

# ADJUSTMENT OF STATUS QUESTIONNAIRE

Please indicate whether or not you wish to file the following:

- A work authorization (Filing Fees: add \$180): YES  NO
- A travel authorization (Filing Fees: add \$170): YES  NO

## I - INFORMATION ABOUT YOU:

Full Name: \_\_\_\_\_

Other name(s) used (i.e. maiden name): \_\_\_\_\_

U.S. address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: Home / Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Date and Place (city/country) of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Type of visa: \_\_\_\_\_ Issued on: \_\_\_\_\_ Expires on: \_\_\_\_\_

Visa Number: \_\_\_\_\_

Consulate where visa was issued: \_\_\_\_\_

I-94 No.: \_\_\_\_\_

Date of last Entry: \_\_\_\_\_ Place of last entry (city/state): \_\_\_\_\_

Alien No (*if any*): \_\_\_\_\_

Has an application for an immigrant visa ever been filed on your behalf either through a family based or an employment based petition? YES  NO

**II - INFORMATION ABOUT YOUR PARENTS:**

A - Father:

Name (*First/Middle/Last*): \_\_\_\_\_

Date and Place (*city/country*) of Birth: \_\_\_\_\_

Current place of residency (*city/country*) (if deceased, please state so):

\_\_\_\_\_

B – Your Mother:

**Maiden Name:** \_\_\_\_\_

First Name: \_\_\_\_\_

Date and Place (*city/country*) of Birth: \_\_\_\_\_

Current place of residency (*city/country*) (if deceased, please state so):

\_\_\_\_\_

**III - INFORMATION ON PRESENT SPOUSE**

Name (*First/Middle/Last*): \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

Date and Place (*city/country*) of Birth: \_\_\_\_\_

Date and Place (*city/country*) of marriage: \_\_\_\_\_

**IV - INFORMATION ON FORMER HUSBAND/WIFE:**

Name (*First/Middle/Last*): \_\_\_\_\_

Date and Place (*city/country*) of Birth: \_\_\_\_\_

Date and Place (*city/country*) of Marriage: \_\_\_\_\_

Date and Place (*city/country*) of Termination of Marriage: \_\_\_\_\_

**V - LIST ALL YOUR CHILDREN:**

Full Name ( <i>First/Middle/Last</i> )	Relationship ( <i>Son/Daughter</i> )	Date of Birth ( <i>mm/dd/yyyy</i> )	Place of Birth ( <i>City, Country</i> )	Applying with you ( <i>Yes or No</i> )

**VI - RESIDENCE FOR THE PAST FIVE (5) YEARS**

Address	From ( <i>Month / Year</i> )	To ( <i>Month / Year</i> )

**VII – EMPLOYMENT FOR THE PAST FIVE (5) YEARS:**

Full <b>Name</b> and <b>Address</b> of the previous employer(s)	Occupation / Job Title	From (Month / Year)	To (Month / Year)

**VIII – LAST ADDRESS OUTSIDE THE U.S. (For more than one year):**

Address ( <i>street, city, state/province, country</i> )	From (Month / Year)	To (Month / Year)

**IX – LAST EMPLOYER OUTSIDE THE U.S.:**

Full <b>Name</b> and <b>Address</b> of the previous employer(s)	Occupation	From (Month / Year)	To (Month / Year)

**Please provide us with the following documents:**

1. Adjustment of Status Questionnaire (one questionnaire per person)
2. Birth Certificate (for each applicant)
3. Certified copy of Marriage Certificate (if applicable)
4. Divorce Certificate (if applicable)
5. Green Card dimension photos per applicant:
  - a. 2 for I-485
  - b. 2 for Work Authorization (I-765)
  - c. 2 for Travel Document/Advance Parole (I-131)
6. Your most recent Income Tax Return and W-2
7. Copies of Passports, Visas and I-94 (for each applicant),
8. Copies of all other applications filed with the INS (i.e. Asylum, LULAC, CSS, or Prior labor certificate or family-based visa petitions).
9. Medical Exam (for each applicant). You can find a Certified Civil Surgeon on the USCIS website ([www.uscis.gov](http://www.uscis.gov)) under the "Services & Benefits" category.

Thank you for your attention in this matter,

**Wade J. Chernick**  
**Attorney at Law**