**6160 Peachtree Dunwoody Rd.**

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H-1B Employee Questionnaire

Fill in all blanks. If any questions about you are not applicable, type “N/A”. Do not leave anything blank in Part 1 through 6. (You may leave the Dependent section blank if you do not have a spouse or children who will be applying for H-4 status.)

The information contained in the form is subject to the Attorney-Client privilege, will be treated as confidential, and utilized only for the purpose of applying and obtaining H-1B approval. As such, the information contained in the form will be shared with the appropriate governmental authorities including the U.S. Labor Department, the U.S. Department of Homeland Security, and the Employer.

**Date:**

**Name of Company Filing this H-1B:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Give us the best phone number at which to contact you)

**Your Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently on CPT and doing your**

**2nd or 3rd Master’s Degree program?** (Yes/No)\_\_\_\_\_\_\_\_\_\_

**Your most recent USCIS receipt number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This is the case number on the I-797 receipt notice for the most recent petition filed for you. It will have three letters and ten digits, something like EAC1899900000.

**Part 1: Personal Info**

**Name (as on passport)**

**First (Given) Name:** \_\_SUKUMAR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Last (Family) Name:** \_\_\_\_\_\_\_LALAPETA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maiden Name (if married):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your name listed differently on other documents from how it is written in your passport? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, list all variations of your name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth:**

Month: \_\_\_\_12\_\_\_\_\_Day: \_\_\_17\_\_\_\_\_Year: \_\_\_1988\_\_\_\_\_\_

**Gender:** (Male/Female/Other)\_\_\_\_\_\_\_\_\_\_MALE\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alien Registration Number:** A-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You will have this only if you are currently on OPT or have an approved I-140)

**Country of birth:** \_\_\_\_\_\_\_INDIA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State/Province of birth:** \_\_\_ANDHRA PRADESH\_\_\_\_\_\_\_\_\_\_\_

**City/Town/Village of birth:** \_\_\_\_\_\_\_\_TIRUPATHI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country of Citizenship/Nationality:** \_\_\_\_\_\_\_\_\_\_\_INDIA\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2: Immigration information:**

**Are you currently in the United States?** (Yes/No)\_\_\_\_\_\_\_YES\_\_\_

**Date of last arrival into the United States:**

Month: \_\_\_\_DECEMBER\_\_\_\_\_Day: \_\_\_24\_\_\_\_\_Year: \_\_2022\_\_\_\_\_\_\_

**I-94 Number:** \_\_\_\_\_\_\_\_\_172480670A3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Number:** \_\_\_\_\_\_\_\_\_R0145468\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Date of Issue:**

Month: \_\_\_\_\_05\_\_\_\_Day: \_\_\_25\_\_\_\_\_Year: \_\_\_\_2017\_\_\_\_\_

**Passport Date of Expiry:**

Month: \_\_\_05\_\_\_\_\_\_Day: \_\_\_\_\_24\_\_\_Year: \_\_\_2027\_\_\_\_\_\_

**Passport Country of Issuance: \_**\_\_\_\_\_\_\_INDIA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Nonimmigrant Status:** \_\_\_\_\_\_\_\_\_\_\_\_H4\_\_\_\_\_\_\_\_\_\_\_

**Date Status Expires:**

Month: \_\_\_\_\_SEPTEMBER\_\_\_\_Day: \_\_\_\_30\_\_\_\_Year: \_2023\_\_\_\_\_\_\_\_

**SEVIS Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Only fill if you are currently on F-1 status)**

**Current EAD Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Only fill if you are currently on F-1 status)**

**Part 3: Location and contact information**

**Current US Address:** \_1659 Woodduck Lane\_#1A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_Wheeling\_\_\_\_\_\_State: \_\_Illinois\_\_\_\_\_\_ZIP: \_\_\_60090\_\_\_\_\_\_\_

**US Phone:** \_\_\_2242353516 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Address Outside theUS :**D/NO\_16-6-449\_Karnala veedhi Layout\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_Tirupathi\_\_\_\_\_\_\_State: \_\_Andhra Pradesh\_\_\_\_\_PIN: \_\_517501\_\_\_\_\_\_\_\_

Foreign Phone:\_\_+91 9884827588\_\_\_\_\_\_\_\_\_\_\_\_

**If you are overseas, what consulate would you prefer to visit to get a visa stamping?**

City, Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4: Processing information**

