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**CONSULAR PROCESSING QUESTIONNAIRE**

**Personal, Address and Phone Information**

Name:

Other Names Used:

Current Marital Status:

Date of Birth:

(Format: DD-MM-YYYY)

City of Birth:

State/Province of Birth:

Country/Region of Birth:

Country/Region of Origin (Nationality):

Passport Number:

Country/Authority that Issued Document:

Issuance Date:

(Format: DD-MM-YYYY)

Expiration Date:

(Format: DD-MM-YYYY)

Do you hold or have you held any nationality other than the one you have indicated above?

Present Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Since Date:

(Format: DD-MM-YYYY)

Have you lived anywhere other than this address since the age of sixteen?

Previous Address (1):

Street, Apt.:

City:

State/Province:

Country/Region:

ZIP Code:

From:

(Format: DD-MM-YYYY)

To:

(Format: DD-MM-YYYY)

Previous Address (2):

Street, Apt.:

City:

State/Province:

Country/Region:

ZIP Code:

From:

(Format: DD-MM-YYYY)

To:

(Format: DD-MM-YYYY)

Previous Address (3):

Street, Apt.:

City:

State/Province:

Country/Region:

ZIP Code:

From:

(Format: DD-MM-YYYY)

To:

(Format: DD-MM-YYYY)

Previous Address (4):

Street, Apt.:

City:

State/Province:

Country/Region:

ZIP Code:

From:

(Format: DD-MM-YYYY)

To:

(Format: DD-MM-YYYY)

***(If you have more addresses please attach extra sheet)***

Primary Phone Number:

Email Address:

Is your Mailing Address the same as your Present Address?

Mailing Address:

City: State/Province:

Postal Zone/ZIP Code:

Country/Region:

Do you have an address in the United States where you intend to live?

Name of person currently living at address:

U.S. Address:

City:

State/Province:

Postal Zone/ZIP Code:

Is this address where you want your Permanent Residence Card (Green Card) mailed?

If not, please write the address:

**Family Information**

Father's Surnames:

Father's Given Names:

Date of Birth:

(Format: DD-MM-YYYY)

City of Birth:

State/Province of Birth:

Country/Region of Birth:

Is your father still living? *(If not please provide year of death)*

Current Address:

City: State/Province:

Postal Zone/ZIP Code:

Country/Region:

Mother's Surnames:

Mother's Given Names:

Date of Birth:

(Format: DD-MM-YYYY)

City of Birth:

State/Province of Birth:

Country/Region of Birth:

Is your mother still living? *(If not please provide year of death)*

Current Address:

City:

State/Province:

Postal Zone/ZIP Code:

Spouse's Full Name:

Spouse's Date of Birth:

(Format: DD-MM-YYYY)

Spouse's City of Birth:

Spouse's State/Province of Birth:

Spouse's Country/Region of Birth:

Spouse's Address:

Occupation:

Date of Marriage:

(Format: DD-MM-YYYY)

Marriage City:

Marriage State/Province:

Marriage Country/Region:

Is your spouse immigrating to the U.S. with you?

Is your spouse immigrating to the U.S. later date to join you?

Do you have any Previous Spouses?

Previous Spouse's Full Name:

Previous Spouse's Date of Birth:

(Format: DD-MM-YYYY)

Previous Spouse's City of Birth:

Previous Spouse's State/Province of Birth:

Previous Spouse's Country/Region of Birth:

Previous Spouse's Address:

Do you have any Children (any age)?

Children’s Full Name:

Children’s Date of Birth:

(Format: DD-MM-YYYY)

Children’s City of Birth:

Children’s State/Province of Birth:

Children’s Country/Region of Birth:

Children’s Address:

Children’s Full Name:

Children’s Date of Birth:

(Format: DD-MM-YYYY)

Children’s City of Birth:

Children’s State/Province of Birth:

Children’s Country/Region of Birth:

Children’s Address:

***(If you have more children please attach extra sheet)***

**Previous U.S. Travel Information**

Have you ever been in the U.S.?

Have you ever been issued a U.S .Visa?

Have you ever been refused a U.S. Visa, been refused admission to the United States, or withdrawn your application for admission at the port of entry?

**Work/ Education/Training Information**

Primary Occupation:

Present Employer or School Name: Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Do you have other occupations?

In which occupation do you intend to work in the U.S.?

Were you previously employed?

Employer Name (1):

Employer Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

(Format: DD-MM-YYYY)

Employment Date To:

(Format: DD-MM-YYYY)

Employer Name (2):

Employer Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

(Format: DD-MM-YYYY)

Employment Date To:

(Format: DD-MM-YYYY)

Employer Name (3):

Employer Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

(Format: DD-MM-YYYY)

Employment Date To:

(Format: DD-MM-YYYY)

***(If you have previous employers please attach extra sheet)***

**Have you attended any educational institutions since high school?**

Number of Educational institutions Attended:

Name of Institution (1):

Address of Institution: City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Course of Study:

Degree or Diploma:

Date of Attendance From:

(Format: DD-MM-YYYY)

Date of Attendance To:

(Format: DD-MM-YYYY)

Name of Institution (2):

Address of Institution: City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Course of Study:

Degree or Diploma:

Date of Attendance From: (Format: DD-MM-YYYY)

Date of Attendance To:

(Format: DD-MM-YYYY)

Have you ever served in the military?

Can you speak and/or read languages other than your native language?

List the languages that you speak and/or read:

**Petitioner Information**

Petitioner is my:

Petitioner Name:

Petitioner Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Telephone:

Mobile/Cell Telephone:

Email Address: