

**FAMILY-BASED INTAKE FORM**

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of Birth (month/day/year): \_\_\_\_\_

City and Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Other Citizenship? (please circle) YES NO

If yes, specify: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

I94 Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_

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

Location Issued: \_\_\_\_\_

Type of Non-Immigrant Visa (visitor, fiancé, student, etc.): \_\_\_\_\_

Date of Last Enter to US: \_\_\_\_\_ Place of Last Entry to US: \_\_\_\_\_

**Addresses during the last 5 years**

Street	City	State & Zip Code	Dates

**Employment for the last 5 years**

Company	Title	Dates

**Father's Information**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City and Country of Birth: \_\_\_\_\_

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

\_\_\_\_\_

**Mother's Information**

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City and Country of Birth: \_\_\_\_\_

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

\_\_\_\_\_

**Martial Information**

What is your marital status (circle one)?

SINGLE            MARRIED            DIVORCED            SEPARATED            WIDOWED

Date of Marriage: \_\_\_\_\_

City, State, and Country of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouse's City and Country of Birth: \_\_\_\_\_

Spouse's Nationality: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

**Spouse's Addresses during the last 5 years**

Street	City	State & Zip Code	Dates

**Spouse's Employment for the last 5 years**

Company	Title	Dates

Spouse's Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City and Country of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Spouse's Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City and Country of Birth: \_\_\_\_\_

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

\_\_\_\_\_

**Alien's Prior Marriage Information**

Name of Prior Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date and Place of Divorce: \_\_\_\_\_

Name of Prior Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date and Place of Divorce: \_\_\_\_\_

**Spouse's Prior Marriage Information**

Name of Prior Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date and Place of Divorce: \_\_\_\_\_

Name of Prior Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

Date and Place of Divorce: \_\_\_\_\_

**General Questions**

(CIRCLE ANSWERS, provide details as specified)

Are you known by any other names? Include maiden or native alphabetic spelling. YES NO

If yes, list other names you've used:

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Do you have a job or offer from a US employer? YES NO

If yes, please provide the employer's name and address:

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Do you have any family members now living in the US? YES NO

If yes, please provide the name and address of each family member, and describe how you are related:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

If you are applying for a visa to enter the United States, do you wish to bring members of your family with you? YES NO

Have you ever entered the US on a visa other than a tourist visa? YES NO

If yes, please provide the dates you were in the US and type of visa used.

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Have you ever been denied permission to enter the US? YES NO

If yes, please give the reason and relevant dates:

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Have you ever been ordered to leave the US?                    YES    NO

If yes, please give the reason and relevant dates:

\_\_\_\_\_

Have you ever been convicted of a crime (other than non-criminal traffic offenses)?                    YES    NO

If yes, please provide the details, including the offense for which you were convicted, the sentence or penalty imposed, and the date of the offense:

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

Have other attorneys worked on this matter?                    YES    NO

### **Children Information**

(1)    Child's Name: \_\_\_\_\_ A#: \_\_\_\_\_

Current Address: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_

Date child entered the US: \_\_\_\_\_

(2)    Child's Name: \_\_\_\_\_ A#: \_\_\_\_\_

Current Address: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_

Date child entered the US: \_\_\_\_\_

(3)    Child's Name: \_\_\_\_\_ A#: \_\_\_\_\_

Current Address: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_

Date child entered the US: \_\_\_\_\_

**I-944 QUESTIONNAIRE**

PLEASE ANSWER ALL THE QUESTIONS COMPLETELY.  
IF THE QUESTION DOESN'T APPLY TO YOU WRITE "N/A".  
IF YOU NEED MORE SPACE USE THE BACK OF THE PAPER OR ADD ADDITIONAL PAGES.

