

IMMIGRATION SERVICES INTAKE FORM

OFFICE USE ONLY: <input type="checkbox"/> WA <input type="checkbox"/> LG Case Type(s): _____	Today's Date: _____ Important Dates: _____ Assigned CM: _____ Supervising Atty: _____
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How did you hear about our office? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Returning Client <input type="checkbox"/> Voces de la Frontera <input type="checkbox"/> Internet_____ <input type="checkbox"/> Law Firm <input type="checkbox"/> Other_____
I give permission for the following person(s) to be present in my consultation:

INTENDING IMMIGRANT'S INFORMATION

Legal Name (First/Middle/Last):		
Preferred Name (if different):	Date of Birth:	Alien#:
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.		Pronouns: <input type="checkbox"/> he <input type="checkbox"/> she <input type="checkbox"/> they
Language Preference:	Country of Birth:	
Home Address:		Apt./Unit:
City:	State:	Zip Code:
Phone Number:		Cell <input type="checkbox"/> Landline <input type="checkbox"/>
Email Address:		

If address above is unsafe, please provide a safe mailing address below.

Mailing Address:	Apt./Unit:
City:	Zip Code:

IMMIGRANT'S MARITAL STATUS

Current marital status:	<input type="checkbox"/> Single (never been married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Number of ALL Marriages (in U.S. and elsewhere):	
Spouse/Fiancé(e)s Legal Name (First/Middle/Last):	
Country of Residence:	Immigration Status:
Date of Marriage:	Date of Birth (current spouse):
Place of Marriage:	

IMMIGRANT'S CHILDRENS' INFORMATION

Total number of ALL children (in U.S. or elsewhere including step-children):				
Legal Name (First/Middle/Last):	Date of Birth:	Country of Residence:	Immigration Status:	Relationship:
				Birth Step Child/Adoption
				Birth Step Child/Adoption
				Birth Step Child/Adoption
				Birth Step Child/Adoption
Do any of your children have significant medical issues or intellectual disability?				

IMMIGRANT'S PARENTS' INFORMATION

Father's Legal Name (First/Middle/Last):	
Country of Residence:	Immigration Status:
If a U.S. Citizen, when did he become one (date):	
Mother's Legal Name (First/Middle/Last):	
Country of Residence:	Immigration Status:
If a U.S. Citizen, when did she become one (date):	

PETITIONER'S INFORMATION
(Complete if Applicable)

Legal Name (First/Middle/Last):	
Current marital status: <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Number of ALL Marriages (in U.S. and elsewhere):	
Date of Birth:	Country of Birth:
Mailing Address:	
Apt./Unit:	
City:	State:
Zip Code:	
Phone Number:	Cell <input type="checkbox"/> Landline <input type="checkbox"/>
Legal Status: US Citizen Legal Permanent Resident	
Email Address:	

INFORMATION OF CONTACT PERSON
(Complete if Applicable)

Legal Name (First/Middle/Last):	
Preferred Name (if different):	Date of Birth: Alien #:
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx. <input type="checkbox"/> Dr.	Pronouns: <input type="checkbox"/> his <input type="checkbox"/> hers <input type="checkbox"/> theirs
Language Preference:	Country of Birth:
Home Address:	
Apt./Unit:	
City:	State:
Zip Code:	
Phone Number:	Cell <input type="checkbox"/> Landline <input type="checkbox"/>
Email Address:	

By signing below, I hereby certify all the information I have given on this form and will give during the consultation is true, complete, and correct to the best of my knowledge. I understand any fee paid for the initial consultation does not include any work beyond the initial consultation. I understand no additional work can or will be done on my case until I sign a contract for legal services and make an agreed upon initial payment. *Note:* If the applicant is under age 18, a parent or legal guardian must sign on the applicant's behalf.

Signature

Date