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FOREIGN CITIZEN RELATIVE/FIANCEE QUESTIONNAIRE

Please print or type your answers clearly.

We ask that you try to FULLY answer EVERY QUESTION.

Any information that does not apply should be marked N/A. Use separate sheet if necessary.

[Please DO NOT use ALL CAPS when typing information]

Name: _____ Sex: M F
(Last) (First) (Middle) (Maiden)

Other names used (including Maiden Name):

Name 1:

Name 2:

(Last) (First) (Middle)

Birthdate: _____ Place of Birth: _____
(mm/dd/yyyy) (Town/Village) (State/Province) (Country)

Contact Information:

(E-mail address) (Home Phone) (Mobile Phone) (Business Phone)

Identification Documents:

Nationality National ID # Citizen of

(US Social Security #) (Alien #) (NVC/DOS Case #) (NVC Inv. Number) (USCIS Receipt #)

Travel Documents:

(Passport #) or (Travel Doc #) (Issuing Country) (Issue Date) (Expire Date)

Street Address

Apt. City

ST Post Code

Future US Address:

USCIS REQUIRED INFORMATION:

Petitioner's Relationship to you:

Birthmarks/tattoos, etc.:

Ethnicity:

Race:

Languages you speak:

Hair Color:

Eye Color:

Height: ft. in. Weight (lbs.):

PARENTS

Name of Father:

(Last)

(First)

Father's Place of Birth:

(City)

(State/Province)

(Country)

Father's Date of Birth:

Deceased? Yes

No

Year Died:

Father's

Address:

(Street Number/Name)

(Apt) (District)

(City)

(State) (Province)

(Postal Code) (Country)

Name of Mother:

(Last)

(Maiden)

(First)

Mother's Place of Birth:

(City)

(State/Province)

(Country)

Mother's Date of Birth:

Deceased? Yes

No

Year Died:

Mother's

Address:

(Street Number/Name)

(Apt) (District)

(City)

(State) (Province)

(Postal Code) (Country)

Were any of your grandparents born in the U.S.? Yes No

If so, where?

MARITAL HISTORY

Current Marital Status: Single Married Divorced Widowed

Current Spouse or Fiancée's Information

Spouse's/Fiancée's Name:

(Last) (First) (Middle) (Maiden) Sex: M F

Date of Birth: Soc. Sec. Number:
(Month/Day/Year) (Citizenship [Country])

If Married

Date of Marriage: Where?
(City) (State/Province) (Country)

Number of times married in the past:

Former Spouse's Name:

(Last) (First) (Middle) (Maiden)

Former Spouse's Date of Birth: Citizenship:
(Country)

Date of Marriage: Where?
(City) (State/Province) (Country)

Date Marriage Ended: Where?
(City) (State/Province) (Country)

Former Spouse's Name:

(Last) (First) (Middle) (Maiden)

Former Spouse's Date of Birth: Citizenship:
(Country)

Date of Marriage: Where?
(City) (State/Province) (Country)

Date Marriage Ended: Where?
(City) (State/Province) (Country)

RESIDENCES

Residence during the last 5 years (Present address first):

	Street Address	Apt.	District	City	State	Province	Post Code	Country	From mm / yyyy	To mm / yyyy
1.									/	
2.									/	/
3.									/	/
4.									/	/
5.									/	/
6.									/	/
7.									/	/
8.									/	/
9.									/	/
10.									/	/

If married to your Sponsor, enter the number above (1-10) for the last address at which you lived together:

Last address outside of U.S. of more than one year:

Street Address	Apt.	District	City	State	Province	Post Code	Country	From mm / yyyy	To mm / yyyy
								/	/

OTHER RELATIVES LIVING IN THE UNITED STATES

Relative Name	Immigration Status	Relationship	City	State
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EMPLOYMENT HISTORY

Employment during the last 5 years (Present employment first):

Employer/ Job Title	Street Address	District/ City	State/ Province	Post Code/ Country	From [mm / yyyy] To [mm / yyyy]
1.					/
2.					/
3.					/
4.					/
5.					/
6.					/
7.					/
8.					/
9.					/
10.					/

Last occupation outside of U.S. (if applicable):

Employer/ Job Title	Street Address	District/ City	State/ Province	Post Code/ Country	From [mm / yyyy] To [mm / yyyy]
					/
					/

What occupation to you intend to work in the United States?

CHILDREN

List children, including stepchildren (use attachment if necessary):

(1) NAME:	Sex: M	F					
(Last)	(First)	(Middle)	(Alien #)				
Relationship:	U.S. Soc. Sec. No.:	DOB:					
City of Birth:	State of Birth:	Country of Birth:					
Address (if different):							
Street Address	Apt	District	City	State	Province	Post Code	Country
(2) NAME:	Sex: M	F					
(Last)	(First)	(Middle)	(Alien #)				
Relationship:	U.S. Soc. Sec. No.:	DOB:					
City of Birth:	State of Birth:	Country of Birth:					
Address (if different):							
Street Address	Apt	District	City	State	Province	Post Code	Country
(3) NAME:	Sex: M	F					
(Last)	(First)	(Middle)	(Alien #)				
Relationship:	U.S. Soc. Sec. No.:	DOB:					
City of Birth:	State of Birth:	Country of Birth:					
Address (if different):							
Street Address	Apt	District	City	State	Province	Post Code	Country
(4) NAME:	Sex: M	F					
(Last)	(First)	(Middle)	(Alien #)				
Relationship:	U.S. Soc. Sec. No.:	DOB:					
City of Birth:	State of Birth:	Country of Birth:					
Address (if different):							
Street Address	Apt	District	City	State	Province	Post Code	Country

