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IMMIGRATION INTAKE QUESTIONNAIRE

Prior to your consultation, please provide our office with the following materials so that we are best equipped to assess your case: Copy of passport biographic page, green card, I-94 Arrival/Departure Card, any previous decisions by the Immigration Service, an Immigration Court, or any other immigration agency, as well as any criminal records, if applicable.

Please complete this questionnaire to the best of your abilities and provide as much detail as possible. Please return the requested documentation, along with the completed questionnaire, by fax, email or mail to (440) 499-7181, info@akimmigration.com, or Aljjakli & Kosseff, LLC, 33790 Bainbridge Rd., Ste. 209, Cleveland, OH 44139.

Please briefly explain why you are seeking immigration advice:

PERSONAL/CONTACT INFORMATION

1. First Name _____
Middle Name _____
Family Name _____
Any Other Names Used (including Maiden Name) _____

2. Home Address:
Number & Street _____
Apt No, City, State, Zip Code, _____
Country _____

3. Date of Birth
(Mo/Day/Yr) _____

4. Country of Birth _____

5. Social Security Number _____

6. Telephone Numbers:
Home _____

Work _____
Cell _____

7. E-Mail _____

8. **[FOR U.S. CITIZENSHIP APPLICATION ONLY]**

Height _____ Weight _____ Eye color _____ Hair Color _____

IMMIGRATION STATUS/HISTORY (WRITE "N/A" IF NOT APPLICABLE)

9. Alien Registration Number A _____

10. List all your Passports (Countries)

Passport Number(s) _____

Date Issued _____

Expiration Date _____

11. Last Entry Into U.S.: When _____

Where _____

Visa Status _____ Until: _____

I-94 Number (If applicable) _____

Prior Entries? _____

12. Please list all U.S. Visas Previously Issued: (If Applicable)

Where _____

When _____

Valid Until _____

Category (B, F, G, H, L, J, L, O, S, T, U) _____

13. If you are a green card holder, how and when did you obtain your green card? (i.e., via employment, family member, etc.). Please be specific. _____

INFORMATION ON YOUR EMPLOYMENT (WRITE "N/A" IF NOT APPLICABLE)

14. Employer's Name _____

Employer's Address:

Number & Street _____ Suite No. _____

City, Province, Postal Code, Country _____

Name of Work Supervisor and/or Contact _____

Phone Number of Supervisor/Contact _____

INFORMATION ON YOUR MARITAL STATUS (WRITE "N/A" IF NOT APPLICABLE)

15. Marital Status: __ Single __ Married __ Separated __ Divorced __ Widowed

- A) Name of Spouse _____
- B) Address of Spouse (if living apart): _____
- C) Birth Date of Spouse _____
- D) Social Security Number _____
- E) Alien Registration Number: A _____
- F) Date of Marriage _____
- G) Place of Marriage _____
- H) City, Province, and Country of Birth of Spouse _____
- I) Spouse's Passport (Countries) _____
 Passport Number _____
 Date Issued _____
 Expiration Date _____
- J) If Most Recent Marriage was Terminated by Divorce or Death
 Date _____ Where _____
- K) Number of YOUR Prior Spouses _____
 Name _____ Date of Divorce _____
- L) Number of your SPOUSE's Prior Spouses _____
 Name _____ Date of Divorce _____

FAMILY

16. **Children:** If applicable, please provide the following information for all children including step children and adopted children

Child 1:

- A. Full Name _____
- B. Male ___ Female ___
- C. Marital Status _____
- D. Date of Birth _____
- E. Place of Birth _____
- F. Place of Residence _____
- G. Immigrant Status _____

Child 2:

- A. Full Name _____
- B. Male ___ Female ___
- C. Marital Status _____
- D. Date of Birth _____
- E. Place of Birth _____
- F. Place of Residence _____
- G. Immigrant Status _____

17. **Parents:** Please provide the following information for your parents:

Mother:

- A. Full Name _____

- B. Date of Birth _____
- C. Place of Birth _____
- D. Place of Residence _____
- E. Immigrant status in U.S. _____
- F. Country of Citizenship _____
- G. Deceased? _____

Father:

- A. Full Name _____
- B. Date of Birth _____
- C. Place of Birth _____
- D. Place of Residence _____
- E. Immigrant status in U.S. _____
- F. Country of Citizenship _____
- G. Deceased? _____

18. Do You or Your Spouse Have Brothers or Sisters Who Are U.S. Citizens or Resident Aliens (have Green Cards)? Yes___ No___
If Yes, How Long Have They Been in that Status? _____

19. Do Either You or Your Spouse Have a Grandparent Who Was Born in the U.S. or Became a Naturalized Citizen? Yes___ No___

20. Has An Immigrant (Green Card) Petition Ever Been Filed for You, Your Spouse, or Children?
Yes___ No___

If Yes, Please State When, Where, What Type, and the Status of that Application.

