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LL.M. LAW GROUP **IMMIGRATION QUESTIONNAIRE** 

In order to better assist you with your immigration needs, please complete the following

Immigration Questionnaire in full and send it to our office. You may submit the form via e-mail

to immigration@llmlaw.com or via facsimile or by U.S. post at the number or address listed

below. Any information obtained from this questionnaire will be kept completely confidential.

It is very important that you fully complete the Immigration Questionnaire. The

information contained in the form should be about the person who is seeking a temporary visa,

permanent residence, citizenship, or any other immigration benefit. If you are an employer

seeking to sponsor one or more employees, a separate questionnaire should also be completed for

each employee you plan to file an immigration petition. You should also complete the

Immigration Questionnaire for Employers. If you are a citizen or permanent resident seeking to

help a relative immigrate to the United States, a separate questionnaire should be completed by

both you and your relative. If you are a student or exchange visitor, please include information

about your host educational institution or program. If you are looking to invest in the United

States, please complete the Immigration Questionnaire for Investors.

If you need additional space, please attach additional pages. If no response applies,

please write or type "N/A" or "None" in the space provided. If you do not understand a

question, please state so in the space provided for your response. Please include copies of all

supporting documents, such as your passport, visa, front and back of your I-94 card, and your

permanent residency card and employment authorization document if applicable.

LL.M. Law Group 53 W. Jackson Boulevard

Part A. Person	nal Inforn	nation	1					
1. Current legal name (as shown on the passport or I-94 departure card)								
First name Mic			Middle r	name	ame Family name			
2. Other name use	ed (including	g maid	en name)					
			1		•			
3. Date of Birth			Month		Day		Year	
4. Nationality				5. Citi	zenship	(country)		
6. Place of birth								
Town		Prov	ince/State			Country		
7. Sex (M/F)	8. Race		9.Height inches	: feet		10. Weig	ht in pounds	
11. Hair color				12. Ey	e color			
13. U.S. Social So	ecurity no.			14. Ho	me pho	one		
15. Business phor	ne			16. E-	mail ad	dress		
17. Fax number				18. Ce	ll/Alter	native phon	e	
19. Current reside	ence address							
				Zip				
20. Business addr	ess							
01 11 11	** * 10:					Zip	1 77.0	
21. Address in the	e United Sta	tes wh	ere you w	ıll resid	le (1f no	t currently i	n the U.S.)	
						7.		
22 P		. 1	` 1	1		Zip	1 1	.1
22. Present occup		e circle	e): employ	red	student	retired	unemployed	other
If "other" please	explain:							
Part B. Please skip this part)	complete	if you	u are cu	rrentl	y outsi	ide of the	U.S. (if not app	licable
1. Full name, add	ress and pho	ne nui	mber(s) of	contac	t persor	or organiz	ation in the U.S.	
1. 1 0.11 11011110, 0.00	Tess wile pire	110 1101	110 01 (5) 01		· p • 1501	1 01 01 8wiii		
2. List all countries you have entered in the last 10 years (give the year of each visit):								
2. 2.10 am committee you have entered in the most to yours (5170 the your or each visit).								
3. List all countries	es that ever	issued	you a pass	sport:				

4. Have you ever lost a passport or had one stolen?	
5. National Identification Number (if applicable):	
6. Clan or Tribe name (if applicable):	
7. List all Professional, Social and Charitable Organization	s to which you belong(ed) or
contribute(ed) or with which you work(ed):	
8. Do you have any specialized skills or training, including	g firearms, explosives, nuclear,
biological, or chemical experience?	
If "Yes" please explain:	
9. Have you ever performed military service?	
If "Yes" please list: Country, Branch of Service, Rank, Pos	sition, Military Specialty, Dates of
Service:	
10. Have you ever been in an armed conflict, either as a pa	rticipant or victim?
If "Yes" please explain:	
11. Have you made specific travel arrangements?	
If "Yes" please provide a complete itinerary for your trave	
Information, Specific Locations You Will Visit, Point of C	Contact at each Location:
12. How long do you intend to stay in the United States?	
13. What is the purpose of your trip?	
14. Who will pay for your trip?	
15. Have you ever been refused a U.S. Visa?	Land
If Yes: When Where	What type of visa
16. Have you ever been issued a U.S. Visa?	
If Yes: When Where	What type of visa
17. Have you ever been in the United States?	
If Yes: When For how long	9
18. Do you intend to work in the United States?	

