

# Orr & Reno

Professional Association

## IMMIGRATION INTAKE QUESTIONNAIRE – Return to Orr & Reno

**NAME:** \_\_\_\_\_ Date: \_\_\_\_\_  
(First, middle and family name) Referred by: \_\_\_\_\_  
Other names \_\_\_\_\_  
Used or Maiden name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
U.S. Mailing \_\_\_\_\_ Foreign \_\_\_\_\_  
& Street Address: \_\_\_\_\_ Address: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_  
(Work) \_\_\_\_\_ Are you a Permanent Resident Yes \_\_\_ No \_\_\_  
Date of Birth: \_\_\_\_\_ If so, how many years? \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Alien Registration No.# A \_\_\_\_\_  
If currently a nonimmigrant, see below.

### YOUR VISA STATUS

Passport No. \_\_\_\_\_ Expiration Date for Passport: \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_ Date of first entry to U.S. \_\_\_\_\_  
Type of U.S. Visa at entry \_\_\_\_\_ Expiration Date for Visa: \_\_\_\_\_  
Consulate where Visa obtained \_\_\_\_\_ Form I-94 No. \_\_\_\_\_  
Current Visa Status \_\_\_\_\_ Expiration Date for I-94: \_\_\_\_\_  
Date of Most Recent Entry in the U.S. \_\_\_\_\_ Place of Entry: \_\_\_\_\_  
Expiration Date for Work Authorization (E-2, H-1B, L-1, EAD card) \_\_\_\_\_

### YOUR FAMILY

Please indicate if person is Fiancé(e)'s or Spouse: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Status of Fiancé(e) or Spouse (Check one):  
Date & Place of Birth: \_\_\_\_\_ ( ) U.S. Citizen  
Date & Place of Marriage: \_\_\_\_\_ ( ) Permanent Resident; date became permanent  
Occupation: \_\_\_\_\_ resident? \_\_\_\_\_  
Education (specify degree): \_\_\_\_\_ ( ) Nonimmigrant Visa Status: \_\_\_\_\_  
List Children with Dates & Place of Birth: \_\_\_\_\_

Former Husbands/wives full name (for wife, give maiden name) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_  
Date of Termination of Marriage: \_\_\_\_\_ Place of Termination of Marriage: \_\_\_\_\_

### PARENTS

Father's full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_  
City and Country of Residence: \_\_\_\_\_ If deceased date of death \_\_\_\_\_

Mother's full name, including maiden name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_  
City and Country of Residence: \_\_\_\_\_ If deceased date of death \_\_\_\_\_

Do you or your spouse have any relatives that are in the U.S.? Yes \_\_\_ No \_\_\_; if yes, complete the info below:

NAME	RELATIONSHIP	IMMIGRATION STATUS	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR EDUCATION DEGREE	COLLEGE/UNIVERSITY	DATES ATTENDED AND DATE GRADUATED
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete if currently attending school as a foreign student:

What type of visa \_\_\_\_\_  
Expected year of graduation \_\_\_\_\_  
End date of program on I-20 \_\_\_\_\_  
Dates of program on IAP-66 \_\_\_\_\_  
Dates of practical training, if any \_\_\_\_\_

**CURRENT EMPLOYMENT**

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Employer's e-mail or website: \_\_\_\_\_  
Title of Position: \_\_\_\_\_ Is position full-time or part-time: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Date Started Employment: \_\_\_\_\_  
Years of Experience in this Field: \_\_\_\_\_ Current Wage or Salary: \_\_\_\_\_

**PREVIOUS WORK EXPERIENCE IN THE PAST FIVE YEARS:**

Employer's name & address	Occupation	From:		To:	
		Month	Year	Month	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE PROVIDE DETAILED RESUME with all education and employment (provide names of employer, job titles, description of duties, and dates of employment).

**RESIDENCES FOR THE LAST FIVE YEARS**

Street & Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
_____	_____	_____	_____	_____	_____	_____	Present
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

