
6. Nationality		7. Citizenship (country)	
8. Spouse's U.S. Social Security Number:			
9. Place of present marriage			
10. Former Spouse (1)			
First name	Middle name	Family name	Maiden name
Former spouse's date of birth			
Month	Day	Year	
Former spouse's citizenship			
Date/Place of termination of marriage or death			
11. Former Spouse (2)			
First name	Middle name	Family name	Maiden name
Former spouse's date of birth			
Month	Day	Year	
Former spouse's citizenship			
Date/Place of termination of marriage or death			
12. List children, including stepchildren (use attachment if necessary)			
A. Child Name			
Relationship			
Date of birth			
Place of birth (city, state, country)			
Address (if different)			

U.S. Social Security Number		“A” number (if applicable)			
B. Child Name					
Relationship					
Date of birth					
Place of birth (city, state, country)					
Address (if different)					
U.S. Social Security Number		“A” number (if applicable)			
Part F. Prior residence					
1. Residences last 5 years (Present address first)					
Street address, unit number, city, state/province, zip, country		From (month/year)	To (month/year)		
2. Last residence outside U.S. of more than one year					
Street address, unit number, city, state/province, zip, country		From (month/year)	To (month/year)		
Part G. Employment					
1. Current occupation:					
2. Employment last five years. Present employment first.					
Name, Address, Telephone number, Supervisor’s Name		Occupation	Salary	From (month/year)	To (month/year)
3. Current Employer’s Tax Identification Number					
If you are applying for Employment Authorization Document, complete the following:					
4. Have you ever before applied for Employment Authorization Document?					
If "Yes", Which USCIS Office		Dates	Results		
5. Currently I am applying for permission to accept employment:					
6. Currently I am applying for replacement of lost Employment Authorization Document:					

7. Currently I am applying for renewal of my permission to accept employment:			
If applying for work visa complete the following			
8. Name and address of (prospective) employer:			
10. List all jobs held during the last three years. Also, list any other jobs related to the occupation for which you are seeking a work visa (use attachment if necessary):			
A. Name and address of employer	Name of job	Kind of business	No. of hours per week
Date started (month/year)		Date left (month/year)	
Describe in detail the duties performed, including the use of tools, machines or equipment:			
B. Name and address of employer	Name of job	Kind of business	No. of hours per week
Date started (month/year)		Date left (month/year)	
Describe in detail the duties performed, including the use of tools, machines or equipment:			
C. Name and address of employer	Name of job	Kind of business	No. of hours per week
Date started (month/year)		Date left (month/year)	
Describe in detail the duties performed, including the use of tools, machines or equipment:			
D. Name and address of employer	Name of job	Kind of business	No. of hours per week
Date started (month/year)		Date left (month/year)	
Describe in detail the duties performed, including the use of tools, machines or equipment:			
Part H. Education			
1. High school?		2. College?	
3. Degree earned and date earned:			

If applying for a work visa or you are currently outside of the United States please complete detailed information below (use attachment if necessary):		
3. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):		
Field of Study:	From (month/year)	To (month/year)
Degrees or Certificates Received		
4. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):		
Field of Study:	From (month/year)	To (month/year)
Degrees or Certificates Received		
5. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):		
Field of Study:	From (month/year)	To (month/year)
Degrees or Certificates Received		
6. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):		
Field of Study:	From (month/year)	To (month/year)
Degrees or Certificates Received		
7. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):		
Field of Study:	From (month/year)	To (month/year)
Degrees or Certificates Received		
Part I. Arrival information		
1. Date and place of first arrival in U.S.:		

Month, Day, Year:		Place	
2. Date and place of last arrival in U.S.:			
Month, Day, Year:		Place	
3. Has a prior visa petition ever been filed? If yes, answer the following.			
Where?	When?	Approved?	
Means of travel into U.S.:		Inspected?	
Status at entry (visitor, student, etc.):			
Passport Number:		Passport issue date:	
Passport expiration date:			
Passport was issued:	City	Country	State/Province
Destination in U.S. at time of Admission:			
Consulate Where Visa Issued:		Visa Number:	
Date Visa issued:	Visa expiration date:		Indefinite?
Visa Classification:		I-94 Number:	
I-94 issue date:		I-94 expiration date:	
Duration of stay:			
Name Exactly as it Appears on I-94:			
4. Have you ever filed for Permanent Residence in the U.S.? If yes, please answer the following.			
Date and place of filing:			
"A" Number as it appears on Lawful Permanent Residence Card:			
5. Most recent dates and ports of entry in the United States:			
Part J. Future Travel			
1. Please check what applicable:			Yes
I am a permanent resident of the United States			
I am holding U.S. refugee/asylee status			
I am a permanent resident as a direct result of refugee/asylee status			
I am applying for an advance parole document to allow me to return to the United States after temporary foreign travel			
I am outside the United States and I am applying for an advance parole document			
2. Date of intended departure (month, day, year):			
3. Expected length of trip:			
4. How many trips do you intend to use the travel document:	One trip	More than one trip	
5. Have you ever before been issued a reentry permit or refugee travel document? If "Yes" Date Issued (month, day, year):			
Disposition (lost, stolen, other):			
6. Information about your proposed travel (use attachment if necessary):			

