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PART I - INFORMATION ABOUT YOURSELF

Your Problem: _____ Referred by: _____

Name: _____ Dr,Mr,Mrs,Ms _____
Last (Family) First Middle

Other Names, Including Maiden Name: _____

Address: _____
Street City State Zip

Phone: (Home) _____ (Office) _____ (Fax) _____

Place of Birth: _____
Country Province City

Date of Birth: _____ Citizenship: _____

Alien Number: _____ Social Security Num: _____

YOUR Passport:

| Passport Number | Country Issued By | Place where Passport was Issued | Date Issued | Date Expires |
|-----------------|-------------------|---------------------------------|-------------|--------------|
| | | | | |

YOUR United States Visa:

| Visa Type | Visa Number | Place where Visa was Issued | Date Issued | Date Expires |
|-----------|-------------|-----------------------------|-------------|--------------|
| | | | | |

YOUR United States Arrival/Departure Record (I-94):

| Class | I-94 Number | Place Admitted into U.S. | Date Admitted | Date Expires |
|-------|-------------|--------------------------|---------------|--------------|
| | | | | |

Your United States - CIS Status changes:

| Date | Location of change in CIS Status | New Status | Date Expires |
|------|----------------------------------|------------|--------------|
| | | | |

Have you ever been in the USA before? Yes _____ No _____ When? _____

Where? _____ Type of U.S. Visa(s) _____

Have you ever had a J-1 Visa? Yes _____ No _____ If so, when? _____

YOUR Education: *(List most recent School attended first)*

| Name & Address of School | Study | Mth/Yr | Mth/Yr | Degree/Certificate |
|--------------------------|-------|--------|--------|--------------------|
| | | / | / | |
| | | / | / | |
| | | / | / | |
| | | / | / | |

YOUR Employment: *(List all Jobs - Present to Oldest Employment)*

| Name & Address of Employer | Job Title | Mth/Yr | Mth/Yr |
|----------------------------|-----------|--------|---------|
| | | / | Present |
| | | / | / |
| | | / | / |
| | | / | / |

YOUR Proposed Employment: *(List Name, Address & Job Title)*

YOUR Residence: *(List every place you have lived for 6 Months or more since the age of 16)*

| Street Number | City | Province | Country | Mth/Yr | Mth/Yr |
|---------------|------|----------|---------|--------|--------|
| | | | | / | / |
| | | | | / | / |
| | | | | / | / |
| | | | | / | / |

MEMBERSHIP OR AFFILIATION IN ORGANIZATION: *(Professional, Religious, Social, or Political-Overseas or U.S)*

| Name | Address | Mth/Yr | Mth/Yr |
|------|---------|--------|--------|
| | | / | / |
| | | / | / |
| | | / | / |

YOUR Marriage -or Intended Marriage:

Date of Marriage: _____ Place of Marriage: _____

City Country

Type of Ceremony: Civil _____ Religious _____ Family Custom _____

Have you, your spouse, or your fiance(e) ever been divorced? If so, give name of prior spouse(s), date & place of marriage(s), date & place of termination, and how terminated (civil, religious, family custom).

MYSELF: _____

SPOUSE: _____

Have you ever filed U.S. INCOME TAX RETURNS: YES _____ NO _____

If yes, date: _____ Resident/Nonresident: _____

Have you ever been ARRESTED ANYWHERE? YES _____ NO _____ If Yes:

Date: _____ Location: _____

Charge: _____ Disposition: _____

Have you ever been in REMOVAL/DEPORTATION or EXCLUSION proceedings? YES _____ NO _____

If YES, When? _____ Where? _____

Have you ever been HOSPITALIZED or INSTITUTIONALIZED? YES _____ NO _____

Have you ever lied while applying for or used any U.S. Visa travel document, work permit, or lied to obtain any U.S. Immigration benefit? YES _____ NO _____

YOUR PERSONAL Information:

| Sex | Height | Weight | Eyes | Hair | Marital Status | Identifying Marks |
|-----|--------|--------|------|------|----------------|-------------------|
| | | | | | | |

PART II - INFORMATION ABOUT YOUR PARENTS:

