

LL.M. LAW GROUP
IMMIGRATION QUESTIONNAIRE

WORK VISA APPLICANTS/BENEFICIARIES ONLY

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 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.*

Part A. Personal Information			
1. Current legal name (as shown on the passport or I-94 departure card)			
First name	Full Middle name (if applicable)	Family name	
2. Other name used (including names by previous marriages, maiden name, aliases, tribal names)			
3. Name at time of entry into the U.S.			
4. "A" Number:			
5. Date of Birth	Month	Day	Year
6. Nationality	7. Citizenship (country)		
8. Place of birth			
Town	Province/State	Country	
9. Sex (M/F)	10. Height: feet	inches	11. Weight in pounds
12. Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
13. Are you Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Hair color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blonde <input type="checkbox"/> Gray <input type="checkbox"/> White <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> Bald (no hair)			
15. Eye color: <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Gray <input type="checkbox"/> Black <input type="checkbox"/> Pink <input type="checkbox"/> Maroon <input type="checkbox"/> Other:			
16. U.S. Social Security no.		17. Date you became a Permanent Resident (if applicable)	
18. Home phone			
19. Business phone		20. E-mail address	
21. Fax number		22. Cell/Alternative phone	
23. Current residence address			
			Zip
24. U.S. Mailing address – c/o (if different from home address)			
			Zip
25. Business address			
			Zip
26. Address in the United States where you will reside (if not currently in the U.S.)			
			Zip
27. Present occupation (please circle): employed student retired unemployed other			
If "other" please explain:			

Part B. Please complete if you are currently outside of the U.S. (if not applicable skip this part)
1. Full name, address and phone number(s) of contact person or organization in the U.S.:
2. List all countries you have entered in the last 10 years (give the year of each visit):
3. List all countries that ever issued you a passport:
4. Have you ever lost a passport or had one stolen <input type="checkbox"/> Yes <input type="checkbox"/> No
5. National Identification Number (if applicable):
6. Clan or Tribe name (if applicable):
7. List all Professional, Social and Charitable Organizations to which you belong(ed) or contribute(ed) or with which you work(ed):
8. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please explain:
9. Have you ever performed military service <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please list: Country, Branch of Service, Rank, Position, Military Specialty, Dates of Service:
10. Have you ever been in an armed conflict, either as a participant or victim <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please explain:
11. Have you made specific travel arrangements <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please provide a complete itinerary for your travel: Arrival & Departure dates, Flight Information, Specific Locations You Will Visit, Point of 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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes:	When	Where	What type of visa
16. Have you ever been issued a U.S. Visa <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes:	When	Where	What type of visa
17. Have you ever been in the United States?			
If Yes:	When	For how long	
18. Do you intend to work in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Do you intend to study in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Has your U.S. Visa ever been canceled or revoked <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been refused admission to the United States <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has anyone ever filed an immigrant visa petition on your behalf <input type="checkbox"/> Yes <input type="checkbox"/> No			
If answered "Yes" to any of the above, please explain below:			
21. Are any of the following persons in the U.S., or do they have U.S. Legal Permanent Residence or U.S. Citizenship (please indicate that person's status in the U.S.: i.e., U.S. legal permanent resident, U.S. citizen, visiting, studying, working, etc.)?	Yes	No	Status
Husband / Wife			
Fiancé / Fiancée			
Father / Mother			
Son / Daughter			
Brother / Sister			
22. Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Names and relationships of persons traveling with you:			

Part C. Marital information			
1. Marital status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed (give the date of death (mm/dd/year)) _____ <input type="checkbox"/> Marriage annulled or other (explain): _____			
2. Date of present marriage			
3. Number of times married, including annulled marriages and this marriage			
4. Spouse's name			
First name	Full Middle name (if applicable)	Family name	Maiden name
5. Spouse's date of birth	Month	Day	Year
6. Spouse's place of birth			
Town	Province/State	Country	
7. Nationality		8. Citizenship (country)	
9. Spouse's U.S. Social Security Number:			
10. Place of present marriage			
11. Is your spouse currently serving with or employed by the U.S. government and serving outside the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. If your spouse is a U.S. citizen, give the following information: When did your spouse become a U.S. citizen <input type="checkbox"/> At birth <input type="checkbox"/> Other: Date _____ Place _____			
13. If your spouse is not a U.S. citizen, give the following information about your spouse: Country of citizenship _____ "A" Number (if applicable) _____ Spouse's immigration status: <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other (explain) _____			
How many times has your current spouse been married (including annulled marriages)			
Provide the following information about your current spouse's prior marriage (if your spouse has more than one previous marriage, use a separate sheet(s) of paper to provide the information requested)			
Prior Spouse's Name			
First name	Full Middle name (if applicable)	Family name	Maiden name
Former spouse's immigration status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other (explain) _____			
Date of marriage			
Date/Place of termination of marriage			
How marriage ended <input type="checkbox"/> Divorce <input type="checkbox"/> Spouse Died <input type="checkbox"/> Other (explain) _____			
14. Former Spouse (1)			