**GENERAL INFORMATION:**

**Complete name:** \_\_\_\_\_

Other names used: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

Social Security Number (if any): \_\_\_\_\_

Tax Identification Number (if any): \_\_\_\_\_

Alien Number (if any):           A\_\_\_\_\_

Current address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of your current spouse: \_\_\_\_\_

**YOUR HOUSEHOLD:**

List the complete name of every individual living with you and that person's relationship to you:

\_\_\_\_\_ - spouse (if any)

\_\_\_\_\_

\_\_\_\_\_

List the complete name of every individual to whom you provide at least 50% of their financial support

OR who you list as a dependent on your federal tax return: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you are under the age of 21 and you are not married, list the complete name of all your brothers and sisters:*

\_\_\_\_\_

**YOUR CHILDREN:**

**How many children do you have?** \_\_\_\_\_

**(1) Name:** \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

City and County of Birth: \_\_\_\_\_

Alien Number (if any): A \_\_\_\_\_

Does this child live with you? \_\_\_\_\_ If not, where does this child live? \_\_\_\_\_

**(2) Name:** \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

City and County of Birth: \_\_\_\_\_

Alien Number (if any): A \_\_\_\_\_

Does this child live with you? \_\_\_\_\_ If not, where does this child live? \_\_\_\_\_

**(Use a separate sheet for more children)**

**YOUR PARENTS:**

**Mother's Name:** \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

City and County of Birth: \_\_\_\_\_

Alien Number (if any): A \_\_\_\_\_

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

U.S. Citizen? \_\_\_\_\_ U.S. Resident? \_\_\_\_\_

Deceased date, if deceased (month/day/year): \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_

City and County of Birth: \_\_\_\_\_

Alien Number (if any): A \_\_\_\_\_

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

U.S. Citizen? \_\_\_\_\_ U.S. Resident? \_\_\_\_\_

Deceased date, if deceased (month/day/year): \_\_\_\_\_

**YOUR HOUSEHOLD INCOME:**

What is your total income from your most recent federal income tax return? \$ \_\_\_\_\_



What is the total income from the most recent federal income tax return for each other Household Member?

Spouse (if any): \$ \_\_\_\_\_ Household Member: \$ \_\_\_\_\_

Household Member: \$ \_\_\_\_\_ Household Member: \$ \_\_\_\_\_

Does any of your income or your Household Member's income come from another source such as:

Public / government benefits: \_\_\_\_\_ or Child Support: \_\_\_\_\_ or Alimony: \_\_\_\_\_

**YOUR FEDERAL TAX RETURN:**

1. PLEASE PROVIDE A COMPLETE COPY OF YOUR MOST RECENT FEDERAL TAX RETURN AND ALL W2 FORMS AND 1099 FORMS.
2. PLEASE ALSO OBTAIN THE IRS TRANSCRIPT OF YOUR MOST RECENT FEDERAL TAX RETURN. YOU CAN GET YOUR IRS TRANSCRIPT FOR FREE AT:  
<https://www.irs.gov/individuals/get-transcript>

**YOUR PROPERTY, ASSETS AND OTHER RESOURCES:**

Do you own any real property such as a home? \_\_\_\_\_ If so, what is the address? \_\_\_\_\_

Do you own any other real property? \_\_\_\_\_ If so, what is the address? \_\_\_\_\_

How many vehicles do you own? \_\_\_\_\_ What is the amount of debt on each vehicle? \_\_\_\_\_

Do you have any bank/credit union accounts? \_\_\_\_\_ If so, please provide the last 12 months' statements.

Do you have any retirement accounts? \_\_\_\_\_ If so, please provide the most recent statement.

Do you have any investment accounts? \_\_\_\_\_ If so, please provide the most recent statement.

Do you have any other significant assets? \_\_\_\_\_ If so, please list the asset and its value: \_\_\_\_\_

**YOUR DEBTS:**

Please list all of your debts and liabilities and provide the most recent statement or invoice for each:

Monthly mortgage payment, if any: \$ \_\_\_\_\_ or monthly rent payment \$ \_\_\_\_\_

Total mortgage balance, if any: \$ \_\_\_\_\_

Loans for cars or other vehicles, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Loans for cars or other vehicles, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Credit card debt, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Credit card debt, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Student loan debt, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Tax debt, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Medical debt, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Child support, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Alimony, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

Any other loans or debt, monthly payment: \$ \_\_\_\_\_ total amount owed \$ \_\_\_\_\_

**YOUR CREDIT REPORT:**

Do you know your credit score? \_\_\_\_\_ If so, what is your credit score? \_\_\_\_\_

PLEASE OBTAIN YOUR FREE, CURRENT CREDIT REPORT AT:

<https://www.usa.gov/credit-reports>.

