

Law Offices of  
**MICHAEL J. GURFINKEL, INC.**

***INITIAL INTAKE QUESTIONNAIRE***

**HOW DID YOU HEAR ABOUT OUR OFFICE? (Please check all applicable ones)**

- Client Referral: \_\_\_\_\_ **Newspaper:** Asian Journal
- Friend/Relative: \_\_\_\_\_  Los Angeles
- Other: \_\_\_\_\_  San Francisco
- Walk-in  New York
- Website  Filipino Reporter – New York
- Television:**  Philippine Star
- Citizen Pinoy  Other: \_\_\_\_\_
- TFC – Nationwide

**WHO ARE YOU SEEKING LEGAL ADVICE ABOUT? (i.e. who wants the visa, was denied, is in removal, etc)?**

- About myself** and my own immigration situation
- Please fill out the questionnaire concerning **your own situation or problems.**
- About a friend or relative's** immigration situation
- If you are making inquiries about **another person's case or problems** (i.e. your friend or relative), please provide information **about the person you are inquiring for, NOT ABOUT YOURSELF** (i.e. pretend you are the person on whose behalf you are making the inquiry, and answer as though he/she was filling out the question himself/herself).

**This is a one-time consultation, limited to the specific question or problem for the particular person submitting this questionnaire, based on existing facts and law. If there are new or additional problems or issues with respect to the person, future changes or differences in law or facts, and/or another person's problems, then a new consultation (and a new consultation fee) will be required.**

**Did the person with immigration problem ("Client") ever have a previous consultation with our office?**

Yes  No

**If so, what is the Client's name who previously consulted with us?** \_\_\_\_\_

**What was the approximate date of the consultation?** \_\_\_\_\_

Month

Year

- **PLEASE DO NOT WRITE/PRINT ON BACK OF PAGES**

- **NO PERSONAL CHECKS** are accepted for Initial Consultations.

**(In person consultation fee can be paid in Cash, Money Order, Cashier's Check, Visa, Mastercard, and PayPal.)**

It is important to the evaluation of the case that you complete this Questionnaire *accurately, truthfully and completely*. We assure you that the information supplied by you (whether or not you retain our services) is *strictly confidential*.

PLEASE PRINT LEGIBLY, USING DARK INK.

**INFORMATION ABOUT YOU (OR PERSON WITH PROBLEM) "CLIENT"**

1. a. Client's Full Name (Exactly as on the birth certificate):

\_\_\_\_\_ Last First Middle/Maiden

b. Name Client is currently using:  Same as above

\_\_\_\_\_ Last First Middle/Maiden

2. Other names used (Maiden, Married, Religious, Professional, Assumed, Aliases):  None

\_\_\_\_\_ Last First Middle/Maiden

3. Did client enter the U.S. under an "assumed or fake name"?  Yes  No

\_\_\_\_\_ Last First Middle/Maiden

4. Client's Present Address:

\_\_\_\_\_ Street Address Apt. No. City State Zip Code

5. Client's Telephone Numbers in Philippines and/or U.S.:

Home Number: (\_\_\_\_) \_\_\_\_\_ Best time to reach you: \_\_\_\_\_ a.m./p.m.

Work Number: (\_\_\_\_) \_\_\_\_\_ Best time to reach you: \_\_\_\_\_ a.m./p.m.

Cell Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_



12. Children's Info:	<input type="checkbox"/> NONE	Country of Birth	Date of Birth	Age	Specify where client's child is (U.S./Phil.)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Are any of these children adopted, given, stepchild, etc. (i.e. not the client's biological child)?  
 Yes     No

## CLIENT'S EDUCATION INFORMATION

	CLIENT	CLIENT'S SPOUSE
13. Is client (or client's spouse) a college graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree/Major:	_____	_____
Does client or client's spouse have any <b>special skills or work experience</b> (i.e. specialty cook, auto mechanic, executive secretary, office manager, etc.) either in the U.S. or abroad? If so, describe:		
CLIENT: <input type="checkbox"/> NONE	_____	
_____	_____	
CLIENT'S SPOUSE: <input type="checkbox"/> NONE	_____	
_____	_____	

## CLIENT'S EMPLOYMENT INFORMATION

	CLIENT	CLIENT'S SPOUSE
14. Present Job Title	<input type="checkbox"/> NONE	<input type="checkbox"/> NONE
Name of Company	_____	_____
How long has the client (or client's spouse) worked for present employer?	_____	_____
How many Employees in the Company?	_____	_____
Monthly Salary	_____	_____

# CLIENT'S ENTRY INFORMATION

**15. What is client's present U.S. immigration status:**

- |  |   |
|--|---|
| <input type="checkbox"/> Never been to U.S. (If client has <b>never been to the U.S.</b> , please <b>go to Question # 17</b> ) |   |
| <input type="checkbox"/> U.S. Citizen  | <input type="checkbox"/> Political Asylum     |
| <input type="checkbox"/> Immigrant   | <input type="checkbox"/> CSS/LULAC            |
| <input type="checkbox"/> B-1/B-2 visa holder   | <input type="checkbox"/> TNT or Out of Status |
| <input type="checkbox"/> F-1 (student)   | <input type="checkbox"/> Other: _____         |

Date of **first entry** into U.S.: \_\_\_\_\_

Date of most **recent entry** into U.S.: \_\_\_\_\_  
(if different from first entry)

If client is presently in the U.S., what is/was **expiration date on client's I-94** (white arrival\departure card given to non-immigrants, such as visitors, at time of entry to U.S.): \_\_\_\_\_

Was client "physically present" in the U.S. on 12/21/00?       YES       NO

How did client enter the U.S.?

