**General Immigration Questionnaire**

The information provided in this questionnaire will be used to prepare a petition or immigration application. Please complete all questions. If a question does not apply to you, please answer “N/A” or “none.” Failing to answer a question could result in delays in preparing the petition. This questionnaire is for use by my office only, so feel free to write additional notes if you feel your response to a question needs clarification. Please contact my office if you are having difficulty answering any of the questions.

Please send the competed questionnaire to:

Attention: Edward N. Mangaron, Esq.

By Mail: P.O. Box 9624, Spring, TX 77387

By Email: edn.mangaron.esq@gmail.com | atty.edward@mangaronlaw.com

**I. INFORMATION REGARDING APPLICANT**

Name:

 (Last), (First), (Middle)

Other names: Sex: ❑ Male ❑ Female

 (Maiden, Religious, Professional, Aliases)

Date of birth: Place of birth:

 (Mo/Day/Yr) (City), (State), (Country)

Citizenship: U.S. Social Security No.

 (Country)

Permanent address abroad:

E-Mail:                                          Telephone:                                          Facsimile:

U.S. address:

Telephone: Facsimile:

If in the U.S., complete the following:

Date of arrival: I-94 No.:

 (Mo/Day/Yr)

Current nonimmigrant status: Expires:

 (Mo/Day/Yr)

Place where last entered U.S.: Means of travel into U.S.:

Did you talk with a Border or Pre-Flight Inspector on entry into U.S.?

Passport No.: Date issued: Date expires:

 (Mo/Day/Yr) (Mo/Day/Yr)

Ethnicity: \_\_\_\_ Hispanic or Latino

Race: \_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_ Black/African American \_\_\_\_ American Indian or Alaska Native

 \_\_\_\_ Native Hawaiian or Other Pacific Islander

Height: feet\_\_\_\_ inches \_\_\_\_ Weight: \_\_\_\_\_ lbs.

Eye Color: [ ] Black [ ] Blue [ ] Brown [ ] Gray [ ] Green [ ] Hazel [ ] Maroon [ ] Pink [ ] Unknown

Color of hair: [ ] Bald (No hair) [ ] Black [ ] Blond [ ] Brown [ ] Gray [ ] Red [ ] Sandy [ ] White [] other

Marks of identification:

Father’s name:

 (Last), (First) (Middle)

Date of birth: Place of birth: Residence:

 (Mo/Day/Yr) (City), (Province) (Country) (City, Province, Country)

Mother’s name:

 (Last), (First) (Middle)

Date of birth: Place of birth: Residence:

 (Mo/Day/Yr) (City), (Province) (Country) (City, Province, Country)

Were any of your or your spouse’s grandparents born in the United States? ❑ Yes ❑ No

If so, when?

Are either you or your spouse an American Indian born in Canada of at least 50 percent Native bloodline? ❑ Yes ❑ No

Are either you or your spouse eligible for a Native American tribal document? ❑ Yes ❑ No

**II. MARITAL INFORMATION**

Marital status: ❑ Married ❑ Widowed ❑ Divorced ❑ Separated ❑ Single

Will your spouse accompany you to the U.S.? ❑ Yes ❑ No

Spouse’s Name:

 (Last), (First), (Middle)

Other names: Sex: ❑ Male ❑ Female

 (Maiden, Religious, Professional, Aliases)

Date of birth: Place of birth:

 (Mo/Day/Yr) (City), (State), (Country)

Citizenship: U.S. Social Security No.

Date of marriage: Place of marriage:

|  |  |  |
| --- | --- | --- |
| **Spouse’s former spouse name** | **Country ofcitizenship** | **Date ofdivorce/death** |
|  |  |  |
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|  |  |  |

Is your spouse currently working in the U.S.? ❑ Yes ❑ No

If yes, does he or she have authorization to work full-time? ❑ Yes ❑ No

If no, does he or she wish to work in the U.S.? ❑ Yes ❑ No

Were you previously married? ❑ Yes ❑ No

Your first former spouse’s name:

 (Last), (First), (Middle)

Date of birth: Place of birth:

 (Mo/Day/Yr) (City), (State), (Country)

Citizenship: Date of divorce/death: Place of divorce:

Your second former spouse’s name:

 (Last), (First), (Middle)

Date of birth: Place of birth:

 (Mo/Day/Yr) (City), (State), (Country)

Citizenship: Date of divorce/death: Place of divorce:

**III. LIST PRESENT BROTHERS, SISTERS AND CHILDREN, INCLUDING STEPCHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name(First, Last)** | **Relationship** | **DOB** | **City/State/Country of Birth** | **Applying with you** | **Immig Status** |
| 1. |  |  |  |  |  |  |
| Address:  |
| 2. |  |  |  |  |  |  |
| Address:  |
| 3. |  |  |  |  |  |  |
| Address:  |
| 4. |  |  |  |  |  |  |
| Address:  |
| 5. |  |  |  |  |  |  |
| Address:  |
| 6. |  |  |  |  |       |  |
| Address:  |

Do you have any children who are within four years of the age of 21 who may eventually want to live permanently in the U.S.? ❑ Yes ❑ No

**IV. RESIDENCES LAST FIVE YEARS (present address first)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Street Address/Apt. #** | **City/State(Prov)** | **Country** | **From(M/D/Y)** | **To(M/D/Y)** |
|  |  |  |  | present |
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| Last address outside of U.S. more than one year: |  |  |  |  |
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**V. PRESENT/PAST MEMBERSHIP IN GROUPS OF ANY KIND, INCLUDING MILITARY, SINCE YOUR 16th BIRTHDAY (if more space is required, use back of sheet)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group Name** | **City/State** | **From(M/D/Y)** | **To(M/D/Y)** |
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**VI. INFORMATION REGARDING U.S. EMPLOYER**

Company name:

Address:

Type of business:

Date company established: IRS Tax No.: No. of employees:

Annual income: Gross $ Net $

Position full-time? ❑ Yes ❑ No Number of hours per week:

Wages per week: $ Other compensation? Value: $

Company contact:

Telephone: Facsimile:

**VII. POSITION OFFERED IN THE U.S.**

Job title:

Job duties:

Location of place of employment:

Work schedule: a.m. to p.m. Name of labor union:

Minimum education/degree required to perform the job duties:

Field of study:

Do other persons with your job have this education/degree? ❑ Yes ❑ No

Special requirements/skills needed to perform the position (*i.e*., knowledge of certain types of computer software, foreign language, etc.):

Minimum years of experience required to perform the job duties:

Title of immediate supervisor: Number of people you will supervise:

**VIII. APPLICANT’S EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name/Address** | **Field of Study** | **From(Mo/Yr)** | **To(Mo/Yr)** | **Degree** |
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List professional licenses:

**IX. APPLICANT’S PRIOR WORK EXPERIENCE
(if additional space is required, use back of sheet)**

Present Employer:

Address:

Employed: From                 to                 Job title:

Job duties:

Employer:

Address:

Employed: From                 to                 Job title:

Job duties:

Employer:

Address:

Employed: From                 to                 Job title:

Job duties:

**Last occupation abroad:**

Employer:

Address:

Employed: From                 to                 Job title:

Job duties:

**X. IMMIGRATION-RELATED QUESTIONS**

Are either you or your spouse an American Indian born in Canada of at least 50 percent Native bloodline?
❑ Yes ❑ No

Are either you or your spouse eligible for a Native American tribal document? ❑ Yes ❑ No

Have you ever been placed in immigration proceedings? ❑ Yes ❑ No

❑ Exclusion ❑ Deportation ❑ Rescission ❑ Judicial proceedings

Where: When:

Have you ever applied for a U.S. **nonimmigrant visa** before? ❑ Yes ❑ No

If yes, Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_Where: When:

Outcome? ❑ Issued ❑ Refused Nonimmigrant visa No.:

Has your U.S. visa ever been canceled? ❑ Yes ❑ No

Plan to apply for immigrant visa abroad? ❑ Yes ❑ No

If yes, where:

Plan to adjust status in U.S.? ❑ Yes ❑ No

If yes, where:

**XI. GROUNDS OF EXCLUSION**

1. Have you *ever* (in or outside the United States):

a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? ❑ Yes ❑ No

b. Been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, **excluding** traffic violations? ❑ Yes ❑ No

c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
❑ Yes ❑ No

d. Exercised diplomatic immunity to avoid prosecution for a criminal offense? ❑ Yes ❑ No

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Place (City, State, Country)** | **Nature of Offense** | **Outcome** |
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2. Have you ever received public assistance in the U.S. from any source, including the U.S. Government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? ❑ Yes ❑ No

If yes, explain:

(Include the names and Social Security number(s) you used)

3. Have you ever:

a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? ❑ Yes ❑ No

b. Engaged in any unlawful commercialized vice, including but not limited to illegal gambling?
❑ Yes ❑ No

c. Knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
❑ Yes ❑ No

d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? ❑ Yes ❑ No

4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any other form of terrorist activity? ❑ Yes ❑ No

5. Do you intend to engage in the U.S. in:

a. Espionage? ❑ Yes ❑ No

b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means? ❑ Yes ❑ No

c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ❑ Yes ❑ No

6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? ❑ Yes ❑ No

7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion? ❑ Yes ❑ No

8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion? ❑ Yes ❑ No

9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? ❑ Yes ❑ No

10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit? ❑ Yes ❑ No

11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? ❑ Yes ❑ No

12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver? ❑ Yes ❑ No

13. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child? ❑ Yes ❑ No

14. Do you plan to practice polygamy in the U.S.? ❑ Yes ❑ No

If you answered YES to any of the above, explain fully:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information provided on this questionnaire is true and correct to the best of my knowledge.

Date:

 Signature