



Baser Law

Immigration is our business

CONSULTATION QUESTIONNAIRE

Having a consultation with any of our attorneys does not establish an attorney-client relationship. All information contained in the following Consultation Questionnaire will be kept **STRICTLY CONFIDENTIAL** and will not be released without your permission.

1. PERSONAL INFORMATION

Full Name: _____ (Male) (Female)
U.S. Address: _____ Home Phone: _____
_____ Cell Phone: _____
Email Address: _____
Date of Birth: _____ Place of Birth: _____
City, State, Country
Country of Citizenship: _____ SSN# _____
Passport Number: _____ Issue Date: _____ Exp. Date: _____
I-94 Number: _____ Date and Place of Last Entry: _____
Current Immigration Status: _____ Expiration Date: _____

Are you married? Yes No – If yes:

Date of Marriage: _____
Spouse's Full Name: _____
Date of Birth: _____ Place of Birth: _____
City, State, Country
Country of Citizenship: _____ SSN# _____
Passport Number: _____ Issue Date: _____ Exp. Date: _____
I-94 Number: _____ Date and Place of Last Entry: _____
Current Immigration Status: _____ Expiration Date: _____

Do you have children? Yes No – If yes, how many: _____

Child's Full Name: _____ (Male) (Female)

Date of Birth: _____ Place of Birth: _____
City, State, Country

Country of Citizenship: _____ SSN# _____

Passport Number: _____ Issue Date: _____ Exp. Date: _____

I-94 Number: _____ Date and Place of Last Entry: _____

Current Immigration Status: _____ Expiration Date: _____

Child's Full Name: _____ (Male) (Female)

Date of Birth: _____ Place of Birth: _____
City, State, Country

Country of Citizenship: _____ SSN# _____

Passport Number: _____ Issue Date: _____ Exp. Date: _____

I-94 Number: _____ Date and Place of Last Entry: _____

Current Immigration Status: _____ Expiration Date: _____

Child's Full Name: _____ (Male) (Female)

Date of Birth: _____ Place of Birth: _____
City, State, Country

Country of Citizenship: _____ SSN# _____

Passport Number: _____ Issue Date: _____ Exp. Date: _____

I-94 Number: _____ Date and Place of Last Entry: _____

Current Immigration Status: _____ Expiration Date: _____

Child's Full Name: _____ (Male) (Female)

Date of Birth: _____ Place of Birth: _____
City, State, Country

Country of Citizenship: _____ SSN# _____

Passport Number: _____ Issue Date: _____ Exp. Date: _____

I-94 Number: _____ Date and Place of Last Entry: _____

Current Immigration Status: _____ Expiration Date: _____

2. IMMIGRATION HISTORY

Check every type of immigration status that you have ever held and provide the dates:

- | | |
|---|--|
| <input type="checkbox"/> B Visitor: _____ | <input type="checkbox"/> E Trader/Investor: _____ |
| <input type="checkbox"/> F Student: _____ | <input type="checkbox"/> H-1B Professional: _____ |
| <input type="checkbox"/> J Exchange Visitor: _____ | <input type="checkbox"/> K Fiancée: _____ |
| <input type="checkbox"/> L Intracompany: _____ | <input type="checkbox"/> O Outstanding Ability: _____ |
| <input type="checkbox"/> TN Canadian Worker: _____ | <input type="checkbox"/> Other: _____ |

Check each one that you or your spouse have ever applied for or been the beneficiary of:

	Date Filed	Sponsor	Attorney	Result
Green Card	_____	_____	_____	_____
Immigrant Petition	_____	_____	_____	_____
Labor Certification	_____	_____	_____	_____
Asylum	_____	_____	_____	_____

Have you or your spouse ever had **any** immigration problems? In particular, have you or your spouse ever been under removal, deportation, or exclusion proceedings? Please describe **in detail**:

Were any of your or your spouse's parents or grandparents born in the United States?

Yes No

Were any of your or your spouse's parents or grandparents naturalized U.S. Citizens?

Yes No

2. EDUCATIONAL BACKGROUND

All college/university education, starting with the highest level achieved:

Degree: _____ Field of Study: _____
 Name of Educational Institution: _____
 Full Address of Education Institution: _____
 Year Degree completed: _____

Degree: _____ Field of Study: _____
 Name of Educational Institution: _____
 Full Address of Education Institution: _____
 Year Degree completed: _____

Degree: _____ Field of Study: _____
 Name of Educational Institution: _____
 Full Address of Education Institution: _____
 Year Degree completed: _____

3. CURRENT EMPLOYMENT

Employer Full Name: _____

Employer Full Address: _____

Type of Business: _____

Job Title: _____ Salary/Hourly Rate: _____

Start Date (mm/dd/yyyy): _____ Hours/Week: _____

Primary Worksite Address: _____

Other Worksite Address(es), including possible future ones, if applicable: _____

Job Duties: _____

Specific skills or other requirements: _____

4. OTHER INFORMATION

Have you ever been **arrested, cited, indicted, fined or convicted of a crime** anywhere in the world (even if the conviction was expunged or removed from your record) or have you ever had any problems with the law?

Yes No -- If yes, please explain **in detail**: _____

Have you ever claimed to be a citizen of the United States, registered to vote, or have you ever used another name for immigration purposes or for any other reason? Yes No

If yes, please explain **in detail**: _____

Have you ever been denied a visa to come to the United States? Yes No

If yes, please explain **in detail**: _____

During what years, if any, have you filed an Income Tax Return with the IRS?

I certify that all of the information contained in this form is true and correct to the best of my knowledge.

Signature

Date