Encouraged any alien to enter U.S. illegally?		
Trafficked in any controlled substance?		
Been in any way involved in any terrorist activity?		
Engaged in espionage or intend to once in the U.S.?		
Been a member of or affiliated with the Communist Party or Nazi government of Germany between March 23, 1933 and May 8, 1945?		
Engaged in genocide or persecuted any person because of race, religion, national origin or political opinion?		
Been deported, removed, or excluded from the U.S. or been ordered to do same?		
Committed fraud in order to obtain entry into the U.S.?		
Left the U.S. to avoid being drafted into the U.S. Army?		
Been a J nonimmigrant visitor and not complied with the 2-year foreign requirement or obtained a waiver?		
Withheld custody of a U.S. citizen child from a person granted custody of the child?		
Been a polygamist or plan to practice polygamy in the U.S.?		
Claimed to be a U.S. citizen (<i>in writing or any other way</i>)?		
Violated or evaded laws prohibiting the export of goods, technology or information from the Unites States?		
If you answered YES to any of the above, explain fully on an attached piece of paper.		
Have you ever been under immigration proceedings?		
If you answered "Yes" to the last question please explain:		
Removal <input type="checkbox"/>	Exclusion <input type="checkbox"/>	Recission <input type="checkbox"/> Judicial Proceedings <input type="checkbox"/>
Where	When	
Part L. NATURALIZATION APPLICANTS ONLY (if not applicable, skip to Part M)		
1. How many total days did you spend outside of the United States during the past 5 years?		
2. How many trips of more than 24 hours have you taken outside of the U.S. during the past 5 years?		
3. List below all the trips of 24 hours or more that you have taken outside of the United States <i>since becoming a Lawful Permanent Resident</i> . Begin with your most recent trip.		
Date left U.S.	Date returned to U.S.	Countries to which you have traveled
4. Please answer the following questions:		
	Yes	No

Have you ever voted in any Federal, state, or local election in the United States?		
Have you ever registered to vote in any Federal, state, or local election in the U.S.?		
Since becoming a Lawful Permanent Resident (Green Card holder), have you ever failed to file a required Federal, state, or local tax return or called yourself a “nonresident” on same?		
Do you owe any Federal, state, or local taxes that are overdue?		
Do you have any title of nobility in any foreign country?		
Have you ever been arrested, cited, or detained by any law enforcement officer (including INS, now BCIS and military officers) for any reason?		
Have you ever been placed in an alternative sentencing or rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?		
Have you ever received a suspended sentence, been placed on probation, or been paroled?		
Have you ever been in jail or prison?		
Have you ever been a habitual drunkard?		
Have you ever helped anyone enter or try to enter the United States illegally?		
Have you ever gambled illegally or received income from illegal gambling?		
Have you ever failed to support your dependents or to pay alimony?		
Have you ever given false or misleading information to any U.S. government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal?		
Have you ever lied to any U.S. government official to gain entry or admission into the United States?		
Have you ever served in the U.S. Armed Forces or applied for any kind of exemption from military service?		
If you answered YES to <i>any</i> of the above, explain fully on an attached piece of paper. Please include the reasons, dates, locations, and outcome of any arrest, citation, detention or charge.		
Are you a male who lived in the United States at any time between your 18 th and 26 th birthdays in any status except as a lawful nonimmigrant?		
*PLEASE NOTE: If you answered “Yes” to the previous question, but did NOT register with the Selective Service System and you are still under 26 years of age, you must register before you apply for naturalization. If you answered “YES” to the previous question, but did NOT register with the Selective Service System, and you are now 26 years or older, attach a statement explaining why you did not register.		

Part M. Immigration issues
I How can I help you?
<input type="checkbox"/> Travel Document <input type="checkbox"/> Employment Authorization Card <input type="checkbox"/> Adjustment of Status <input type="checkbox"/> Work Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Naturalization
Other, please specify:

* Please include copies of all supporting documents, such as your passport, visa, front and back of your I-94 card, your permanent residency card, and employment authorization document, if applicable, by mail or at the time of consultation.

By signing below or by submitting this Questionnaire via e-mail without signature, I certify that all of the information contained in this Questionnaire is true and correct to the best of my knowledge and that I will be truthful in all future exchanges with "ADSU" regarding any personal information.

Print name _____ Signature _____ Date _____