	CLIENT	CLIENT'S SPOUSE	CLIENT'S CHILDREN
Valid Visitor's Visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under a Different Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump Ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Inspection (w/o visa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) _____	_____	_____	_____

**16. Did client ever:**

Allow his/her visa, I-94, or extension to expire (even for one day)?       Yes       No

Depart the U.S. on "advance parole"?       Yes       No

If yes, when: \_\_\_\_\_

**17. Has client or client's spouse ever been denied a Visa, Petition, Labor Certification, or any other immigration benefit for which client applied (i.e. Political Asylum, CSS/LULAC, Visitor's Visa, Family Petition), has client's visa ever been cancelled, or has client otherwise been found ineligible for any visa or immigration benefit?**

Yes     No    **(Do not write N/A)**

If yes, please explain.

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**18. Has client or client's spouse ever been placed in Deportation, Exclusion, or Removal proceedings, ordered deported, or did not attend a deportation hearing (ordered deported in absentia)?**

Yes     No    **(Do not write N/A)**

If yes, please explain.

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**19. Has client or client's spouse ever been accused of, charged with, or convicted of any crime or other illegal activity in the U.S. or in any other country?**

Yes     No    **(Do not write N/A)**

If yes, please explain.

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**20. If client is seeking a working visa, is there an employer who is willing to sponsor/petition client (or client's spouse) for a working visa/green card?**

Yes     No    **(Do not write N/A)**

**21. Has client or client's spouse ever had an application or petition filed with the INS, USCIS, DHS, DOL, etc. for any of the following?**

**NONE** (Check "NONE" only if all items are not applicable)

	CLIENT	CLIENT'S SPOUSE
a. Family Petition	<input type="checkbox"/>	<input type="checkbox"/>
b. Labor Certification	<input type="checkbox"/>	<input type="checkbox"/>
c. H-1	<input type="checkbox"/>	<input type="checkbox"/>
d. Motion/Appeal	<input type="checkbox"/>	<input type="checkbox"/>
e. CSS/LULAC/SAW	<input type="checkbox"/>	<input type="checkbox"/>
f. Political Asylum	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (Specify):	_____	_____

Was client ever interviewed by the INS/CIS or Embassy for any of the above?  Yes  No

Did client ever get a work permit from INS or CIS?  Yes  No

If yes, expiration date of work permit: \_\_\_\_\_

How was work permit obtained (i.e. what benefit did client apply for, which resulted in having been granted work authorization? \_\_\_\_\_

**22. Does client or client's spouse have any of the following relatives who are U.S. citizens or green card holders?**

**NONE** (Check "NONE" only if all items are not applicable)

	Mother	Father	Spouse	Child	Brother/Sister
American Citizen	_____	_____	_____	_____	_____
Green card holder	_____	_____	_____	_____	_____

(Please indicate if this relative is deceased)

**23. Were any of the following relatives BORN in the U.S., or naturalized before the BIRTH of client (or client's spouse)?**

**NONE** (Check "NONE" only if all items are not applicable)

Mother  Father  Grandmother  Grandfather  Great-grandparents

**If grandparents were citizen, did grandparents become U.S. Citizen BEFORE your parent's birth?**

Yes  No  N/A

**24. Did client or client's spouse ever make any misrepresentations (changed marital status, changed age, altered name, etc.) to an immigration or consular officer to be able to acquire a visa or other immigration benefit or to enter the U.S.?**

Yes     No    **(Do not write N/A)**

If yes, please explain.

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**25. Did client or client's spouse ever sign any affidavit, confession, or other document for the INS/USCIS or Embassy admitting fraud or ineligibility for any immigration benefit, or was client ever told their case was being "investigated" for fraud or other ineligibility?**

Yes     No    **(Do not write N/A)**

If yes, please explain.

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**26. Are there any upcoming deadlines or due dates on client's immigration case (i.e. court hearing, interview, response to INS/USCIS, etc)?**

Yes     No    **(Do not write N/A)**

If yes, please provide due date and explain reason.

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**27. Has an IMMIGRANT visa petition ever been filed on client's (or client's spouse's) behalf? (Employment Based / Family Based)**

**NONE** (Check "NONE" only if all items are not applicable)

For client?  Yes  No

For client's spouse?  Yes  No

When was the petition filed (priority date)? \_\_\_\_\_  
Month Day Year

If an IMMIGRANT visa petition has been filed, who filed it?

Parent  Spouse  Brother/Sister  Child  Employer

What Preference Category?

Immediate Relative (Spouse, Parent, Minor Child (under 21) of U.S. Citizen)

F-1 (Adult (over 21), Unmarried Child of U.S. Citizen)

F-2A (Spouse/Minor Child of Immigrant)

F-2B (Adult, Unmarried Child of Immigrant)

F-3 (Married Child of U.S. Citizen)

F-4 (Brother/Sister of U.S. Citizen)

Employment/Labor Certification

Were client's (or client's spouse's) parents ever petitioned for a green card (i.e. by a relative or employer) while client was under 21 years of age?  YES  NO

**28. Has client ever consulted with or retained any attorney or law firm in connection with any immigration matter?**

Yes  No

If yes, name of attorney or law firm: \_\_\_\_\_

**29. a. Does client have an "Alien Number" (8 or 9 digit number on your green card, work authorization, etc.)**

**NONE** \_\_\_\_\_

b. What is client's spouse's have an "Alien Number" number?  **NONE** \_\_\_\_\_

c. How was the "Alien Number" obtained?  **N/A** (Check this only if client never had Alien #)

Family Petition  Employer Petition  Asylum  Other \_\_\_\_\_