19. Do you intend to study in the United States?				
20. Has your U.S. Visa ever been canceled or rev	oked?			
Have you ever been refused admission to the Uni				
Has anyone ever filed an immigrant visa petition	on your behalf?			
If answered "Yes" to any of the above, please exp				
21. Are any of the following persons in the U.S.,		Yes	No	Status
U.S. Legal Permanent Residence or U.S. Citizens				
indicate that person's status in the U.S.: i.e., U.S.	legal			
permanent resident, U.S. citizen, visiting, studyin	g, working,			
etc.)?				
Husband / Wife				
Fiancé / Fiancée				
Father / Mother				
Son / Daughter				
Brother / Sister				
22. Have you attended a U.S. public elementary s	chool on student	(F) sta	atus or	a public secondary
school after November 30, 1996 without reimburs				
23. Have you ever been afflicted with a communi	cable disease of	public	health	significance or a
dangerous physical or mental disorder?				
24. Names and relationships of persons traveling	with you:			
Part C. Sponsor or Petitioner (if not appli	icable skip this I	oart)		
Please complete this part if you are a Sponsor or			eeking	immigration
benefits.			C	
1. I am sponsoring (husband, wife, parent, brothe	r, sister, child):			
2. Are you related by adoption?	,			
3. Has your relative ever been in the United State	s?			
4. Is your relative currently in the United States?				
5. Are you applying for an advance parole docum	ent for a person	who is	outsic	le the U.S.?
6. Will your relative apply for adjustment of statu				
7. Address in the U.S. where your relative intends				
<b>,</b>				
8. If you are a U.S. citizen, how did you acquire y	our citizenship (	birth i	n the U	J.S.,
Naturalization, parents)?	1			,
9. Have you obtained a certificate of citizenship i	n your name?			
	Date, Place of iss	uance		

10.70									
10. If you are a lawful perma			en, c	comple	te the	e follov	ving:		
Date, Place of Adjustment of Status									
How did you gain permanent	reside	nt status (1	Mar	riage to	o a U	J.S. citi	zen or	lawful po	ermanent
resident, through adoption)?									
11. If filing for your husband							•		
Street address, unit number, o	city, sta	ate/provinc	ce, z	zip, cou	ıntry			rom	То
							(mon	th/year)	(month/year)
12. Have you ever filed a pet									2 771
If you answered "Yes" to the	above	question p	orov	ride the	foll	owing:	Name	, Place, L	oate of filing,
Results:				•	1	• 1		•	1
13. Are you, or any person yo	ou are	sponsoring	g, no	ow in e	xclus	sion, de	eportat	ion, remo	oval or
recission proceedings?									
If "Yes" Name of DHS office		1 1		1.(		. ,	. 1	1	1) C
14. If you applying for an adv									
who is outside the United Sta								tnis perso	on:
Current legal name (as shown				1-94 de	1 -				
First name	IV	<u> Middle nam</u>	ie		Far	nily na	me		
15 D ( CD: 4)		<i>f</i> 41			Б			37	
15. Date of Birth:	IV	<u>Ionth</u>		17.0	Day			Yea	ır
16. Country:				17.0	itize	enship:			
18. Current address:									
10 Data of intended demonstra	. (		224)						
19. Date of intended departur	e (mor	nn, day, yo	ear)	).					
20. Expected length of trip:			•		J	1-4-			-4: :
*Please note that a relative	you ar	re sponsor	ing	snouic	a cor	mpiete	a sepa	irate que	stionnaire.
Part D. Family Informa	tion								
1. Name of Father:	,tion								
First name		Middle n	am	ο F:	amily	y name			
That hame		Wilduic	iaiii		ammy	y manne			
2. Father's date of birth:		Month		D	ay		V	ear	
3. Father's place of birth:		WIOIIII			ау		1	Cai	
Town	Prov	ince/State				Countr	<b>V</b>		
4. Father's current residence						Country	<u>y</u>		
City	addics	<u>s.</u>	Co	untry					
5. Is Father deceased?				If yes,	what	vear?			
7. Name of Mother:			0. 1	11 y Co,	** 114t	y car :			
First name	Midd	le name		Family	, nan	ne		Maiden	Name
2 1100 11001110		1101110		- 411111	, 11411			1,1414011	_ ,
I I			J					•	

