

DAYNA WHEATLEY, LLC

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Name _____
(Last) (First) (Middle) (Maiden)

Date of birth: _____ Nationality _____ Citizen of _____

Other names used: _____ Sex _____

Place of birth: _____
(Town/Village) (State/Province) (Country)

U.S. Social Security No. _____ Alien No. _____
(if applicable) (if applicable)

Home Phone _____ Business Phone _____ Email _____

Present U.S. Address: _____

Last address outside of U.S. (if lived there for more than one year) or permanent address abroad

Phone Number Abroad _____

Your Father's Name _____ Father's Date of Birth: _____

Your Father's Place of Birth _____ If deceased, date of death: _____

Your Father's Residence (city/province/country) _____

Your Mother's Name _____ Mother's Date of Birth _____

Mother's Place of Birth _____ If deceased, date of death: _____

Your Mother's Residence (city/province/country) _____

What is your current marital status? ___ Married ___ Widowed ___ Divorced ___ Single

Spouse's Name _____ Date of birth _____

Spouse's Place of Birth _____ Citizenship _____

Spouse's U.S. Social Security No. _____ Spouse's Alien Number: _____

Spouse's maiden name _____ Other names: _____

Date of Current Marriage _____ Place of Marriage _____

Spouse's Father's Name _____ Father's Date of Birth: _____

Father's Place of Birth _____ If deceased, date of death: _____

Father's Residence (city/province/country) _____

Name of Spouse's Mother _____ Date of Birth _____

Mother's Place of Birth _____ If deceased, date of death: _____

Mother's Residence (city/province/country) _____

Immigration Client Information
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Former Spouse's Name (if applicable) _____

Date/Place of Marriage _____

Former Spouse's Date of Birth _____ Citizenship _____

How Marriage Terminated ___ Death ___ Divorce ___ Annulment

Date of Marriage Termination _____ Where? _____

Children (including stepchildren and/or adopted children)

Name _____ Date of Birth _____ Sex _____

Place of birth (city, state, country) _____

U.S. Social Security No. and/or Alien No: _____ Lives with you? ___ Yes ___ No

Name _____ Date of Birth _____ Sex _____

Place of birth (city, state, country) _____

U.S. Social Security No and/or Alien No: _____ Lives with you? ___ Yes ___ No

If you have additional children, please complete their information on the other side of this page.

Your residences for the last five years (present address first)

Street Address/Apt. #	City/State/Zip	Country	From (Mo/Yr)	To (Mo/Yr)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If currently married, your *spouse's* residences for the last five years (present address first)

Street Address/Apt. #	City/State/Zip	Country	From (Mo/Yr)	To (Mo/Yr)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date/Place of last arrival in U.S. _____ Type of Visa (e.g. B1/B2) _____

What means of travel did you use to enter the U.S.? _____ Inspected? ___ Yes ___ No

Where did you last enter the U.S. (city) _____

Passport No. _____ Passport Issue Date _____ Exp. Date _____

Consulate Visa Issued _____ Visa Number _____ Extended? ___ Yes ___ No

Date visa issued _____ Visa Expiration Date _____ Indefinite? ___ Yes ___ No

I-94 No. _____ I-94 Issue Date _____ I-94 Expiration Date _____

Name as it appears on I-94 _____ Currently in authorized stay? _____

Immigration Client Intake Form
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What is the highest level of education that you completed? _____

If you have a degree, what subject matter is it in? _____

What school did you graduate from? _____

Your employment history for the last five years (Name and location of employer, timeframe (month/year))

Your spouse's employment history for the last five years:

Name and address of Spouse's Current Employer: _____

Spouse's current job title: _____ Spouse's income (per hour or year): _____

If Spouse is unemployed, last date worked: _____ Year last tax return filed _____

Do you have any financial assets or savings in addition to your spouse's income? ___ Yes ___ No

If so, please list type (e.g. home, investments) _____

Number of persons living in your household (regardless of relationship to you) _____

Have you ever previously filed for permanent residence in the U.S.? _____

If so, date/place of filing _____ Outcome: _____

Do you have any communicable diseases (e.g. TB, HIV)? If so, please state:

Proof of vaccinations/immunizations? ___ Yes ___ No

Have you ever been given any cash public assistance? _____ If yes, explain what type and for what time period for each type of benefit: _____

List ALL present/past memberships in political or other groups of any kind:

Group Name	Location (City/State)	From (Mo/Yr)	To (Mo/Yr)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever committed a crime? (include all traffic tickets) been arrested? Granted pardon? Detained? Fingerprinted?

If the answer to any of the above questions is yes, provide the following information:

Date	Place	Nature of Offense	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever experienced any persecution or torture from your native country? _____

If yes, briefly describe the reason and type of persecution experienced: _____

Have you ever been in U.S. Deportation/Removal Proceedings? If yes, please provide:

Reason: _____ Outcome: _____

Did you voluntarily depart? _____ Date left U.S. _____

Do you have any family members living overseas that you eventually hope to bring to the U.S. (e.g. parent, child, brother or sister)? If so, please state name(s) and type of relationship to you:

Do you have any plans to travel within the next year? If so, please provide all expected dates, Destinations and reasons for travel:

Have you ever:

- Committed a crime of moral turpitude or drug-related offense for which you were not arrested? Y/N
- Been arrested, cited, charged, indicted, fined or imprisoned for breaking a law, excluding traffic Violations? Y/N
- Been the recipient of an act of clemency or similar action? Y/N
- Exercised diplomatic immunity to avoid prosecution in the U.S.? Y/N
- Engaged in prostitution in the past 10 years, or are likely to in the future? Y/N
- Engaged in unlawful commercialized vice such as illegal gambling? Y/N
- Encouraged any alien to enter the U.S. illegally? Y/N
- Trafficked in any controlled substance? Y/N
- Been in any way involved in any terrorist activity? Y/N
- Engaged in espionage or intend to once in the U.S.? Y/N
- Been a member of or affiliated with the Communist Party? Y/N
- Engaged in genocide or persecuted any person because of race, religion, national origin or Political opinion? Y/N
- Been deported or excluded from the U.S.? Y/N
- Committed fraud in order to obtain entry into the U.S.? Y/N
- Left the U.S. to avoid being drafted into the U.S. Army? Y/N
- Been a J nonimmigrant visitor and not complied with the 2-year foreign residence requirement Or obtained a waiver? Y/N
- Withheld custody of a U.S. citizen child from a person granted custody of the child? Y/N
- Been a polygamist or plan to practice polygamy in the U.S.? Y/N
- Claimed to be a U.S. citizen? Y/N

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

Date

Signature
