

**SCOTT D. POLLOCK & ASSOCIATES, P.C.  
105 W. MADISON, SUITE 2200  
CHICAGO, IL 60602**

**Telephone: 312-444-1940  
Fax: 312-444-1950**

**DATE:** \_\_\_\_\_

**ATTORNEY:** \_\_\_\_\_

**U.S. Immigration Questionnaire**

Please complete this form as thoroughly as possible so we can understand your needs and develop an appropriate U.S. immigration strategy for you. Not all questions will relate to you or your situation, but the more information you can provide, the better we can assess your case. Feel free to use additional pages if necessary to fully answer a question. When you finish, please sign this form. You must also notify us if any of your answers to these questions change in the future.

**\*\*\* ANY INFORMATION YOU PROVIDE ON THIS QUESTIONNAIRE WILL BE USED SOLELY FOR SCOTT D. POLLOCK & ASSOCIATES TO EVALUATE YOUR CASE AND WILL NOT BE DISCLOSED IN PART OR ITS ENTIRETY TO ANY PRIVATE OR GOVERNMENT AGENCIES. \*\*\***

First, why have you come to see us? (e.g. do you want a particular nonimmigrant visa, a change or extension of status, lawful permanent resident status, temporary or permanent employment authorization, U.S. citizenship, defense from deportation, political asylum etc.):

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*[To be filled out by person accompanying foreign-born person, if none, leave blank.]*

Your Name (if not the foreign-born person): \_\_\_\_\_  
Relationship to the foreign-born person: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**A. Information of Foreign-born person**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Country/ies of citizenship: \_\_\_\_\_  
Spouse's country/ies of citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (home) \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
 Social Security # (if any) \_\_\_\_\_  
 Alien Registration # (if any) \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Work Fax: \_\_\_\_\_  
 Job title: \_\_\_\_\_  
 Start Date: \_\_\_\_\_

**B. Foreign-born Person's Immigration History**

List all previous entries you have made to the U.S.: [Please provide us with copies of all passports you have used, I-94 cards, immigration receipts and/or correspondence, and any other immigration-related documents you have received]

Date Arrived	Date left the U.S.	Visa Status at time

Current immigration status if any: \_\_\_\_\_  
 I-94# & Expiration Date (if any): \_\_\_\_\_

Have you ever been refused a visa at a U.S. Consulate, or denied entry to the U.S.? \_\_\_\_\_

Have you ever entered the U.S. unlawfully? \_\_\_\_\_ Have you remained beyond a period of authorized stay as indicated on an I-94 card? \_\_\_\_\_ If "yes", please provide details:

\_\_\_\_\_  
 \_\_\_\_\_

Did you ever encourage, assist, help, or pay for anyone else to enter unlawfully, with or without you being there, including your children? \_\_\_\_\_

Have you ever lied or misrepresented anything, or used false documents, to obtain a visa, entry into the U.S., or any other immigration benefit? \_\_\_\_\_

If "yes," please explain:

\_\_\_\_\_  
 \_\_\_\_\_

Have you ever been stopped by immigration officers or been in deportation or removal immigration proceedings? \_\_\_\_\_ If "yes", please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever claimed to be a U.S. citizen, either orally or in writing, including to obtain employment (Form I-9)? \_\_\_\_\_

If you are **not** a U.S. citizen, have you ever registered to vote or voted in any U.S. election?

\_\_\_\_\_.

Has any person or employer ever filed an immigrant visa petition (I-130 or I-140) or Application for Labor Certification (ETA 750 A&B) for either you or one of your parents? \_\_\_\_\_ (If "yes," please provide us with documentation of the filing(s)).

**C. Family of Foreign Born Person**

Name of Spouse or Fiancee: \_\_\_\_\_

Address of Spouse/Fiancee (If different from address provided on page 1): \_\_\_\_\_

D.O.B.: \_\_\_\_\_

P.O.B.: \_\_\_\_\_

Social Security # (if any) \_\_\_\_\_

Alien Registration # (if any) \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Spouse's Last Date of Entry to the U.S. (if not a U.S. citizen): \_\_\_\_\_

Visa or Permanent Resident Status (if in the U.S.) \_\_\_\_\_

Date Expires: \_\_\_\_\_

Spouse's highest level of education: \_\_\_\_\_

Spouse's employer & job title: \_\_\_\_\_

Have you been married before? \_\_\_\_\_ If "yes," please provide the following:

Name of Prior Spouse(s)	How/when marriage terminated (e.g. "divorce 1985", "death 2003")

Has your spouse been married before? \_\_\_\_\_

If "yes", please provide their name: \_\_\_\_\_

How did the marriage terminate for spouse: \_\_\_\_\_

***Children of Foreign Born Person: (including birth children, adopted children, step-children & children from prior relationships.)***

