

[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.)

Client's last type of entry\*: \_\_\_\_\_

Date of Entry*	City of Entry*	State of Entry*	Status of Entry*	Date of Exit	Type of Exit
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled	Present	
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary
			<input type="checkbox"/> EWI <input type="checkbox"/> WT <input type="checkbox"/> Visa <input type="checkbox"/> Paroled		<input type="checkbox"/> VD <input type="checkbox"/> Rem. <input type="checkbox"/> Discretionary

### 4. Detention at the Border:

(In this section, record all the client's attempts to enter the United States, listing them chronologically from the most recent to the latest, if applicable. Provide U.S. information for the place of detention. Please note that if the client was detained for weeks or months, we consider it as an Expedited Removal (ER), as there is no unlawful presence when the client is in ICE or CBP custody. During this time, there was no free presence in the U.S.)

Date of Detention	City of Detention	Length of Detention	Type of Attempted Entry	Outcome
			<input type="checkbox"/> EWI <input type="checkbox"/> Fake Docs <input type="checkbox"/> Port of Entry	<input type="checkbox"/> ER <input type="checkbox"/> VR
			<input type="checkbox"/> EWI <input type="checkbox"/> Fake Docs <input type="checkbox"/> Port of Entry	<input type="checkbox"/> ER <input type="checkbox"/> VR
			<input type="checkbox"/> EWI <input type="checkbox"/> Fake Docs <input type="checkbox"/> Port of Entry	<input type="checkbox"/> ER <input type="checkbox"/> VR
			<input type="checkbox"/> EWI <input type="checkbox"/> Fake Docs <input type="checkbox"/> Port of Entry	<input type="checkbox"/> ER <input type="checkbox"/> VR



Date of Removal	City of Removal	State of Removal	Type of Removal
			<input type="checkbox"/> Border <input type="checkbox"/> Inside US
			<input type="checkbox"/> Border <input type="checkbox"/> Inside US
			<input type="checkbox"/> Border <input type="checkbox"/> Inside US
			<input type="checkbox"/> Border <input type="checkbox"/> Inside US
			<input type="checkbox"/> Border <input type="checkbox"/> Inside US
			<input type="checkbox"/> Border <input type="checkbox"/> Inside US

Is the client currently in removal proceedings?      ☐ Yes   ☐ No

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

### EOIR Information

### 6. **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\*: \_\_\_\_ \_\_\_\_ \_\_\_\_ lbs.

Ethnicity\*:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Race\*:

- ☐ White                      ☐ Asian  
☐ Ame-Indian/Alaskan      ☐ Hawaiian  
☐ African American

Eye Color\*:

- ☐ Black                      ☐ Blue  
☐ Brown                    ☐ Gray  
☐ Green                    ☐ Hazel  
☐ Maroon                  ☐ Pink  
☐ Unknown/Other

Hair Color\*:

- ☐ No Hair                      ☐ Black  
☐ Blond                      ☐ Brown  
☐ Gray                      ☐ Red  
☐ Sandy                      ☐ White  
☐ Unknown/Other

### 7. **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\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

City of Birth\*: \_\_\_\_\_

Middle Name: \_\_\_\_\_

State of Birth: \_\_\_\_\_

A #: \_\_\_\_\_

Country of Birth\*: \_\_\_\_\_

Legal Status\*:

☐ USC ☐ NATZ

Client Number of Marriages\*: \_\_\_\_\_

USC Number of Marriages\*: \_\_\_\_\_

Living with the USC\*

From: \_\_\_\_\_ To: \_\_\_\_\_

Enough COHABS?\* ☐ YES ☐ NO

Last Address of Cohabitation\*

Street	Apt	City	State	ZIP Code	Country
_____	_____	_____	_____	_____	_____

Dates at Last Address of Cohabitation\*

From: \_\_\_\_\_ To: \_\_\_\_\_

## 8. 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's Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Immigrant Status:

☐ USC ☐ NATZ ☐ LPR ☐ N/A

A #: \_\_\_\_\_

Part of U.S. Armed Forces:

☐ N/A ☐ Yes ☐ No

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

City of Marriage: \_\_\_\_\_

State of Marriage: \_\_\_\_\_

Country of Marriage: \_\_\_\_\_

### Ex-spouse's 1 Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City of Marriage: \_\_\_\_\_

State of Marriage: \_\_\_\_\_

Country of Marriage: \_\_\_\_\_

Date Marriage Ended: \_\_\_\_\_

City Marriage Ended: \_\_\_\_\_

State Marriage Ended: \_\_\_\_\_

Country Marriage Ended: \_\_\_\_\_

**Ex-spouse's 2 Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City of Marriage: \_\_\_\_\_

State of Marriage: \_\_\_\_\_

Country of Marriage: \_\_\_\_\_

Date Marriage Ended: \_\_\_\_\_

City Marriage Ended: \_\_\_\_\_

State Marriage Ended: \_\_\_\_\_

Country Marriage Ended: \_\_\_\_\_

**Ex-spouse's 3 Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City of Marriage: \_\_\_\_\_

State of Marriage: \_\_\_\_\_

Country of Marriage: \_\_\_\_\_

Date Marriage Ended: \_\_\_\_\_

City Marriage Ended: \_\_\_\_\_

State Marriage Ended: \_\_\_\_\_

Country Marriage Ended: \_\_\_\_\_

**Ex-spouse's 4 Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City of Marriage: \_\_\_\_\_

State of Marriage: \_\_\_\_\_

Country of Marriage: \_\_\_\_\_

Date Marriage Ended: \_\_\_\_\_

City Marriage Ended: \_\_\_\_\_

State Marriage Ended: \_\_\_\_\_

Country Marriage Ended: \_\_\_\_\_

### Ex-spouse's 5 Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Date Marriage Ended: \_\_\_\_\_

City of Marriage: \_\_\_\_\_

City Marriage Ended: \_\_\_\_\_

State of Marriage: \_\_\_\_\_

State Marriage Ended: \_\_\_\_\_

Country of Marriage: \_\_\_\_\_

Country Marriage Ended: \_\_\_\_\_

### **9. Parents' Information:**

(In this section, complete the client's parents' information. As is appears in client's BC, complemented by the survey.)

#### Mother's Information

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Middle Name: \_\_\_\_\_

City of Birth\*: \_\_\_\_\_

Country of Birth\*: \_\_\_\_\_

City of Residence\*: \_\_\_\_\_

Country of Residence\*: \_\_\_\_\_

#### Father's Information

Last Name\*: \_\_\_\_\_

First Name\*: \_\_\_\_\_

Middle Name: \_\_\_\_\_

City of Birth\*: \_\_\_\_\_

Country of Birth\*: \_\_\_\_\_

City of Residence\*: \_\_\_\_\_

Country of Residence\*: \_\_\_\_\_

### **10. 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

Employer	Street	City	State	ZIP	Country	Occupation	From	To
								Present

Employer	Street	City	State	ZIP	Country	Occupation	From	To

### 11. 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.)

Street	Apt./Ste./Flr.	City	State	ZIP	Country	From	To
							Present

### 12. 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 to fill in, mark the checkbox on the right. In this section DO NOT fill in the abuser information.)

Number of children\*: \_\_\_\_\_

For waiver purposes: Multiple children have a legal status in the US ☐

Child	Last Name	First Name	Middle Name	Date of Birth	Country of Birth	Legal Status	A Number	Related as	AS	Dead
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>



Child	Last Name	First Name	Middle Name	Date of Birth	Country of Birth	Legal Status	A Number	Related as	AS	Dead
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>						<input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> NATZ <input type="checkbox"/> N/A		<input type="checkbox"/> Child <input type="checkbox"/> Step	<input type="checkbox"/>	<input type="checkbox"/>

**13. 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 ☐

Crime	Date of Incident	City of Incident	State of Incident	Outcome

For waiver proposals: Client has committed an Aggravated Felony? ☐ Yes ☐ No**14. 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 US or in any other location in the world including military service?\*

Yes      No

14) Have you EVER been denied admission to the United States?\*

Yes      No

15) Have you EVER been denied a visa to the United States?\*

Yes      No

16) Have you EVER worked in the United States without authorization?\*

Yes      No

17) Have you EVER violated the terms or conditions of your nonimmigrant status? \*

