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U.S. CITIZEN / LPR PETITIONER QUESTIONNAIRE

Please print or type your answers clearly

We ask that you try to FULLY answer EVERY QUESTION

Any information that does not apply to you should be marked N/A

[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: _____
(Month/Day/Year) (Town/Village) (State/Province) (Country)

Identification Documents:

(Passport #) (Alien #) (US Social Security No.)

Contact Information:

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

USCIS REQUIRED INFORMATION

Beneficiary's Relationship to you:

Ethnicity: _____ Race: _____

Hair Color: _____ Eye Color: _____ Height: ft. in. Weight (lbs): _____

U.S. Citizenship was acquired through (select only one):

Birth in the United States

Naturalization

(Number of certificate)

(Date Issued)

(City/State where issued)

Parents

Have you obtained a certificate of U.S. citizenship in your own name?

No

Yes

(Certificate Number) (Date Issued) (City/State where issued)

Lived in the U.S. since (date):

PARENTS

Name of Father:

(Last)

(First)

(Middle)

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)

(First)

(Middle)

(Maiden)

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)

MARITAL HISTORY

Current Marital Status: Single Married Divorced Widowed

Current Spouse or Fiancée's Information

Current Spouse/Fiancée:

Sex: M F

(Last name)	(First Name)	(Middle Name)	(Maiden Name)	(SS Number)
Smith	John	David	Elizabeth	123456789
Johnson	Mary	Ann	Elizabeth	987654321
Williams	Robert	James	Elizabeth	456789123
Miller	Patricia	Ann	Elizabeth	321654987
Wilson	Michael	James	Elizabeth	234567890
Moore	Elizabeth	Ann	Elizabeth	098765432
Anderson	William	James	Elizabeth	567890123
Clark	Barbara	Ann	Elizabeth	890123456
Green	Richard	James	Elizabeth	765432109
Adams	Susan	Ann	Elizabeth	654321098
Baker	Thomas	James	Elizabeth	543210987
White	Christine	Ann	Elizabeth	432109876
Black	Christopher	James	Elizabeth	321098765
Gray	Michelle	Ann	Elizabeth	210987654
King	David	James	Elizabeth	109876543
Scott	Angela	Ann	Elizabeth	098765432
Wright	Robert	James	Elizabeth	987654321
Green	Elizabeth	Ann	Elizabeth	876543210
Wright	Michael	James	Elizabeth	765432109
Wright	Elizabeth	Ann	Elizabeth	654321098
Wright	Robert	James	Elizabeth	543210987
Wright	Elizabeth	Ann	Elizabeth	432109876
Wright	Michael	James	Elizabeth	321098765
Wright	Elizabeth	Ann	Elizabeth	210987654
Wright	Robert	James	Elizabeth	109876543
Wright	Elizabeth	Ann	Elizabeth	098765432
Wright	Michael	James	Elizabeth	987654321
Wright	Elizabeth	Ann	Elizabeth	876543210
Wright	Robert	James	Elizabeth	765432109
Wright	Elizabeth	Ann	Elizabeth	654321098
Wright	Michael	James	Elizabeth	543210987
Wright	Elizabeth	Ann	Elizabeth	432109876
Wright	Robert	James	Elizabeth	321098765
Wright	Elizabeth	Ann	Elizabeth	210987654
Wright	Michael	James	Elizabeth	109876543
Wright	Elizabeth	Ann	Elizabeth	098765432
Wright	Robert	James	Elizabeth	987654321
Wright	Elizabeth	Ann	Elizabeth	876543210
Wright	Michael	James	Elizabeth	765432109
Wright	Elizabeth	Ann	Elizabeth	654321098
Wright	Robert	James	Elizabeth	543210987
Wright	Elizabeth	Ann	Elizabeth	432109876
Wright	Michael	James	Elizabeth	321098765
Wright	Elizabeth	Ann	Elizabeth	210987654
Wright	Robert	James	Elizabeth	109876543
Wright	Elizabeth	Ann	Elizabeth	098765432
Wright	Michael	James	Elizabeth	987654321
Wright	Elizabeth	Ann	Elizabeth	876543210
Wright	Robert	James	Elizabeth	765432109
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Wright	Robert	James	Elizabeth	987654321
Wright	Elizabeth	Ann	Elizabeth	876543210
Wright	Michael	James	Elizabeth	765432109
Wright				

Date of Birth: _____ Where? _____
(Month/Day/Year) (Birth City) (Birth ST/Prov.) (Birth Country) (Citizenship)

If Married

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

IF Engaged:

Have you met your Fiancee within last 2 years: Yes No

Dates and places you've met in last 2 years:

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)

VISA PETITIONS FILED

I have previously filed visa petitions for the following individuals (including current spouse/fiancee):

1. Last Name	First Name	Middle Name	Alien #	Date of Birth	Relationship
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Date Petition Filed	City Where Filed	State Where Filed	Result
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2. Last Name	First Name	Middle Name	Alien #	Date of Birth	Relationship
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Date Petition Filed	City Where Filed	State Where Filed	Result
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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.									/	/

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
								/	/

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]
					/
					/

CHILDREN

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

(1) NAME:	Sex: M	F	(Alien #)
(Last)	(First)	(Middle)	
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	(Alien #)
(Last)	(First)	(Middle)	
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	(Alien #)
(Last)	(First)	(Middle)	
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	(Alien #)
(Last)	(First)	(Middle)	
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

AFFIDAVIT OF SUPPORT INFORMATION

Financial Information that we will need to prepare your Affidavit of Support:

Current Employment Type: Employed Self-Employed Unemployed/Retired

If Self-Employed, Name of Business:

If Self-Employed, Nature of Business or Employment:

If Unemployed or Retired, year since you have been unemployed/retired:

If Retired, retired from Company Name:

Name of Current Employer:

Current Job Title:

Annual Salary:

OR

Hourly Wage:

of hours worked per week:

Number of persons (related to you by birth, marriage, or adoption) living with you:

List their names, relationship to you (e.g. son, daughter, wife) (use attachment if necessary):

Last name, First Name	Age	Relationship to you	Dependent on you Wholly or Partially
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Number of persons NOT living with you who you are obligated to support and their relationship to you (e.g. son, daughter, wife) (either through previous Affidavits of Support or claimed dependents on your most recent taxes):

List their names, relationship to you (e.g. son, daughter, wife) (use attachment if necessary):

Last name, First Name	Age	Relationship to you	Dependent on you Wholly or Partially
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Year for which you last filed a tax return:

Check if Tax Returned Filed each of last 3 years:

Type of tax return filed: Single/Separate

Joint with only my income

Joint with Spouse

Your gross income as reported on your tax returns for the previous 3 years:

	Year	Total Gross Income
Most recent year:		Total Income:
2 nd most recent year:		Total Income:
3 rd most recent year:		Total Income:

Total value of checking & savings accounts:

Stocks, bonds, certificates of deposit:

Life insurance FACE value:

CASH Value:

Other Personal Property (not Real Estate):

	Real estate (Assessed Value):	Encumbrances (Mortgage):
Real Estate Address:	Street number/Name City ST Zip Code	

Number of individuals for whom you previously signed an Affidavit of Support and for whom your support obligation is still continuing:

For each Affidavit of Support with a continuing support obligation, complete the following:

- (1) Last Name: First Name:

 Relationship:

 Date Affidavit was Signed: Alien #:

- (2) Last Name: First Name:

 Relationship:

 Date Affidavit was Signed: Alien #:

Date _____ Signature _____