8. Mother's date of bi	rth:	Month		Day		Y	ear	
9. Mother's place of b	oirth:							
Town		Province/Sta	te		Coun	ıtry		
10. Mother's current	residenc	ce address:						
City			Co	untry				
11. Is Mother decease				. If yes, w		ır?		
13. Were any of your	grandpa	arents born in t	he Un	nited State	s?			
14. If yes, where?								
Part E. Marital in								
1. Marital status- M/V				f present r	narriag	ge		
3. Number of times of	f marrie	ed, including th	is maı	rriage				
4. Spouse's name								
First name	Middl	e name	Fa	mily name	2	Maider	n name	
				<u> </u>				
5. Spouse's date of bi		Month	-	Day		Y	ear	
7. Spouse's place of b	oirth	1			1			
Town		Province/Sta			Coun			
6. Nationality			7.	Citizenshi	p (cou	ntry)		
8. Spouse's U.S. Soci		rity Number:						
9. Place of present ma								
10. Former Spouse (1								
First name	Middl	e name	Fa	mily name	<u> </u>	Maider	n name	
Former spouse's date	e of birt				T			
Month		Day			Year			
Former spouse's citiz								
Date/Place of termina		marriage or de	eath					
11. Former Spouse (2	_	1 11		I				
First name	Mıc	ddle name		Family	name		Maiden name	
T 1 1	C1 : .1							
Former spouse's date	of birth				***			
Month	1 .	Day			Year			
Former spouse's citiz		• 1	41					
Date/Place of termina				1				
12. List children, incl	uding si	tepchildren (us	e attac	enment if	necess	ary)		
A. Child Name								
Relationship								
Date of birth	-4-							
Place of birth (city, st	ate, cou	intry)						
Address (if different)								

U.S. Social Security Number		"A	" numb	er (i	if applicable)	
B. Child Name						
Relationship						
Date of birth						
Place of birth (city, state, country)						
Address (if different)						
U.S. Social Security Number		"A	" numb	er (i	if applicable)	
Part F. Prior residence						
1. Residences last 5 years (Present ac	ddress first	t)				
Street address, unit number, city, stat			nintry		From	То
Street address, and named, etcy, state	ic, pro vine	c, 21p, cc	ourier y	(1	month/year)	(month/year)
				(-		()
2. Last residence outside U.S. of mor				ı		
Street address, unit number, city, stat	te/province	e, zip, co	ountry	(	From	To
				(1	month/year)	(month/year)
Part G. Employment						
1. Current occupation:						
2. Employment last five years. Presen	nt employ	ment firs	st.			
Name, Address, Telephone number,	Occi	upation	Salar	y	From	То
Supervisor's Name					(month/year)	(month/year)
3. Current Employer's Tax Identifica	tion Num'	har				
If you are applying for Employmen			Docum	ont	complete the	following:
4. Have you ever before applied for l						ionowing.
If "Yes", Which USCIS Office	Dates	in Train	orizatioi		Results	
	2 2.00					
5. Currently I am applying for permi	ssion to ac	cept em	ployme	nt:		
6 Currently I am applying for replace					thorization Do	cument:

7. Currently I am applying for renewal of my		employment:						
If applying for work visa complete the follo								
8. Name and address of (prospective) employe	er:							
10 1:4 11:1 1 11 1 : 4 1 4 4	A.1 1° 4 41	. 1 1 1 1 1	41 4.					
10. List all jobs held during the last three year			the occupation					
for which you are seeking a work visa (use att								
A. Name and address of employer	Name of job	3						
		business	per week					
Date started (month/year)	Date left (month	/year)	<u> </u>					
Describe in detail the duties performed, include			uipment:					
	<u>,</u>	•	•					
B. Name and address of employer	Name of job	Kind of	No. of hours					
		business	per week					
Date started (month/year)	Date left (month	/year)						
Describe in detail the duties performed, include	ling the use of tools,	machines or eq	uipment:					
C. Name and address of employer	Name of job	Kind of	No. of hours					
		business	per week					
	7 1 2 ( 1							
Date started (month/year)	Date left (month							
Describe in detail the duties performed, include	ling the use of tools,	machines or eq	uipment:					
D. N	N	V: 1 - C	N C1					
D. Name and address of employer	Name of job	Kind of	No. of hours					
		business	per week					
Date started (month/year)	Date left (month	/vear)						
Describe in detail the duties performed, include		,	uipment:					
	,	1	1					
Part H. Education								
1. High school?	2. College?							
3. Degree earned and date earned:	2. Conege:							
TO TAKE ING NATIONAL ATRICULATION CALLING.								

