

Important Disclosure

It is extremely important to enter your information accurately according to your personal documents, such as your passport. Remember, this form will serve as a legal document and will be used as proof of your process. The information you provide will be used by our lawyern

Make sure you have all the necessary information about your relatives, as well as your complete CV, readily available to fill out the for

PLEASE FILL OUT YOUR FU							y fields left blank will be o		
	LL NAME AS IT APPE	ARS IN YOUR I	PASSPORT		PERSONAL INFO	RMATION			
οι ιταιτισ.				Middle Name:			First last n	ame:	Second Last name:
			J L						
Date of Birth									
(MMDDYYYY):	Age (Years):	1	Gender:			Country of Birth:		Citizenship	
]							
Are you legally married?			Date of m	narriage (MMDDYY)	YY):	Country where Married:		Civil status: (S	ngle, Fiance, Widow, etc)
Yes [☐ No								
Address where you currently	/ reside:							Postal Code:	
								Don't leave this sp	ace blank, look for the zip code
City of Residence:		State of Resid	longo			Country of Residence:		/postal code on Go	ogle
Oity of Residence.		State of Resid	ierice.			Country of Residence.			
-									
					PERSONAL INFO				
The data entered here must of	correspond to the mai	n applicant. No	ot the spou	ise or children. Avo	old entering employn	nent or educational emails			
Personal Email:						Country code / Phone numi	ber		
						, , , , , , , , , , , , , , , , , , , ,			
						_			
						OR YOU APPLIED FOR			
Fill out your sponsor's corre	ct information as it is	available in the							
Your sponsor's name:			1 F	Position or job you	applied for:		City:		State:
			J L						
					ACADEMIC INFO	RMATION			
Fill out the information as it ap	pears in the Diplomas	vou have if vo	u do not hav						
									Date of Graduation (MMDDYYYY):
Academic Program	Yes	No	<u>N</u>	Name of Institution:	:				(MMDDYYYY):
High School Bachelor			-						
Post Graduate									
None			_						
				Add	dress of the High Sch	nool institution:			
Address of the HIGH SCHOO	N institution:								
Address of the filoff oction	L maddulon.								
City:		State:							
						Country :		Zip Code:	
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Writing:				ENGL	ISH LANGUAGE				ace blank, look for the zip code on God
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Reading: The name of the employer has		tered legally, if		WORK	EXPERIENCE OF	PROFICIENCY Listening: Speaking: FPAST 3 YEARS f employed, fill it out as it is, of	don't skip the dates as	Don't leave this sp	ace blank, look for the zip code on Go
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	First Name:		7	Middle Name:			7	Surnames:		
	Date of birth (MMDDYYYY):	Highest level	of advace	ion			_]
	Date of birth (MMDD11111):	None	□ □	Highschool		University (Bachelor)	Master		PhD]
Relative 2										
	Degree of kinship	Gender Male		Female		Country of Birth:			Citizenship:]
	First Name:]	Middle Name:			7	Surnames:		 1
	Date of birth (MMDDYYYY):	Highest level	of educa	tion						
		None		Highschool		University (Bachelor)	Master		PhD	
Relative 3	Degree of kinship	Gender				Country of Birth:			Citizenship:	
	Degree of Kinship	Male		Female		Country of Birth.			Citizenship.]
	First Name:		1	Middle Name:			7	Surnames:		 1
	Date of birth (MMDDYYYY):	Highest level	of educa	tion			_			
		None		Highschool		University (Bachelor)	Master		PhD]
Relative 4										
	Degree of kinship	Gender Male		Female		Country of Birth:			Citizenship:]
	First Name:		1	Middle Name:			7	Surnames:		 1
	Date of birth (MMDDYYYY):	Highest level	of aduca	lon			_			1
	Date of Birth (MINDS1111).	None		Highschool		University (Bachelor)	Master		PhD]
Relative 5										
	Degree of kinship	Gender Male		Female		Country of Birth:			Citizenship:]
	First Name:			Middle Name:			_	Surnames:		
]				_]
	Date of birth (MMDDYYYY):	None	of educa	Highschool		University (Bachelor)	Master		PhD]
Relative 6						(Dacretor)				 1
rtolative o	Degree of kinship	Gender Male		Female		Country of Birth:		1	Citizenship:	1
	First Name:			Middle Name:				Surnames:		
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	Date of birth (MMDDYYYY):	None	of educa	tion Highschool		University (Bachelor)	Master		PhD	1
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Relative 7	Degree of kinship	Gender Male		Female		Country of Birth:		 1	Citizenship:	1
	First Name:	Wale		Middle Name:				Surnames:		1
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	Date of birth (MMDDYYYY):	Highest level		tion						
				118-4-4-4		University			DED	
Relative 8		None		Highschool		University (Bachelor)	Master		PhD	
	Degree of kinship	Gender				University (Bachelor)	Master		PhD Citizenship:	1
				Female			Master]