Has The Person Filing This Immigrant Petition For You Ever Filed An Immigrant Petition For Someone Else? Yes ___ No ___

21. Has a Labor Certification Ever Been Filed You, Your Spouse, or Children? Yes___ No___
If Yes, Please State When, Where, What Type, And the Status of that Application.

22. Have You or Your Spouse Ever Worked for the United States Government, Including the Military? Yes___ No___

EDUCATION, EXPERIENCE, AND MEMBERSHIP

NOTE: In lieu of completing this section, you may provide us with an updated resume/curriculum vitae.

23. **EDUCATION**

Names of Schools, Field Of Study Degrees or Certificates Dates of Program

24. **EXPERIENCE**

Employer /Location Position Dates of Employment

25. **MEMBERSHIP.** Please list any groups or organizations to which you have ever belonged in the U.S. or abroad.

TRAVEL [ONLY FOR GREEN CARD HOLDERS]

26. List below all the trips you have taken outside of the United States since becoming a lawful permanent resident (i.e., green card holder). Provide separate page if additional space is needed.

Date you left the U.S. (mm/dd/yr)	Date you returned to U.S. (mm/dd/yr)	Country visited

PERSONAL BACKGROUND (PLEASE ANSWER ALL QUESTIONS)

27. Have You **Ever**:

A) Served in a foreign military? Yes___ No___ . If so, please note rank, location, and approximate dates_____

- B) Made an Incorrect or Fraudulent Statement or Misrepresented a Fact to Obtain or Try to Obtain Any Visa or Immigration Benefit from the U.S., Including Entry Into the U.S.? Yes___ No___
- C) Been Treated for A Mental Disorder, Mental Retardation, Drug Addiction, or Alcoholism? Yes___ No___
- D) Been Given a Citation or Probation, Been Convicted or Confined In a Jail or Prison for Any Reason Including Political Reasons? Yes___ No___
- E) Worked Without Authorization? Yes___ No___
- F) Overstayed Any U.S. Visa, or Otherwise Violated Your Visa Status? Yes___ No___
- G) Been Convicted of Any Crime Either in the U.S. or Anywhere in the World? (Excluding Minor Traffic Offenses) Yes___ No___

Please note previous convictions and include date and place of final dispositions if available_____

- H) Been Involved with Drugs or Narcotics Anywhere in the World? Yes___ No___
- I) Been a Victim of Domestic Violence? Yes___ No___
- J) Been the Victim of a Crime in the U.S. or Assisted in the Investigation or Prosecution of a Crime against you or Another Person? Yes___ No___

28. Have You Ever Been Required to Appear in U.S. Immigration Court or Been the Subject of U.S. Removal, Deportation or Exclusion Proceedings? Yes___ No___
If Yes, When, Where, and What Was the Final Result?

29. Have You, Your Spouse, or Children Been Questioned or Arrested by the Immigration Service? Yes___ No___

If Yes, When, Where, and What Was the Final Disposition?

(Please provide copies of all documents regarding all prior contact with the Immigration Service.)

30. Do You or Your Spouse Fear Harm in Your Home Country or are You Afraid That Certain Groups or Persons in Your Home Country Might Try to Hurt You? Yes___ No___
If Yes, Please Explain:

31. Have You or Your Spouse ever been in the US on a J-1 Visa? Yes___ No___
If Yes, Then on Which Program, and were either of you Subject to the Requirement
That You Return to Your Home Country for Two Years?

32. Have you and your Family Filed all Your U.S. Income Taxes? Yes___ No___

Please sign and date this Questionnaire to confirm that the contents are true and correct to
the best of your knowledge and belief.

Signature

Date

How did you hear of Aljjakli & Kosseff, LLC?