If applying for a work visa or you are currently outside of the United States please complete detailed information below (use attachment if necessary):							
3. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include							
trade or vocational training facilities	s):						
Field of Study:	From (month/year)	To (month/year)					
Degrees or Certificates Received							
4. Names, Addresses, Phone Number		versities Attended (include					
trade or vocational training facilities	3):						
Field of Chaden	Enouge (mountle/years)	To (month/year)					
Field of Study:	From (month/year)	To (month/year)					
Degrees or Certificates Received							
5. Names, Addresses, Phone Number	are of Schools, Colleges and Univ	varsities Attended (include					
trade or vocational training facilities		Versities Attended (include					
trade or vocational training facilities	y·						
Field of Study:	From (month/year)	To (month/year)					
,	,	, , , , , , , , , , , , , , , , , , ,					
Degrees or Certificates Received							
6. Names, Addresses, Phone Number	ers of Schools, Colleges and Univ	versities Attended (include					
trade or vocational training facilities	3):	·					
Field of Study:	From (month/year)	To (month/year)					
Degrees or Certificates Received							
7. Names, Addresses, Phone Number		versities Attended (include					
trade or vocational training facilities	s):						
Field of Study:	From (month/year)	To (month/year)					
Decree of Contification Decree 1							
Degrees or Certificates Received							
Part I. Arrival information							
	I C .						
1. Date and place of first arrival in U	J. <b>3</b>						

Month, Day, Year:				Place				
2. Date and place of last arriva	al in U.S.:							
Month, Day, Year:				Place				
3. Has a prior visa petition evo	er been filed	1?						
If yes, answer the following.								
Where?	When?				Appr	oved?		
Means of travel into U.S.:					Inspe	cted?		
Status at entry (visitor, studen	it, etc.):							
Passport Number:			Passpo	rt issu	e date:			
Passport expiration date:								
Passport was issued: City			Coun	try			State/Provi	nce
Destination in U.S. at time of	Admission:							
Consulate Where Visa Issued	•			Visa	Numb	er:		
Date Visa issued:	Visa expir	ation	n date:			Inde	finite?	
Visa Classification:			I-94 N	umber	:			
I-94 issue date:			I-94 ex	piratio	on date	<del>:</del>		
Duration of stay:								
Name Exactly as it Appears o	n I-94:							
4. Have you ever filed for Per	manent Res	iden	ce in th	e U.S.:	?			
If yes, please answer the follo	wing.							
Date and place of filing:								
"A" Number as it appears on	Lawful Perr	nane	ent Resi	dence	Card:			
5. Most recent dates and ports	of entry in	the l	United S	States:				
_								
Part J. Future Travel								
1. Please check what applicab	le:							Yes
I am a permanent resident of t		States	S					
I am holding U.S. refugee/asy								
I am a permanent resident as a		lt of	refugee	/asyle	e statu	S		
I am applying for an advance							United	
States after temporary foreign	-							
I am outside the United States		pply	ing for a	an adva	ance p	arole do	cument	
2. Date of intended departure								
3. Expected length of trip:		, , <u>, , , , , , , , , , , , , , , , , </u>						
4. How many trips do you into	end to use	One	e trip			More th	an one trip	
the travel document:							1	
5. Have you ever before been	issued a ree	entry	permit	or refu	igee tra	avel doci	ument?	
If "Yes" Date Issued (month, day, year):								
Disposition (lost, stolen, other	r):							
6. Information about your pro	/	l (us	e attach	ment i	fneces	ssary):		

7. Since becoming a permanent resident of the				,
whichever is less) how much total time have				
8. Since you became a permanent resident of				
income tax return as a nonresident, or failed	to file a federal tax return	because yo	ou consid	ler(ed)
yourself to be a nonresident?				
If "Yes" please explain:				
9. Where do you want this travel document s	ant (Number and Street /	\nt # City	State of	•
Province, Zip/Postal Code, Country, Daytime			*	
Trovince, Eipriosair Coae, Country, Baytinio	e Telephone ii with area e	ountry cou	<u> </u>	
Part K. Background information				
1. List ALL present/past membership in grou	ips of any kind:			
Group name	Location (City/State)	From	То	
2.11	1 10			
2. Have you ever committed a crime?	been arrested?			
been granted pardon? (including a 3. If yes to any of the above, please provide the strength of the strength o	traffic tickets)			
Date and place (City/State/Country)	Nature of offense	Outco	ma	
4. Have you ever been given public assistance		Outco	ilic	
4. Have you ever been given public assistance	c: 11 yes, piease explain.			
5. Have you ever:				
z. Have you ever.			Yes	No
Committed or charged for a crime or offense	for which you were not a	rrested?		
Been arrested, cited, charged, indicted, fined	<del>_</del>			
excluding traffic violations?	or imprison was or or with	-8 w -w ·· ,		
Been the recipient of an act of clemency or s	imilar action?			
Exercised diplomatic immunity to avoid pros				
Been declared legally incompetent or been co		ıtion		
within the last 5 years?				
Received public assistance in U.S. from any	source, or likely to in the	future?		
Engaged in prostitution in past 10 years, or li	= = = = = = = = = = = = = = = = = = = =			