	Degree of kinship First Name:	Gender					Master	Surnames:]
		Gender Male Highest level	of educa	Female Middle Name:		Country of Birth:		Surnames:	Citizenship:]
	First Name:	Gender Male		Female Middle Name:		Country of Birth: University (Bachelor)	Master			
	First Name:	Gender Male Highest level	of educa	Female Middle Name: Idon Highschool EMERGENCY (Country of Birth:		Surnames:	Citizenship:]
	First Name:	Gender Male Highest level	of educa	Female Middle Name:		Country of Birth: University (Bachelor)		Surnames:	Citizenship:	
	First Name: Date of birth (MMDDYYYY):	Gender Male Highest level	of educa	Female Middle Name: Idon Highschool EMERGENCY (Country of Birth: University (Bachelor)		Surnames:	Citizenship:	
	First Name: Date of birth (MMDDYYYY): Name	Gender Male Highest level	of educa	Female Middle Name: Ition Highschool EMERGENCY (Country code / Phone number	CONTAC	Country of Birth: University (Bachelor) T INFORMATION		Surnames:	Citizenship:	
	First Name: Date of birth (MMDDYYYY): Name	Gender Male Highest level	of educa	Female Middle Name: Ition Highschool EMERGENCY (Country code / Phone number	CONTAC	Country of Birth: University (Bachelor)		Surnames:	Citizenship:	
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	First Name: Date of birth (MMDDYYYY): Name Email Please answer for the principal applicant a Have you ever been to the United States of Have you ever had a social security numbe If YES, What is your social security number	Gender Male Highest level - None and depedents f America?	of educated and the second sec	Female Middle Name: ion Highschool EMERGENCY (Country code / Phone number IMMIGR	CONTAC	Country of Birth: University (Bachelor) T INFORMATION	Master	Surnames:	Citizenship: PhD Degree of kinship	
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On your last entry, under which visa did you enter the (B1/B2, F1, J1, etc)	e US?	Applicant					Dependents]
If you are currently in the US, please provide your most number (use the link below with full name and data) https:	it recent I-94]					
dhs.gov/194##recent-search	1.7/194.CDD.	Applicant				-	Dependent	is			
Do you ourroutly hold a US Visc2	1	Applicant Yes		No			Dependent	is	No		
Do you currently hold a US Visa? If YES, fill the table with current information:		Yes		No			Yes		No		
US VISA RECORD											
Full name of the applicant or dependent		Type of Visa (B	31/ B2/ J1/ F1/ H1B etc	E.)		Expedition (MMDD	on date YYYY)	Expiration dat	e (MMDDYYYY)		
Have you ever been rejected for a US visa?	pplicant Yes		No			Dependent Yes	s	No			
If YES fill the table: US VISA VISA REJECTION											
Name		Type of Visa (B	31/ B2/ J1/ F1/ H1B etc	c.)		Rejectio (MMDD	on date YYYY):		Rejection Reaso	n	
Have you ever overstayed your visa or I-94?	pplicant					Dependent					
	Yes		No			Yes	Ш	No			
Have you ever been unlawfully											
present in the US?	pplicant Yes		No			Dependent Yes	s	No			
lt.	YES why										
Have you ever been denied entry to	pplicant					Dependent	s				
the United States?	Yes		No			Yes		No			
lf'	YES why										
Have you ever been deported from Apparagn any country?	pplicant Yes		No			Dependent Yes	s	No			
lt'	YES why								_		
Have you ever been before an immigration Judge/hearing officer?											
			INA	ADMISSIBILIT	TIES						
Medical Conditions for any family members Name		Condition				7					
						1					
Significant medical procedures for any family members Name		Medical proced	dure			Date (MM	DDYYYY)				
Have you ever been diagnosed with a sexually transmitted disease?		Applicant					Dependent				
		Yes		No			Yes		No		
	If YES elaborate										
Have you ever been diagnosed with Tuberculosis?	1	Applicant				7	Dependent				
innaichiosis i		Yes		No		_	Yes		No		
	If YES elaborate										
Do you have health insurance?		Applicant				7	Dependent	to.			
Do you have health insurance?		Yes		No		_	Yes		No		
If	f YES which one?										
Do you have any criminal record?		Applicant				٦	Dependent	s (14 years or abov	(e)		
55 you have any chillina record?		Yes		No		_	Yes	s (14 years or abov	No No		
	If YES elaborate										

you have a criminal rec	ord, please fill the table:									
	Name			Туре	of record	Date (MMDDYYYY)		Outcome (Explain n	nore)	_
			-							1
]
					1					
Have you ever b	een convicted of a ime?	Applicant				Dependents				
		Yes		No		Yes	No			
	If YES elabora	. —								
	IT YES elabora	ite								
In the last year h	ave you consumed									
any illegal subst	ances?	Applicant Yes		No		Dependents Yes	No			
		163		140		163	140			
	If YES elabora	ite								
Do you have any	substantial debt? loans, mortgage									
Such as student etc	loans, mortgage	Applicant				Dependents				
0.0		Yes		No		Yes	No			
	If YES elabora	ite								