



LAW OFFICE OF
EDWARD N. MANGARON

IMMIGRATION & NATIONALITY LAW

GENERAL INTAKE INFORMATION AND DOCUMENT REQUEST

PLEASE COMPLETE THE FOLLOWING INFORMATION:

POTENTIAL CLIENT

Full Name	
Maiden Name (if any):	
	CONTACT INFORMATION
Home Address:	
Phone-Home:	
Phone-Work	
Phone-Cell:	
E-mail:	
Fax:	
	BASIC DATA
Date of Birth:	
Country of Birth:	
Place of Birth (to include city & state or province):	
Country of Citizenship:	
Any other country(ies) of Citizenship:	
Current Visa Status:	
Status Expiration Date:	
Passport Information	
Social Security or Taxpayer ID No.	
Alien Admission number/I-94 number:	

Foreign Address:	
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DEPENDENTS

Spouse	
Full Name:	
Maiden Name (if any):	
Date of Birth:	
Country of Birth:	
Place of Birth (to include city & state or province)	
Country of Citizenship:	
Any other country(ies) of Citizenship:	
Current Visa Status:	
Status Expiration Date:	
Passport Information	
Social Security or Taxpayer Identification Number:	
Alien Admission number/I-94 number:	
Foreign Address (if different from above):	

Note: If previously married, please provide basic information on prior marriage(s).

Child 1	
Full Name:	
Date of Birth:	
Country of Birth:	
Place of Birth (to include city and state or province):	

Country of Citizenship:	
Any other country(ies) of Citizenship:	
Current Visa Status:	
Status Expiration Date:	
Passport Information	Number: Date Issued: Expiration Date:
Social Security or Taxpayer Identification Number:	

Child 2	
Full Name:	
Date of Birth:	
Country of Birth:	
Place of Birth (to include city and state or province):	
Country of Citizenship:	
Any other country(ies) of Citizenship:	
Current Visa Status:	
Status Expiration Date:	
Passport Information	Number: Date Issued: Expiration Date:
Social Security or Taxpayer Identification Number:	

Child 3	
Full Name:	
Date of Birth:	
Country of Birth:	
Place of Birth (to include city and state or province):	
Country of Citizenship:	

Any other country(ies) of Citizenship:	
Current Visa Status:	
Status Expiration Date:	
Passport Information	Number: Date Issued: Expiration Date:
Social Security or Taxpayer Identification Number:	

Note: If necessary, continue information on attachment for additional children.

PLEASE PROVIDE COPIES OF THE FOLLOWING INFORMATION:

POTENTIAL CLIENT

1. I-94 Form (front and back)	
2. Passport Visa Pages (all, even if previous visa stamps are expired or were canceled)	
3. ALL Approval and Receipt Notices (I-797 forms) from the immigration service (for nonimmigrant or permanent residence matters)	
4. If ever in F-1 or F-2 (student status or dependent of student), ALL Form I-20s	
5. If ever in J-1 or J-2 (exchange visitor status or dependent), ALL DS-2019 and/or IAP-66 Forms and if applicable, waiver approval notice OR evidence of home residence requirement has been satisfied.	
6. ALL Employment Authorization Documents or Optional Practical Training card (EAD cards – front and back)	
7. Driver's license or Photo ID (such as passport photo page)	

FOR SPOUSE AND EACH CHILD (*UNLESS U.S. CITIZEN*)

1. I-94 Form (front and back)	
2. Passport Visa Pages (all, even if previous visa stamps are expired or were canceled)	
3. ALL Approval and Receipt Notices (I-797 forms) from the immigration service (for nonimmigrant or permanent residence matters)	
4. If ever in F-1 or F-2 (student status or dependent of student), ALL Form I-20s	

5. If ever in J-1 or J-2 (exchange visitor status or dependent), ALL DS-2019 and/or IAP-66 Forms and if applicable, waiver approval notice OR evidence of home residence requirement has been satisfied.	
6. ALL Employment Authorization Documents or Optional Practical Training card (EAD cards – front and back)	
7. Driver’s license or Photo ID (such as passport photo page)	

Note: For a general consultation, you do not need to provide copies of any marriage or birth documents. However, please be aware that most petitions and applications will require copies of these documents, with translations if not in English. Additional checklists may specifically request copies of these documents at this time.