Name	Date of Birth	Place of Birth	Immigration Status

Have you ever been ordered to pay child support? \_\_\_\_\_

If "yes", are you current with your payments? \_\_\_\_\_

**Family of Foreign Born Person:**

	<b>Name</b>	<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Place of Residence</b>	<b>Imm. Status</b>
<b>Father</b>					
<b>Mother</b>					
<b>Sibling</b>					
<b>Sibling</b>					
<b>Sibling</b>					
<b>Grand-Father</b>					
<b>Grand-Mother</b>					
<b>Grand-Father</b>					
<b>Grand-Mother</b>					

**Spouse's Parents:**

	<b>Name</b>	<b>Date of Birth</b>	<b>Place of Birth</b>	<b>Country of residence</b>
<b>Mother</b>				
<b>Father</b>				

**D. Education and Employment History of Foreign-Born Person**

*Please fill in the following:*

<b>Educational Institution</b>	<b>Dates of Attendance</b>	<b>Degrees Earned</b>

*List your employment for the past 3 years:*

<b>Employers Name</b>	<b>Location</b>	<b>Positions Held</b>	<b>Dates of Employment</b>

If eligible, is an employer willing to assist you in obtaining your immigration status?

\_\_\_\_\_

If "yes", please provide the following:

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position Offered: \_\_\_\_\_

### E. Criminal Arrest and/or Conviction History of Foreign Born Person

- **Note: You should presume any arrest will be known to the government, even if the charges were dropped or the sentence was deferred or the records expunged. Failure to disclose an arrest could result in the denial of your case.**

Have you ever been charged, arrested or convicted of any violation of law, including traffic stops inside or outside of the U.S.? \_\_\_\_\_

If "yes", please fill below:

Charges/Arrests/Convictions	Date/location of incident	Describe: Sentence Information

### F. Other Information

Do you fear returning to your country of birth or last residence? If so, why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied for political asylum in the U.S. or any other country? \_\_\_\_\_

Have you ever been the victim of any crime in the U.S? \_\_\_\_\_ If "yes", please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does any prospective immigrant have any tattoos? \_\_\_\_\_

Do you use social media (e.g. Facebook, Twitter, Instagram, LinkedIn, etc.)? \_\_\_\_\_.

Which accounts do you use or have used? \_\_\_\_\_.

How often do you use these accounts and what type of content do you include on these accounts? \_\_\_\_\_  
\_\_\_\_\_.

Do you have substantial funds available to you with which you might consider investing in a U.S. business or federally approved regional center? \_\_\_\_\_. If so, what is the maximum amount, in U.S. dollars, that you might obtain to qualify for an investor visa? \$ \_\_\_\_\_.  
**Note: The U.S. has investment treaties with certain countries that provide for nonimmigrant visa status to those countries' citizens who can make invest a "substantial amount" in a new or existing U.S. business. Also, investments of \$ 500,000 or \$ 1 million that will create jobs for 10 or more U.S. workers may provide permanent resident status to the investor.**

If male, did you register for Selective Service, between the ages of 16 and 26? \_\_\_\_\_

Have you, your spouse or your children (**please specify which**):

- Have you ever registered to vote or voted in any U.S. election?
- Been treated for a mental disorder, drug addiction or alcoholism? \_\_\_\_\_
- Received a pardon, amnesty, rehabilitation decree, or other clemency? \_\_\_\_\_
- Been arrested, convicted or confined in a jail or prison? \_\_\_\_\_
- Been convicted of any crime in the U.S. or anywhere in the world? \_\_\_\_\_
- Been involved with illegal use or trafficking of drugs, narcotics or marijuana? \_\_\_\_\_
- Been a member of any communist, totalitarian or terrorist party, organization or group? \_\_\_\_\_
- Engaged in prostitution anywhere in the world? \_\_\_\_\_
- Brought other aliens (including family members) to the U.S. illegally? \_\_\_\_\_
- Been told you have TB or other contagious diseases? \_\_\_\_\_
- Received public assistance from any source? \_\_\_\_\_
- Ever been in the U.S. on a J-1 visa? \_\_\_\_\_ (attach copies of all DS-2019 or IAP-66 form(s))
- Obtained a visa, entry to the U.S. or any other benefit, including employment, by fraud or misrepresentation? \_\_\_\_\_

If any answer above is "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Is there any other information you think we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information provided on this questionnaire is truthful and accurate to the best of my knowledge.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

**Name, address, telephone and e-mail of person completing this form, if different from the above-named person:** \_\_\_\_\_  
\_\_\_\_\_

**Attorney Review (to be completed by Scott D. Pollock & Associates, P.C. after initial consultation)**

Date: \_\_\_\_\_

Initiating Attorney: \_\_\_\_\_

Billing Attorney: \_\_\_\_\_

Associate: \_\_\_\_\_

Legal Assistant: \_\_\_\_\_

Foreign National Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Facts and Summary of Case, including case issues, grounds of inadmissibility etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case strategy and tasks for completion (including any FOIA and/or fingerprints):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next event/hearing/interview date and time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Criminal convictions/arrests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is follow-up required after consultation? \_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, what follow-up is required?

\_\_\_\_\_ Responsible SDP&A team member: \_\_\_\_\_