EDUCATION

Post-Secondary Education (College, Trade/Vocational Schools):

	School Name/ Field of Study	Degree	Street Address	District/ City	State/ Province	Post Code/ Country	From [mm / yyyy] To [mm / yyyy]
1.							/
							/
2.							/
							/
3.							/
							/
4.							/
							/

GROUP MEMBERSHIP

	Name of Organization	Nature of Membership	Location (City/State)	Dates of Membership From / To
1.				/ /
2.				/ /
3.				/ /
4.				/ /
5.				/ /

MILITARY SERVICE

	Military Branch	Last Rank	Specialty	Dates of Service From / To
1.				/ /
2.				/ /
3.				/ /

IMMIGRATION HISTORY

Has a prior visa petition ever been filed for you? Y N If YES, then answer the following:

Where?	When?	Approved?	Y	N
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Has your visa to the United States ever been revoked? Y N If YES, then answer the following:

Why?	Visa Type?	When?
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Has your application for a U.S. Visa ever been rejected? Y N If YES, then answer the following:

Why?	Visa Type?	When?
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Have you ever been in the United States before? Y N

If currently in the United States, please complete the following:

Immigration status on arrival: I-94 Record #:

Current Immigration Status:

Name as appears on I-94: _____ I-94 Arrival Date: _____ Expiration Date: _____

(Visa Number)

(Visa Issued Date)

Where Issued (City/Country)

(Visa Expiration Date)

For each prior trip to the United States, INCLUDING YOUR LAST ENTRY, please complete the following:

Date Entered	Date Departed	Status on Entry	Entry Location (City/State)	Resided at Location (City/State)	Inspected?	
					Y	N
					Y	N
					Y	N
					Y	N
					Y	N

Have you ever applied for Permanent Resident Status before? Y N

If YES, provide date and place of filing, and disposition:

Los Angeles

Law Offices of Michael S. Cho
San Francisco

San Diego

IMMIGRATION HISTORY

(Continued)

Have you ever been under immigration proceedings? Y N

If yes, please answer the following:

Type of Proceeding:

Length of residence in the United States:

Date you were removed/deported:

Place of residence at time of removal/deportation (City/State):

Location of Detention Facility, if any (City/State):

Location of Deportation/Removal Hearing (City/State):

Departure location for Removal/Deportation (City/State):

Country Deported To:

ARREST HISTORY

Have you ever: committed a crime? been arrested? been granted pardon?

If answered YES to any of the above, give the following information:

Date of Offense	Place (City/State/Country)	Nature of Offense	Outcome
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Have you ever:

- | | | |
|---|---|---|
| Y | N | Committed a crime of moral turpitude or drug-related offense for which you were not arrested? |
| Y | N | Been arrested, cited, charged, indicted, fined or imprisoned for breaking a law, excluding traffic violations? |
| Y | N | Been the recipient of an act of clemency or similar action? |
| Y | N | Exercised diplomatic immunity to avoid prosecution in the U.S.? |
| Y | N | Received public assistance in the U.S. from any source, or likely to in the future? |
| Y | N | Engaged in prostitution in the past, 10 years, or likely to in the future? |
| Y | N | Engaged in unlawful commercialized vice such as illegal gambling? |
| Y | N | Encouraged any alien to enter the U.S. illegally? |
| Y | N | Trafficked in any controlled substance? |
| Y | N | Been in any way involved in any terrorist activity? |
| Y | N | Engaged in espionage or intend to once in the U.S.? |
| Y | N | Been a member of or affiliated with the Communist Party? |
| Y | N | Engaged in genocide or persecuted any person because of race, religion, national origin or political opinion? |
| Y | N | Been deported or excluded from the U.S.? |
| Y | N | Committed fraud in order to obtain entry into the U.S.? |
| Y | N | Left the U.S. to avoid being drafted into the U.S. Army? |
| Y | N | Been a J non-immigrant visitor and not complied with the 2-year foreign residence requirement or obtained a waiver? |
| Y | N | Withheld custody of a U.S. citizen child from a person granted custody of the child? |
| Y | N | Been a polygamist or plan to practice polygamy in the U.S.? |
| Y | N | Claimed to be a U.S. citizen? |

If you answered YES to any of the questions on the previous page, explain fully below:

List all countries you have visited in the last 10 years (include the year of the visit next to each country):

List all countries that have issued you a passport. Have you ever lost or had your passport stolen?

Do you have any specialized skills or training, including firearms, explosives, nuclear, biological or chemical? If yes explain:

Have you ever been in armed conflict, either as a participant or a victim? If yes, explain:

Date: _____

Signature: _____