**For any questions that are marked with an asterisk (\*), if you answer “Yes”, explain on a separate page.**

1. If you DO NOT have a valid passport, explain here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have any dependents for whom dependent petitions**

**need to be filed? (Yes/No)\_\_\_\_No\_\_\_\_**

**If yes, make sure to complete Part 7 below.**

1. Are you currently in removal proceedings? \* (Yes/No)\_\_\_\_NO\_\_\_\_\_\_
2. Have you ever had an IMMIGRANT (permanent) visa petition (e.g., I-140)? –

NO

1. Have you ever had an IMMIGRANT (permanent) visa petition (e.g. I-140)

filed on your behalf by ANY employer?\* (Yes/No)\_\_\_No\_\_\_\_\_\_\_

filed on your behalf by THIS employer?\* (Yes/No)\_\_No\_\_\_\_\_\_\_\_

1. Have you ever had an H-1B petition filed on your behalf by ANY employer

which was APPROVED? (Yes/No)\_\_\_\_\_No\_\_\_\_\_

(Include all approved petitions, even if you did not

work under the terms of that petition)

If yes, list all H-1B approvals you have ever received below. Provide the receipt number, employer name, approval date, and validity period dates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had an H-1B petition filed on your behalf by ANY employer

which was DENIED? (Yes/No)\_\_\_\_\_\_\_No\_\_\_

If yes, list all H-1B denials you have ever received here. Provide the receipt number, employer name, and denial date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had a NONIMMIGRANT visa petition (e.g. H-1B, L-1)

filed on your behalf by THIS employer?\* (Yes/No)\_\_\_\_\_\_No\_\_\_\_

1. Have you or your spouse ever held J-1 or J-2

classification? (Yes/No)\_\_\_\_\_No\_\_\_\_\_

If yes, list the name, date, and sponsor of every J-1 program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List every period of stay in the U.S. during which you held H-1 or L-1 status below. If your name was different during any of these periods of stay, indicate this in the **list below. We do NOT need periods of stay on which you were on H-4, L-2, B-1/B-2, or any other status other than H-1 or L-1.**

Status (H-1/L-1): \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status (H-1/L-1): \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status (H-1/L-1): \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status (H-1/L-1): \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status (H-1/L-1): \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status (H-1/L-1): \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

1. **Do you have an ownership interest in the**

**petitioning employer company? (Yes/No)\_\_\_\_\_\_\_\_NO\_\_**

**If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 5: Educational background**

Do you have a U.S. Master’s degree? (Yes/No)\_\_\_\_\_\_NO\_\_\_

**Has any school you have attended lost its accreditation?**

**(Yes/No/Don’t know)\_\_NO\_\_\_\_\_\_\_**

**If yes, which school(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Was the school accredited when you got your degree? (Yes/No)\_\_\_\_\_\_\_\_\_

Explain on separate page if necessary.

**Has any school you have attended been a for-profit school?**

**(Yes/No/Don’t know)\_\_\_\_NO\_\_\_\_\_**

**If yes, which school(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all (U.S. AND foreign) degree programs that you have started. Provide the degree, major field of study, university/institution that granted the degree, location (address) of the university, and month and year of graduation. Include programs that you have not completed. Do not include high school, +2, matriculation, etc.**

1. **Degree level (Bachelor’s/Master’s/Doctorate):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major field of study:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University/granting institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University address (office of the registrar):

Street number and name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

Graduation date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**If this is a U.S. university, did you hold F-1 status**

**while attending this university? (Yes/No/Not applicable)\_\_\_\_\_\_\_\_\_**

**If yes, provide the start and end dates of your F-1 authorization:**

Start date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

End date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

1. **Degree level (Bachelor’s/Master’s/Doctorate):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University/granting institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University address (office of the registrar):

Street number and name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

Graduation date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**If this is a U.S. university, did you hold F-1 status**

while attending this university? (Yes/No/Not applicable)\_\_\_\_\_\_\_\_\_

If yes, provide the start and end dates of your F-1 authorization:

Start date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

End date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

1. **Degree level (Bachelor’s/Master’s/Doctorate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

University/granting institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University address (office of the registrar:

Street number and name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

Graduation date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

If this is a U.S. university, did you hold F-1 status

while attending this university? (Yes/No/Not applicable)\_\_\_\_\_\_\_\_\_

If yes, provide the start and end dates of your F-1 authorization:

Start date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

End date:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Part 6: Dependents (Spouse and Kids)**