FATHER's Name: _____

FATHER's Address: _____

FATHER's Date & Place of Birth: _____

FATHER's Citizenship: _____ FATHER's U.S Status: _____

Is FATHER Deceased: Yes ___ No ___ If Yes, Year Deceased: _____

MOTHER's Name (Maiden): _____

MOTHER's Name: _____

MOTHER's Address: _____

MOTHER's Date & Place of Birth: _____

MOTHER's Citizenship: _____ MOTHER's U.S Status: _____

Is MOTHER Deceased: Yes ___ No ___ If Yes, Year Deceased: _____

PART III - INFORMATION ABOUT YOUR SPOUSE _____ or FIANCE(E) _____

Name: _____ Maiden Name: _____

Address: _____

Place of Birth: _____

Country

Province

City

Date of Birth: _____ Citizenship: _____

Alien Number: _____ Social Security Num: _____

Passport of SPOUSE -or FIANC(E) :

| Passport Number | Country Issued By | Place where Passport was Issued | Date Issued | Date Expires |
|-----------------|-------------------|---------------------------------|-------------|--------------|
| | | | | |

United States Visa of SPOUSE -or FIANC(E) :

| Visa Type | Visa Number | Place where Visa was Issued | Date Issued | Date Expires |
|-----------|-------------|-----------------------------|-------------|--------------|
| | | | | |

United States Arrival/Departure Record (I-94) of SPOUSE -or FIANC(E) :

| Class | I-94 Number | Place Admitted into U.S. | Date Admitted | Date Expires |
|-------|-------------|--------------------------|---------------|--------------|
| | | | | |

United States - INS Status changes of SPOUSE -or FIANC(E) :

| Date | Location of change in INS Status | New Status | Date Expires |
|------|----------------------------------|------------|--------------|
| | | | |

Personal Information of SPOUSE -or FIANC(E) :

| Sex | Height | Weight | Eyes | Hair | Marital Status | Identifying Marks |
|-----|--------|--------|------|------|----------------|-------------------|
| | | | | | | |

PART IV - INFORMATION ABOUT THE PARENTS of SPOUSE -or FIANC(E)

FATHER's Name: _____

FATHER's Address: _____

FATHER's Date & Place of Birth: _____

FATHER's Citizenship: _____ FATHER's U.S Status: _____

Is spouse's FATHER Deceased: Yes ___ No ___ If Yes, Year Deceased: _____

MOTHER's Name: _____
(Maiden) _____

MOTHER's Address: _____

MOTHER's Date & Place of Birth: _____

MOTHER's Citizenship: _____ MOTHER's U.S Status: _____

Is spouse's MOTHER Deceased: Yes ___ No ___ If Yes, Year Deceased: _____

PART V - INFORMATION ABOUT YOUR CHILDREN, if any

| Child 1 | Child 2 | Child 3 |
|---------|---------|---------|
| | | |

| | | | |
|---|------------------|------------------|------------------|
| Name of Child | | | |
| Address of Child if not living with you | | | |
| Date of Birth | | | |
| Place of Birth | | | |
| Sex | Male / Female | Male / Female | Male / Female |
| Marital Status | Single / Married | Single / Married | Single / Married |
| Country of Passport | | | |
| Passport Number | | | |
| Passport Date of Issue | | | |
| Passport Place of Issue | | | |
| Date Passport Expires | | | |
| U.S. Visa Type | | | |
| U.S. Visa Number | | | |
| U.S. Visa Date of Issue | | | |
| U.S. Visa Place of Issue | | | |
| U.S. Visa Expires | | | |
| I-94 Class* | | | |
| I-94 Date of Arrival* | | | |
| I-94 Expires* | | | |

* I-94 is the U.S. Arrival/Departure Record

PART VI - INFORMATION ABOUT YOUR BROTHERS & SISTERS *(List all brothers and sisters, including stepbrothers & stepsisters, and/or adopted brothers and sisters.)*

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

| Name | Address | Date of Birth | Place of Birth | Sex | Citizenship |
|------|---------|---------------|----------------|-----|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PART VII - INFORMATION ABOUT ANY OTHER RELATIVE in the United States (e.g. uncles, aunts, cousins)

| Name | Address | Relationship | U.S. Status |
|------|---------|--------------|-------------|
| | | | |
| | | | |
| | | | |

Please Check the following DOCUMENTS if you have them in your possession, or if you can obtain them.