Yes      No

18) Are you presently or have you EVER been in removal, exclusion, rescission, or deportation proceedings?\*

Yes      No

19) Have you EVER been issued a final order of exclusion, deportation, or removal? \*

Yes No

20) Have you EVER had a prior final order of exclusion, deportation, or removal reinstated? \*

Yes No

21) Have you EVER held lawful permanent resident status which was later rescinded? \*

Yes No

22) Have you EVER been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? \*

Yes No

23) Have you EVER applied for any kind of relief or protection from removal, exclusion, or deportation? \*

Yes No

25) Have you EVER been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)? \*

Yes No

26) Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)? \*

Yes No

27) 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)? \*

Yes No

28) 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)? \*

Yes No

29) Have you EVER been a defendant or the accused in a criminal proceeding (including pretrial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)? \*

Yes No

49) Have you EVER received any type of military, paramilitary, or weapons training? \*

Yes No

53) Have you EVER worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? \*

Yes No

55) Have you EVER served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group? \*

Yes No

70) Have you EVER submitted 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? \*

Yes No

71) 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? \*

Yes No

72) Have you EVER falsely claimed to be a U.S. citizen (in writing or any other way)? \*

Yes No

74) 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)? \*

Yes No

76) 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? \*

Yes No

77) Have you EVER entered the United States without being inspected and admitted or paroled? \*

Yes No

Since April 1, 1997, have you been unlawfully present in the United States

78.a) For more than 180 days but less than a year, and then departed the United States? \*

Yes No

78.b) For one year or more and then departed the United States? \*

Yes No

Since April 1, 1997, have you EVER reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

79.a) Having been unlawfully present in the United States for more than one year in the aggregate? \*

Yes No

79.b) Having been deported, excluded, or removed from the United States? \*

Yes No

**15. 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? \* ☐ Yes ☐ No

- ☐ 4) I have been involved in a crime of moral turpitude (other than a purely political offense).
- ☐ 12) I have sought to procure an immigration benefit by fraud or by concealing or misrepresenting a material fact (immigration fraud or misrepresentation.)
- ☐ 13) I have been engaged in alien smuggling.
- ☐ 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.)

Client's previous type of entry (if applicable): \_\_\_\_\_

**16. Previous Proceedings:**

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

Client has filed a previous I-765? \*

☐ Yes ☐ No

Client has had a previous Consular Process \*

☐ Yes ☐ No

**17. Interpreter Information:**

Client Understand English? \*

☐ Yes ☐ No

Source Language: \_\_\_\_\_

Interpreter Street Name: \_\_\_\_\_

Interpreter Last Name: \_\_\_\_\_

Apt./Ste./Flr. No: \_\_\_\_\_

Interpreter First Name: \_\_\_\_\_

Interpreter City: \_\_\_\_\_

Interpreter Organization: \_\_\_\_\_

Interpreter State: \_\_\_\_\_

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

Interpreter ZIP: \_\_\_\_\_

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

Interpreter Country: \_\_\_\_\_

**18. Attorney Information:**

Attorney Last Name: \_\_\_\_\_

Complete Name  
(as Preparer) : \_\_\_\_\_

Attorney First Name: \_\_\_\_\_

State Bar Number: \_\_\_\_\_

Attorney Middle Name: \_\_\_\_\_

Bar Licensing Authority: \_\_\_\_\_

19. Mailing Address: Office Address\*:

Street Number:	<input type="text"/>	Apt:	<input type="text"/>	Ste:	<input type="text"/>	Flr:	<input type="text"/>
Apt./Ste./ Flr. No:	<input type="text"/>	City:	<input type="text"/>				
State:	<input type="text"/>	ZIP Code:	<input type="text"/>				
		Country:	<input type="text"/>				

20. Safe/Alternative Address:

Street Number:	<input type="text"/>	Apt:	<input type="text"/>	Ste:	<input type="text"/>	Flr:	<input type="text"/>
Apt./Ste./ Flr. No:	<input type="text"/>	City:	<input type="text"/>				
State:	<input type="text"/>	ZIP Code:	<input type="text"/>				
		Country:	<input type="text"/>				

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

Other Information