**BANKRUPTCY:**

Have you ever filed for bankruptcy? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

**HEALTH INSURANCE:**

Do you currently have health insurance? \_\_\_\_\_ If so, is it through your employer? \_\_\_\_\_

Did you obtain health insurance through the Affordable Care Act (Obamacare)? \_\_\_\_\_

If you have health insurance, how much does it cost you? \$ \_\_\_\_\_

If you have health insurance, when is your expiration / renewal? \_\_\_\_\_

If you have health insurance, please provide your most recent statement of benefits / coverage and your health insurance card.

**YOUR HEALTH:**

Do you have any serious medical conditions or diagnosed diseases, conditions or syndromes? \_\_\_\_\_

If so, please list each one: \_\_\_\_\_

**PUBLIC BENEFITS:**

Have you ever received any public benefits / government benefits? \_\_\_\_\_

If so, please list each benefit type and the dates / time frame that you received each benefit: \_\_\_\_\_

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Have you received any public/government benefits on behalf of someone else, such as a child? \_\_\_\_\_  
If so, please list each benefit type and the dates / time frame that you received each benefit: \_\_\_\_\_

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**YOUR EDUCATION AND SKILLS:**

Do you have an approved I-140 petition? \_\_\_\_\_

Have you graduated from high school or earned your GED or high school diploma? \_\_\_\_\_

**List ALL the schools you have ever attended (elementary, high school, university):**

**(1)** Name of school: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Dates (MONTH/YEAR): From \_\_\_\_\_ To \_\_\_\_\_

Degree or Diploma: \_\_\_\_\_ Courses Studied: \_\_\_\_\_

**(2)** Name of school: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Dates (MONTH/YEAR): From \_\_\_\_\_ To \_\_\_\_\_

Degree or Diploma: \_\_\_\_\_ Courses Studied: \_\_\_\_\_

**(3)** Name of school: \_\_\_\_\_

City/State/Country: \_\_\_\_\_

Dates (MONTH/YEAR): From \_\_\_\_\_ To \_\_\_\_\_

Degree or Diploma: \_\_\_\_\_ Courses Studied: \_\_\_\_\_

**(Use a separate sheet for additional schools)**

Do you have any occupational skills or certifications or licenses? \_\_\_\_\_

If so, please list each one: \_\_\_\_\_

Do you speak English? \_\_\_\_\_ If so, are you fluent? \_\_\_\_\_

What other languages do you speak or understand? \_\_\_\_\_

How well do you understand, speak, read and write that language? \_\_\_\_\_

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Are you retired? \_\_\_\_\_ If so, when did you retire? \_\_\_\_\_

If you are over 18, are you the primary caregiver for a child or an elderly, ill or disabled person in your household? \_\_\_\_\_

If yes, list the name(s) of those for whom you care: \_\_\_\_\_

**YOUR EMPLOYMENT HISTORY:**

**Provide the following information about your employment, for at least the last 10 years.**

(1) Name of employer: \_\_\_\_\_

Full Address of employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Hourly wage/ hours: \_\_\_\_\_

Dates (MONTH/YEAR): From \_\_\_\_\_ To \_\_\_\_\_

(2) Name of employer: \_\_\_\_\_

Full Address of employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Hourly wage/ hours: \_\_\_\_\_

Dates (MONTH/YEAR): From \_\_\_\_\_ To \_\_\_\_\_

(3) Name of employer: \_\_\_\_\_

Full Address of employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Hourly wage/ hours: \_\_\_\_\_

Dates (MONTH/YEAR): From \_\_\_\_\_ To \_\_\_\_\_

(4) Name of employer: \_\_\_\_\_

Full Address of employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Hourly wage/ hours: \_\_\_\_\_

Dates (MONTH/YEAR): From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name