- | | | |
|---|---|---|
| <input type="checkbox"/> Birth Certificate* | <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Divorce Certificate |
| <input type="checkbox"/> Military Certificate | <input type="checkbox"/> Police Certificate | <input type="checkbox"/> School Diplomas |
| <input type="checkbox"/> School Transcripts | <input type="checkbox"/> Employment Letters | <input type="checkbox"/> Naturalization Cert. |
| <input type="checkbox"/> Passport | <input type="checkbox"/> CGFNS Certificate | <input type="checkbox"/> Other: _____ |

*Showing the name of both parents

GROUND OF VISA INELIGIBILITY:

If any answers are YES, please supply additional details on a separate sheet of paper.

- I. a. YES ___ NO ___ Have you ever had a communicable disease?
- b. YES ___ NO ___ Have you ever had a physical or mental disease?
- c. YES ___ NO ___ Have you ever been a drug abuser or addict?
- II. a. YES ___ NO ___ Have you ever been convicted of,(or admitted committing) a crime involving moral turpitude?
- b. YES ___ NO ___ Have you violated any law relating to a controlled substance?
- c. YES ___ NO ___ Have you ever been incarcerated for 5 years or more for any types of crimes?
- d. YES ___ NO ___ Are you or have you been an illicit trafficker in any controlled substance?
- e. YES ___ NO ___ Are you coming to the United States to engage in prostitution or commercialized vice?
- f. YES ___ NO ___ Have you engaged in prostitution or procuring prostitution within the past 10 years?
- g. YES ___ NO ___ Have you committed a serious criminal offenses in the U.S. and asserted immunity from prosecution?
- III. a. YES ___ NO ___ Are you seeking to enter the United States to engage in espionage, sabotage, export control violations, overthrow of the Government of the United States, or other unlawful activity?
- b. YES ___ NO ___ Are you seeking to enter the U.S. to engage in political activities which would have an adverse effect on U.S. foreign policy?
- c. YES ___ NO ___ Are you or have you been a member of or affiliated with the Communist or any other totalitarian party; did you under the direction of the Nazi Government of Germany, order, incite, assisted or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion?
- d. YES ___ NO ___ Have you engaged in NAZI persecution or genocide?
- IV. YES ___ NO ___ Are you likely to become a public charge?
- V. a. YES ___ NO ___ Are you seeking to enter for the purpose of performing skilled or unskilled labor without being certified by the Secretary of Labor?
- b. YES ___ NO ___ Are you a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent?
- VI. a. YES ___ NO ___ Have you been previously excluded and deported from the U.S. within one year?
- b. YES ___ NO ___ Have you been arrested and deported from the U.S. within 5 years?
- c. YES ___ NO ___ Are you seeking or have you ever sought a U.S. entry visa, or any U.S. immigration benefit by fraud or misrepresentation?
- d. YES ___ NO ___ Have you ever been a stowaway to enter the U.S.?
- e. YES ___ NO ___ Have you ever knowingly assisted any other alien to enter or try to enter the United States in violation of the law?
- f. YES ___ NO ___ Have you ever committed document fraud of Section 274C of the Immigration Act?
- VII. YES ___ NO ___ Have you ever entered the U.S. without proper passport, visa, or entry document?
- VIII. YES ___ NO ___ Are you permanently ineligible for U.S. citizenship?
- IX. a. YES ___ NO ___ Are you coming to the United States to practice polygamy; are you a guardian required to accompany an excluded alien; or an alien who withholds custody of a child outside the United States from a U.S. citizen granted legal custody?
- b. YES ___ NO ___ Did you ever depart the United States to evade military service in time of war?
- X. YES ___ NO ___ Are you a former exchange visitor who has not fulfilled the 2-year foreign residence requirement?

ALL INFORMATION SUPPLIED BY ME IS TRUE.

Signature: _____

Date: _____