

VAWA Questionnaire Child Based

1. General Information:

(In this section, you are required to enter the primary information of the client in accordance with the client's documents, supplemented by the survey.)

Last Name*:		First Name*:		Middle Name:	
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Marital Status*:		Single		Married		Divorced
		Widowed		Married Annulled		Legally Separated

Gender*:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other
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Date of Birth*:		Other Dates of Birth*:		Yes		No
Other Date of Birth 1:		Other Date of Birth 2:				

City of Birth*:		State of Birth*:	
Country of Birth*:		Country of Citizenship*:	
Country Second Citizenship:			

Have a A No:		Yes		No					
A No:					Other A No:		Yes		No
Other A No. 1:					Other A No. 2:				
SSN:									
Official SSN*:		Yes		No	Need an SSN Card*:		Yes		No

a. Physical Address and Phone Number

Same as Current/Last COHAB*:		Yes		No		Living with Spouse*:		Yes		No			
Street No.								Apt.		Ste.		Flr.	
Apt./Ste./Flr. No.		City*:		State*:		ZIP*:		Country:		USA			
Phone #*:													

b. Travel Document

Passport Number:		Country of Passport:	
Passport Issue Date:		Passport Expiration Date:	
Visa Number:		Visa Issue Date:	

2. Other Names Used:

(In this section, you must provide additional names, different from the one on the birth certificate, which have been used by the client for entering the country, work, paying taxes, or any similar purpose. Please do not include cases in this section where the initials form part of the complete name on the birth certificate. Be sure to specify the source from which each additional name was obtained.)

[illegible]

3. **Entries and Exits:**

(In this section, complete all entries for the client's stays in the United States, starting with the most recent and moving backward. The place of entry should be filled with U.S. information. If the complete date is unavailable, you may use the first day of the month as a placeholder. For "Attempts" make sure to fill the time and outcome in the table.)

I-94 Provided Last Name:		I-94 Provided First Name:	
I-94 Record No:		I-94 Expiration Date:	
I-94 Immigration Status			

Att or Entry *		Date Att./Entry *	City *	State *	Status *		Date Exit *	Time	Outcome	
	Entry					EWI	Present			ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				
	Entry					EWI				ER
						WT				
	Attempt					Visa				VR
						Parol				

4. Removal Information:

(In this section, provide details of all removal processes for the client in the United States, if applicable, in reverse chronological order from the most recent to the earliest. Include both current and past removals.)

The client is submitting an I-212?		Yes		No	Entry EWI after Removal?		Yes		No
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Client has been removed as an <u>Arriving Alien</u>				Client has been removed as a <u>Deportable Alien</u>			
	Yes		No		Yes		No
	Removed once less than 5 years ago.				Removed once less than 10 years ago.		
	Removed at least two times, being the last one less than 20 years ago.				Removed at least two times, being the last one less than 20 years ago.		

Date of Removal	City of Removal		State of Removal	Type of Removal	
				Border	Inside US
				Border	Inside US
				Border	Inside US
				Border	Inside US
				Border	Inside US

Is the client currently in removal proceedings?		Yes		No
At any moment was the client in removal proceedings?		Yes		No

EOIR Information**5. Biographical Information:**

(In this section, complete the client's biographical information exactly as it appears on a legal document, preferably the FBI fingerprint card.)

Height*:		ft		in		Weight*:			
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Ethnicity*:				Race*:			
	Hispanic or Latino				White		Asian
	Not Hispanic or Latino				Ame-Indian/Alaskan		Hawaiian
					African American		

Eye Color*:				Hair Color*:			
	Black		Blue		No Hair		Black
	Brown		Gray		Blond		Brown
	Green		Hazel		Gray		Red
	Maroon		Pink		Sandy		White
	Unknown/Other				Unknown/Other		

6. USC Information:

(In this section, complete the information regarding the child abuser in accordance with the client's documents, supplemented by the survey.)