**If you have a spouse or minor children, list them here. If you need an H-4 (dependent) petition to be filed for any of the dependents listed below, make sure you have marked “Yes” to Part 4, Question b.**

**For any questions that are marked with an asterisk (\*), if you answer “Yes”, explain on a separate page.**

1. **Spouse**

**First (Given) Name (as on passport):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle Name (as on passport):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last (Family) Name (as on passport):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender: (Male/Female/Other)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Maiden Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is their name listed differently on other documents from how it is written in their passport? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, list all variations of their name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Mailing Address:**

Street Name & No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

**Current Physical Address (if different from mailing address):**

Street Name & No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

**Country of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State/Province of birth:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Town/Village of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Country of Citizenship/Nationality:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of birth:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the dependent currently in the United States? (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Date of last arrival into the United States:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**I-94 Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Most Recent Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Country of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Date of Issue:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Passport Date of Expiry:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Previous Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Country of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Date of Expiry:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Current Nonimmigrant Status**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Status Expires:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Foreign Address (if different from mailing or physical addresses):**

Street Name & No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

**Has the dependent ever been employed on H4/EAD or any status? (Yes/No)\_\_\_\_\_\_\_\_\_**

**Does the dependent current has an EAD? (Yes/No)\_\_\_\_\_\_\_\_\_**

**If currently employed, provide the following:**

**Name and Address of Employer: ------------------------------------**

**Hourly or Annual Wage -------------------------------**

**Is the dependent applying for an IMMIGRANT (permanent)**

**visa (e.g. I-140)?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever applied for an IMMIGRANT (permanent)**

**visa (e.g. I-140)?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever applied for adjustment of status**

**(green card)?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever applied for an IMMIGRANT (permanent)**

**visa (e.g. I-140)?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent been arrested or convicted of a criminal offense**

**in the U.S.?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever committed a violent crime in another country**

**(even if not charged or convicted)?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever limited any person’s exercise of religious**

**beliefs?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever been a part of a militant organization or**

**other organization that used weapons?\* (Yes/No)\_\_\_\_\_\_\_\_\_**

**Has the dependent ever violated their current nonimmigrant status?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Is the dependent currently in removal proceedings?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever been employed or granted an extension or**

**change of status since last entering the U.S.?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Has the dependent ever held J-1 or J-2 status?\* (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Alien Registration Number: A-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List every period of stay in the U.S. during which the dependent held F, H-1 or L-1 status below. If their name was different during any of these periods of stay, indicate this in the list below.**

Status: \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

Status: \_\_\_\_\_\_\_ Date of entry: \_\_\_\_\_\_\_\_\_ Date of departure: \_\_\_\_\_\_\_\_\_

1. **Child 1**

**First (Given) Name (as on passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Middle Name (as on passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last (Family) Name (as on passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: (Male/Female/Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is their name listed differently on other documents from how it is written in their passport? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, list all variations of their name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Mailing Address:**

Street Name & No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

Current Physical Address (if different from mailing address):

Street Name & No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

**Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Province of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town/Village of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of Citizenship/Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the dependent currently in the United States? (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Date of last arrival into the United States:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**I-94 Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Most Recent Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Country of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Date of Issue:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Passport Date of Expiry:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Previous Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Country of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Date of Expiry:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Current Nonimmigrant Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Status Expires:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

Foreign Address (if different from mailing or physical addresses):

Street Name & No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

1. **Child 2**

**First (Given) Name (as on passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Middle Name (as on passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last (Family) Name (as on passport): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: (Male/Female/Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is their name listed differently on other documents from how it is written in their passport? (Yes/No)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, list all variations of their name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Mailing Address:

Street Name & No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_ ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

Current Physical Address (if different from mailing address):

Street Name & No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ ZIP/PIN: \_\_\_\_\_\_\_\_\_\_

**Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State/Province of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town/Village of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Citizenship/Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the dependent currently in the United States? (Yes/No)\_\_\_\_\_\_\_\_\_\_**

**Date of last arrival into the United States:**

**Month: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_**

**I-94 Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Passport Country of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Most Recent Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Country of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Date of Issue:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Passport Date of Expiry:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Previous Passport Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Country of Issuance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passport Date of Expiry:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

**Current Nonimmigrant Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Status Expires:**

Month: \_\_\_\_\_\_\_\_\_Day: \_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_

Foreign Address (if different from mailing or physical addresses):

Street Name & No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP/PIN: \_\_\_\_\_\_\_\_\_\_