First name	Full Middle name (if applicable)	Family name	Maiden name
Former spouse's date of birth			
Month	Day	Year	
Former spouse's citizenship			
Former spouse's immigration status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other (explain)			
Date and place of marriage			
Date/Place of termination of marriage			
How marriage ended <input type="checkbox"/> Divorce <input type="checkbox"/> Spouse Died <input type="checkbox"/> Other (explain)			
15. Former Spouse (2)			
First name	Full Middle name (if applicable)	Family name	Maiden name
Former spouse's date of birth			
Month	Day	Year	
Former spouse's citizenship			
Former spouse's immigration status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident <input type="checkbox"/> Other (explain)			
Date and place of marriage			
Date/Place of termination of marriage			
How marriage ended <input type="checkbox"/> Divorce <input type="checkbox"/> Spouse Died <input type="checkbox"/> Other (explain)			
16. List children, including stepchildren (use attachment if necessary)			
A. Child Name			
Applying with you <input type="checkbox"/> Yes <input type="checkbox"/> No			
Relationship			
Date of birth			
Place of birth (city, state, country)			
Address (if different)			
U.S. Social Security Number		"A" number (if applicable)	
B. Child Name			
Applying with you <input type="checkbox"/> Yes <input type="checkbox"/> No			
Relationship			
Date of birth			
Place of birth (city, state, country)			
Address (if different)			
U.S. Social Security Number		"A" number (if applicable)	

Part D. Employment				
1. Current occupation:				
2. IRS Tax # (if any)				
3. If the job duties to be performed require a State Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Employment last five years. Present employment first.				
Name, Address, Telephone number, Supervisor's Name	Occupation	Salary	From (mm/year)	To (mm/year)
Show below last occupation abroad if not shown above. (Include all information requested above)				
5. Current Employer's Tax Identification Number				
6. Name and address of (prospective) employer:				
7. List all jobs held during the last three years. Also, list any other jobs related to the occupation for which you are seeking a work visa (use attachment if necessary):				
A. Name and address of employer	Name of job	Kind of business	No. of hours per week	
Date started (month/year)		Date left (month/year)		
Describe in detail the duties performed, including the use of tools, machines or equipment:				
B. Name and address of employer	Name of job	Kind of business	No. of hours per week	
Date started (month/year)		Date left (month/year)		
Describe in detail the duties performed, including the use of tools, machines or equipment:				
C. Name and address of employer	Name of job	Kind of business	No. of hours per week	
Date started (month/year)		Date left (month/year)		
Describe in detail the duties performed, including the use of tools, machines or equipment:				

D. Name and address of employer	Name of job	Kind of business	No. of hours per week
Date started (month/year)		Date left (month/year)	
Describe in detail the duties performed, including the use of tools, machines or equipment:			
Part E. Education			
1. High school <input type="checkbox"/>		College	
2. Degree(s) earned and date earned:			
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):			
Field of Study:	From (month/year)	To (month/year)	
Degrees or Certificates Received			
4. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):			
Field of Study:	From (month/year)	To (month/year)	
Degrees or Certificates Received			
5. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):			
Field of Study:	From (month/year)	To (month/year)	
Degrees or Certificates Received			
6. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):			

Field of Study:			From (month/year)			To (month/year)		
Degrees or Certificates Received								
7. Names, Addresses, Phone Numbers of Schools, Colleges and Universities Attended (include trade or vocational training facilities):								
Field of Study:			From (month/year)			To (month/year)		
Degrees or Certificates Received								
Part F. Arrival information								
1. Date and place of first arrival in U.S.:								
Month, Day, Year:						Place		
2. Most recent dates and ports of entry in the United States:								
3. Date and place of last arrival in U.S.:								
Month, Day, Year:						Place		
4. Travel document used to enter the U.S.								
5. Status at entry (visitor, student, etc.):								
6. Has a prior visa petition or application ever been filed?								
If yes, answer the following:								
Type of petition or application						Petition or claim receipt #:		
Where?						When?		
Approved? (mm/dd/year)								
7. Means of travel into U.S.:						Inspected?		
8. Current status						Expires on (mm/dd/year)		
9. Passport Number:						Passport issue date:		
Passport expiration date:								
Passport was issued:								
City			Country			State/Province		
10. Destination in U.S. at time of Admission:								
11. Consulate Where Visa Issued:						Nonimmigrant Visa Number:		
Date Visa issued:			Visa expiration date:			Indefinite?		
Visa Classification:								
12. I-94 Number:								
I-94 issue date:						I-94 expiration date:		
Name Exactly as it Appears on I-94:								
13. Naturalization/Citizenship Certificate Number (if applicable)								