Last Name*:		First Name*:		Middle Name:	
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Date of Birth*:		City of Birth*:	
State of Birth:		Country of Birth*:	

A No:		Legal Status*:		USC		NATZ
Client Number of Marriages*:		USC Number of Marriages*:				

a. COHAB Information

Enough COHABS? *		Yes		No	
Dates Living Together*					
From:		To:			
Last Address of Cohabitation*					
Street No.				Apt.	
Apt./Ste./Flr. No.		City:		State:	
				ZIP:	
				Country:	
Dates at Last Address of Cohabitation*					
From:		To:			

7. Marital Information:

(In this section, provide the client's complete marital information. The information here must correspond with the information filled in section 1 "Marital Status". For ex-spouses, please fill in the information from the most recent to the oldest.)

Spouse											
Last Name:		First Name:		Middle Name:							
Date of Birth:		A No:									
Legal Status:		USC		LPR							
		NATZ		Part of US Armed Forces:							
				Yes							
				No							
				N/A							
Date of Marriage:		City of Marriage:									
State of Marriage:		Country of Marriage:									

a. Spouse Address

Street No.	Confidential			Apt.		Ste.		Flr.	
Apt./Ste./Flr. No.		City:		State:		ZIP:		Country:	

Ex-Spouse											
Last Name:		First Name:		Middle Name:							
Date of Birth:											
Date Marriage:											
City Marriage:		State Marriage:		Country Marriage							
Date Divorce:											
City Divorce:		State Divorce:		Country Divorce							
How Marriage ended:		Annulled:		Divorced:							
		Spouse Deceased:		Other							
Other (Explanation):											

8. Parents' Information:

(In this section, complete the client's parents' information.)

Mother					
Last Name*:		First Name*:		Middle Name*:	
City of Birth*:		Country of Birth*:			
City of Residence *:		Country of Residence *:			

Father					
Last Name*:		First Name*:		Middle Name*:	
City of Birth*:		Country of Birth*:			
City of Residence*:		Country of Residence*:			

9. Past Five Years of Employment:

(In this section, document the client's employment history for the past 5 years in reverse chronological order, starting with the most recent. If there is a gap of one month or more unemployed, please include an 'Unemployment' entry in between. If the client works from home do not fill in the street information.)

Client has worked in the US without permission*:		Yes		No
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Current Employment													
Unemployed*:		Yes		No									
Name	Confidential				Occupation:								
Street No:								Apt.		Ste.		Flr.	
Apt./Ste./Flr. No.		City*:		State*:		ZIP*:		Country*:	USA				
From*:		To*:	Present										

Prior Employment 1													
Unemployed:		Yes		No									
Name					Occupation:								
Street No:								Apt.		Ste.		Flr.	
Apt./Ste./Flr. No.		City:		State:		ZIP:		Country:					
From:		To:											

10. Past Five Years of Residence:

(In this section, please enter the client's address of residency in the U.S. for the last five years in reverse chronological order, starting from the most recent.)

Current Address													
Living at this address for more than 5 years*:		Yes		No									
Street No:								Apt.		Ste.		Flr.	
Apt./Ste./Flr. No.		City:		State:		ZIP:		Country:	USA				
From:		To:	Present										

Address 2													
Street No:								Apt.		Ste.		Flr.	
Apt./Ste./Flr. No.		City:		State:		ZIP:		Country:					
From:		To:											

11. Children's Information:

(In this section, please provide information about the client's children, including joint and stepchildren. Enter the details from the oldest to the youngest, and for each child filled in, mark the checkbox on the right. In this section DO NOT fill in the abuser information.)

Number of children*:		For waiver proposal: Multiple children have a legal status in the US	
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Last Name*	First Name*	Middle Name*	Date of Birth*	Country of Birth*	Legal Status*	A #	Relation
					USC		
					LPR		

	Last Name*	First Name*	Middle Name*	Date of Birth*	Country of Birth*	Legal Status*	A #	Relation
						USC		
						LPR		
						USC		
						LPR		
						USC		
						LPR		
						USC		
						LPR		
						USC		
						LPR		
						USC		
						LPR		
						USC		
						LPR		

12. Arrest Information:

(In this section, Document the client’s encounters with U.S. law enforcement agencies, including any arrests at the border or any traffic ticket.)