**POTENTIAL CLIENT – PERM LABOR CERTIFICATION SUPPLEMENT TO
GENERAL INTAKE INFORMATION AND DOCUMENT REQUEST**

SUMMARY OF ALL PRIOR WORK EXPERIENCE (TO INCLUDE CURRENT AND REVIOUS POSITIONS):

1. Job Title:	
Dates of Employment:	
Name of Employer:	
Work Authorization: (H-1B, F-1, F-1 (OPT), TN, etc.)	
2. Job Title:	
Dates of Employment:	
Name of Employer:	
Work Authorization:	
3. Job Title:	
Dates of Employment:	
Name of Employer:	
Work Authorization:	

Note: Continue on attachment if necessary.

PERIODS OF TIME IN “H” OR “L” VISA STATUS IN THE U.S. – For Potential Client and Dependents. Please provide a listing of dates of **each person’s** stay in H or L classification. Expand listing of dates and estimate as necessary.

POTENTIAL CLIENT

FROM	TO
a. (first date of H or L status)	(date of first departure from U.S.) N/A
b. (date of return to U.S.)	(date of second departure from U.S.)
c. (date of second return to U.S.)	Present

NOTE: You may be allowed credit for all time spent outside of the U.S. towards the applicable time limitation of your requested visa status. In addition to listing all dates outside of the U.S., please assemble documentation of this time out, to include: passport stamps, I-94s, airline tickets, etc. This

documentation might be requested to recapture this time. If not requested, it is advisable to retain this documentation and supplement, as necessary, in order to recapture your time at a future date.

SPOUSE

FROM	TO
b. (first date of H or L status)	(date of first departure from U.S.)
c. (date of return to U.S.)	(date of second departure from U.S.)
c. (date of second return to U.S.)	Present

CHILD 1

FROM	TO
d.(first date of H or L status)	(date of first departure from U.S.)
b. (date of return to U.S.)	(date of second departure from U.S.)
c. (date of second return to U.S.)	Present

CHILD 2

FROM	TO
d.(first date of H or L status)	(date of first departure from U.S.)
b. (date of return to U.S.)	(date of second departure from U.S.)
c. (date of second return to U.S.)	Present

CHILD 3

FROM	TO
d. (first date of H or L status)	(date of first departure from U.S.)
b. (date of return to U.S.)	(date of second departure from U.S.)

c. (date of second return to U.S.)	Present
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PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:

1. All diplomas and transcripts/marks sheets	
2. Advisor's Letter (if no transcript is available)	
3. Credentials Evaluations (if you have foreign degrees and they have previously been evaluated for immigration purposes)	
4. FOR LICENSED PROFESSIONALS – License or Certification required to perform job	
5. FOR PHYSICIANS ONLY – ECFMG Certificate, USMLE 1, 2 and 3 (or FLEX I and II)	
6. FOR OTHER HEALTH CARE WORKERS ONLY – Visa Screen	
7. Copies of documents relating to <i>any</i> previously filed Labor Certifications, Immigrant Visa Petitions or other efforts to obtain permanent resident status	

Employee Qualification Checklist

Employee Checklist to Confirm PERM Labor Certification Qualifications

Position: [insert title]

Please complete the following chart by indicating where you acquired the listed education, experience, and skills requirements. Note that if you gained experience with your sponsoring employer, generally such experience may not be used to qualify for the PERM position. Nonetheless, please complete the chart fully and completely even if you acquired certain experience or skill sets with your sponsoring employer in order for my office to have a clear understanding of your employment history and credentials.

Degree/Education Required	Please provide the name of the educational institution, address, degree, degree field and date of degree.
Experience Required	Please provide the name of your previous employer where you gained the experience listed below. Also provide your employment dates in the mm/dd/yyyy format.
[insert experience and/or skill/special requirement]	Employer: Employer's Address and Phone No. Job title: Start date: End date: Full time or Part time: Supervisor's name and title:
[insert experience and/or skill/special requirement]	Employer: Employer's address and phone #. Job title: Start date: End date: Full time or Part time:

	Supervisor's name and title:
[insert experience and/or skill/special requirement]	Employer: Employer's address and phone #. Job title: Start date: End date: Full time or Part time: Supervisor's name and title:
[insert experience and/or skill/special requirement]	Employer: Employer's Address and Phone No. Job title: Start date: End date: Full time or Part time: Supervisor's name and title:
[insert experience and/or skill/special requirement]	Employer: Employer's Address and Phone No. Job title: Start date: End date: Full time or Part time: Supervisor's name and title:

IS THE ABOVE INFORMATION TRUE, COMPLETE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE, INFORMATION AND BELIEF AS EVIDENCED BY YOUR SIGNATURE BELOW? _____ YES_____

CLIENT SIGNATURE:

Date: _____