14. Duration of stay:			
15. Have you ever filed for Permanent Residence in the U.S.? If yes, please answer the following:			
Date and place of filing and final disposition:			
Date you become a Permanent Resident (mm/dd/year)			
USCIS (or former INS) office where granted adjustment of status:			
Part G. Background information			
1. Are you, or any person filing with you, an applicant for an immigrant visa <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Has an immigrant visa petition ever been filed for you or any person filing with you <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Are you, or any person filing with you ever filed an application to Register Permanent Residence or Adjust Status <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Have you, or any person filing with you ever been arrested or convicted of any criminal offence since last entering the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Have you, or any person filing with you, done anything that violated the terms of the nonimmigrant status you now hold <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Are you, or any person filing with you, now in removal proceedings <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Have you, or any person filing with you, been employed in the U.S. since last admitted or granted an extension or change of status <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes" complete Part G. Employment of this Questionnaire			
If "No" fully describe how you are supporting yourself. Include the source, amount and basis for any income.			
8. List ALL present/past membership in or affiliation with groups of any kind (political organization, association, fund, foundation, party, club, society or similar group): in the U.S. or in other places since your 16 th birthday. Include any military service.			
Group name and nature of organization	Location (City/State)	From	To
9. Have you ever committed a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Been granted pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Traffic tickets <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to any of the above, please provide the following information:			
Date and place (City/State/Country)	Nature of offense	Outcome	

10. Have you ever been given public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
11. Have you ever, in or outside the United States:	Yes	No
Knowingly committed any crime or moral turpitude or a drug-related offence for which you have not been arrested?		
Been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?		
Been the recipient of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?		
Exercised diplomatic immunity to avoid prosecution in U.S.?		
Received public assistance in U.S. from any source, or likely to in the future?		
Engaged in prostitution or procured anyone for prostitution in past 10 years, or likely to in future?		
Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?		
Knowingly encouraged, induced, assisted, abetted or aided any alien to enter U.S. illegally?		
Illicitly trafficked or knowingly assisted in illicit trafficking of any controlled substance?		
Engaged in, conspired in, or intend to engage in, or 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?		
Engaged in espionage or intend to once in the U.S.?		
Do you intend to engage in the U.S. in any activity a purpose of which is opposition to, or the control or overthrow of, the government of the U.S., by force, violence or other unlawful means?		
Do you intend to engage in the U.S. in any activity to violate or evade any law prohibiting the export from the U.S. of goods, technology or sensitive information?		
Been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?		
Did you, during the period from March 23, 1933 and 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?		
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?		

Been deported, or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion, deportation or rescission proceedings?					
Committed fraud in order to obtain entry into the U.S. or any immigration benefits?					
Left the U.S. to avoid being drafted into the U.S. Army?					
Been a J nonimmigrant visitor and not complied with the 2-year foreign requirement or obtained a waiver?					
Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child?					
Do you plan to practice polygamy in the U.S.?					
If you answered YES to any of the above, explain fully on an attached piece of paper.					
If ever been under immigration proceedings please explain:					
Removal <input type="checkbox"/>		Exclusion <input type="checkbox"/>		Rescission <input type="checkbox"/>	
Judicial Proceedings <input type="checkbox"/>					
Where			When		
Part H. Immigration issues					
How can the LL.M. Law Group assist you?					
<input type="checkbox"/> Travel Document <input type="checkbox"/> Employment Authorization Card <input type="checkbox"/> Adjustment of Status <input type="checkbox"/> Work Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Investor Visa			<input type="checkbox"/> Members of my family are filing with me: _____ _____ _____ Total number of people filing:		
Other, please specify:					

* Please include copies of all supporting documents, such as your passport, visa, front and back of your I-94 card, your permanent residency card, and employment authorization document, if applicable, by mail or at the time of consultation.

By signing below or by submitting this Questionnaire via e-mail without signature, I certify that all of the information contained in this Questionnaire is true and correct to the best of my knowledge and that I will be truthful in all future exchanges with the LL.M. Law Group regarding any personal information.

Print name _____ Signature _____ Date _____

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