FBI Report reviewed		Missing FBI Report, State records reviewed	
For waiver proposals: Client has committed an Aggravated Felony?	Yes	No	

		Crime	Outcome
Date			
Place			
		Crime	Outcome
Date			
Place			
		Crime	Outcome
Date			
Place			

		Crime	Outcome
Date			
Place			
		Crime	Outcome
Date			
Place			
		Crime	Outcome
Date			
Place			
		Crime	Outcome
Date			
Place			

13. Inadmissibility Questions:

(In this section, mark the inadmissibility questions according to the client's situation. Please be aware that you cannot select multiple checkboxes per question.)

1) Have you EVER been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10) Have you EVER been denied admission to the United States?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11) Have you EVER been denied a visa to the United States?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12) Have you EVER worked in the United States without authorization?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
13) Have you EVER violated the terms or conditions of your nonimmigrant status?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14) Are you presently or have you EVER been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

15) Have you EVER been issued a final order of exclusion, deportation, or removal?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16) Have you EVER had a prior final order of exclusion, deportation, or removal reinstated?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17) Have you EVER been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18) Have you EVER applied for any kind of relief or protection from removal, exclusion, or deportation?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
19) Have you EVER been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
20) If you answered "Yes" to Item Number 19 , have you complied with the foreign residence requirement?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
21) If you answered "Yes" to Item Number 19 . and "No" to Item Number 20. , have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
22) Have you EVER been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
23) Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
24) Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
25) Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

26) Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
43.a) Received any weapons training, paramilitary training, or other military-type training?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
48) Have you EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you EVER directed or participated in any other activity that involved detaining people?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
50) Have you EVER served in, been a member of, assisted (helped), or participated in any military or police unit?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
67) Have you EVER failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
68) Have you EVER submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
69) Have you EVER lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
70) Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
72) Have you EVER knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
74) Have you EVER been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
75) Have you EVER entered the United States without being inspected and admitted or paroled?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
76) Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled.			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
78.a) Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

78.b) Having been deported, excluded, or removed from the United States?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

14. Reasons for Inadmissibility (Waiver):

(This section is for the I-601 waiver. Mark the checkboxes that apply to the client's case. You can select multiple options.)

The client is submitting an I-601? *		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	4) I have been involved in a crime of moral turpitude (other than a purely political offense)				
<input type="checkbox"/>	12) I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation.)				
<input type="checkbox"/>	13) I have been engaged in alien smuggling				
<input type="checkbox"/>	17) I have been ordered removed or I have been unlawfully present in the United States for more than one year, in the aggregate, and I subsequently reentered or attempted to reenter without being admitted. (See instructions for NACARA, HRIFA, and the instructions for approved Violence Against Women Act (VAWA) self-petitioners only. Other applicants file Form I-212.)				

15. Previous Proceedings:

(This section is for indicating the client's previous immigration processes.)

Client has filed a previous I-765? *				Client has had a previous Consular Process? *			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Client has filed an Advance Parole Document? *				Client has filed for a Permanent Residence (Green Card)? *			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

16. Interpreter Information:

Client Understand English? *		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Source Language:					
Last Name:			First Name:			Organization:					
Phone:			E-mail:								
Street No.						Apt.	<input type="checkbox"/>	Ste.	<input type="checkbox"/>	Flr.	<input type="checkbox"/>
Apt./Ste./Flr. No.			City:		State:		ZIP:		Country:	USA	

17. Attorney Information:

Attorney Complete Name:					
Last Name:		First Name:		Middle Name:	
State Bar No.:		Bar Licensing Authority			

18. Mailing Address:

Office Address*:													
Street No.								Apt.	<input type="checkbox"/>	Ste.	<input type="checkbox"/>	Flr.	<input type="checkbox"/>
Apt./Ste./Flr. No.			City:		State:		ZIP:		Country:				

19. Safe/Alternative Address:

Street No.							Apt.		Ste.		Flr.	
Apt./Ste./Flr. No.		City:		State:		ZIP:		Country:				

20. Other Information:

(This section is intended for any extra information that you deem important to the case.)

Other Information