Encouraged any al	ien to enter U.S. illegally?						
Trafficked in any controlled substance?							
Been in any way involved in any terrorist activity?							
Engaged in espion	age or intend to once in the U	S.?					
	or affiliated with the Commu March 23, 1933 and May 8, 1		government of				
	de or persecuted any person b		gion, national				
	noved, or excluded from the U	J.S. or been ordere	d to do same?				
Committed fraud is	n order to obtain entry into the	e U.S.?					
Left the U.S. to av	oid being drafted into the U.S	. Army?					
Been a J nonimmig requirement or obt	grant visitor and not complied ained a waiver?	with the 2-year fo	reign				
	of a U.S. citizen child from a p	person granted cus	tody of the				
Been a polygamist	or plan to practice polygamy	in the U.S.?					
Claimed to be a U.	S. citizen (in writing or any o	ther way)?					
Violated or evaded	l laws prohibiting the export o	f goods, technolog	y or				
information from t							
If you answered Y	YES to any of the above, exp	lain fully on an at	tached piece o	f paper.	•		
Have you ever been under immigration proceedings?							
If you answered "Y	Yes" to the last question please	e explain:	_				
Removal	Exclusion	Recission	Judicial Proce	eedings			
Where		When					
Part L. NATUI	RALIZATION APPLIC	ANTS ONLY (	if not applic	able, sl	kip to		
Part M)							
	days did you spend outside o						
2. How many trips	of more than 24 hours have y	ou taken outside o	f the U.S. durin	g the pa	st 5		
years?							
	te trips of 24 hours or more that	•		nited St	ates		
	Lawful Permanent Resident. I						
Date left U.S. Date returned to U.S. Countries to which you have traveled							
4. Flease answer tr	ne following questions:			Yes	No		
				1 - 00	1 1 1 0		

Have you ever voted in any Federal, state, or local election in the United States?		
Have you ever registered to vote in any Federal, state, or local election in the		
U.S.?		
Since becoming a Lawful Permanent Resident (Green Card holder), have you		
ever failed to file a required Federal, state, or local tax return or called yourself a		
"nonresident" on same?		
Do you owe any Federal, state, or local taxes that are overdue?		
Do you have any title of nobility in any foreign country?		
Have you ever been arrested, cited, or detained by any law enforcement officer		
(including INS, now BCIS and military officers) for any reason?		
Have you ever been placed in an alternative sentencing or rehabilitative program		
(for example: diversion, deferred prosecution, withheld adjudication, deferred		
adjudication)?		
Have you ever received a suspended sentence, been placed on probation, or been		
paroled?		
Have you ever been in jail or prison?		
Have you ever been a habitual drunkard?		
Have you ever helped anyone enter or try to enter the United States illegally?		
Have you ever gambled illegally or received income from illegal gambling?		
Have you ever failed to support your dependents or to pay alimony?		
Have you ever given false or misleading information to any U.S. government		
official while applying for any immigration benefit or to prevent deportation,		
exclusion, or removal?		
Have you ever lied to any U.S. government official to gain entry or admission		
into the United States?		
Have you ever served in the U.S. Armed Forces or applied for any kind of		
exemption from military service?		
If you answered YES to any of the above, explain fully on an attached piece of p	paper.	Please
include the reasons, dates, locations, and outcome of any arrest, citation, detent	tion or	
charge.		
Are you a male who lived in the United States at any time between your 18 <sup>th</sup> and		
26 <sup>th</sup> birthdays in any status except as a lawful nonimmigrant?		
*PLEASE NOTE: If you answered "Yes" to the previous question, but did NOT reg	gister w	ith the
Selective Service System and you are still under 26 years of age, you must register	before v	you
apply for naturalization. If you answered "YES" to the previous question, but did N		
with the Selective Service System, and you are now 26 years or older, attach a stater		
explaining why you did not register.		

Part M. Immigration issues	S	
How can the LL.M. Law Group	assist you?	
☐ Travel Document		
☐ Employment Authorization Ca	rd	
☐ Adjustment of Status		
□ Work Visa		
☐ Student Visa		
☐ Investor Visa		
Other, please specify:		
* Please include copies of all sup of your I-94 card, your permanen applicable, by mail or at the time	t residency card, and employme	* * ·
By signing below or by submitted that all of the information containing knowledge and that I will be regarding any personal information.	nined in this Questionnaire is t e truthful in all future exchan	true and correct to the best of
Print name	Signature	Date