

Law Offices of
MICHAEL J. GURFINKEL, INC.

INITIAL INTAKE QUESTIONNAIRE

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.

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).

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.
- Payments can be made in Money Order, Cashier/Manager's Check, Zelle (via: *payments@gurfinkel.com*), Cash or Online Payment (Credit/Debit Card) thru our website: *www.gurfinkel.com*.
- 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 BLUE or BLACK INK.**

INFORMATION ABOUT PERSON WITH IMMIGRATION PROBLEM ("CLIENT")

1. a. **Client's Full Name (Exactly as it appears 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:

(No. / Street / Apt. No. / City / State / Zip Code / Country)

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

Cell Number: (____) _____ Best time to reach you: _____

Alternate Number: (____) _____

E-Mail address: _____

6. Alternate contact person for client in U.S. in case client cannot be reached:
(Should be different from client's contact info.)

Last

First

Middle/Maiden

(No. / Street / Apt. No. / City / State / Zip Code)

Relationship to Client: _____

(____) _____

Cell Email

7. Client's Date of Birth: _____ Age: _____

8. Client's Birthplace: _____

City Province/State Country

9. Client's Present Nationality or Citizenship (Country): _____

10. Client's Marital Status

a. Has client ever been married (whether Church, civil, or "secret" marriage)? YES NO

b. If yes, how many times: _____

c. Client's present marital status: Single Married Divorced Widow(er) Annulled

d. Marital History:

i. Date of (1st) Marriage: _____ Place of (1st) Marriage: _____

- If divorced/annulled, date: _____ Place: _____

ii. Date of (2nd) Marriage: _____ Place of (2nd) Marriage: _____

- If divorced/annulled, date: _____ Place: _____

If you have additional marriages, please provide information on a separate sheet.

INFORMATION ABOUT CLIENT'S FAMILY

11. Spouse's Name: NONE _____

Spouse's Nationality/Citizenship: _____

Date of Birth: _____ Place of Birth: _____

Is your spouse in the U.S.? Yes No

If no, specify Country where spouse resides (i.e. Philippines, etc.): _____

Was your spouse ever married before, or does he/she have children? Yes No

12. Children's Info: NONE

Name	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

If you have additional children, please provide information on a separate sheet.

CLIENT'S EDUCATION / EMPLOYMENT INFORMATION

CLIENT

CLIENT'S SPOUSE

13. Did client (or client's spouse) graduate high school in the U.S., currently enrolled in school in the U.S., obtained a GED certificate, or served in the U.S. Armed Forces or Coast Guard? Yes No Yes No

Is client (or client's spouse) a college graduate? Yes No Yes No

Degree/Major: _____ _____

Does client or client's spouse have any **special skills or work experience** (i.e. specialty cook, auto mechanic, executive secretary, office manager, etc.) either in the U.S. or abroad? If so, describe:

CLIENT: NONE _____

CLIENT'S SPOUSE: NONE _____

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

Yes No N/A

CLIENT'S ENTRY INFORMATION

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

Never been to U.S. (If client has **never been to the U.S.**, please **go to Question # 18**)

U.S. Citizen

Political Asylum

Immigrant/Green Card Holder

CSS/LULAC

B-1/B-2 (visitor)

TNT or Out of Status

F-1 (student)

Other: _____

15. b. Date you most **recently entered/arrived** in the U.S.: _____

15. c. 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.): _____

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

16. b. How did client enter the U.S. on most recent trip?

	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)	_____	_____	_____

17. 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: _____

18. 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.

19. Has client (or client's spouse) ever been placed in Deportation, Exclusion, or Removal proceedings, ordered deported, been questioned/interviewed by DHS, or did not attend a deportation hearing (ordered deported in absentia) or ever been inside a courtroom?

Yes No (Do not write N/A)

If yes, please explain.

20. Has client (or client's spouse) ever been arrested, handcuffed, placed in the back seat of a police car, accused of, charged with, convicted of, or questioned by a law enforcement officer about, any crime or other illegal activity in the US or in any other country, no matter how long ago it occurred? (This would also include situations such as domestic violence/spousal abuse, shoplifting, embezzlement, theft, or where a person was charged with a crime and accepted a "plea bargain", had a conviction "expunged", or had the charges "dropped" by law enforcement.)

Yes No (Do not write N/A)

If yes, please explain.

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 (working visa)	<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):	_____	_____

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

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? (Please indicate if this relative is deceased by putting "D" by that relative.)

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

<u>CLIENT:</u>	Mother	Father	Spouse	Child	Brother/Sister
American Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green card holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CLIENT'S SPOUSE:</u>	Mother	Father	Spouse	Child	Brother/Sister
American Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green card holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a spouse, parent, or child who has ever served in the US Armed Forces? YES NO

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

Yes No

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.

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.

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.

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 a green card, work authorization, etc.)

NONE _____

b. Does client's spouse 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 _____

30. Briefly describe the nature of the immigration problem and type of legal assistance required (i.e. want working visa, deportation defense, family petition, previously denied a visa, appeal etc.):
NOTE: PLEASE DO NOT LEAVE THIS ITEM UNANSWERED.

PLEASE READ:

- No attorney-client relationship shall exist between client and this office by virtue of this questionnaire or consultation, unless and until client formally retains our services pursuant to a written retainer agreement, signed by us, and client pays any applicable attorney fees and costs for such services. There may be deadlines, due dates, court hearings, interview dates, etc., in connection with the case. However, this consultation and/or your submitting this questionnaire does not obligate our office to represent client, make any appearances, file any documents, or provide any legal services on client's behalf. No prediction, warranty, or guarantee can be made on the outcome of your case. Our advice during the consultation constitutes our opinion concerning the merits or chances with respect to your case. Client is certainly free to seek a second opinion from another attorney concerning his/her case and outcome.
- **PHONE CONSULTATIONS:** Please EMAIL completed questionnaires to consult@gurfinkel.com. If sending by MAIL, client or representative should sign the Intake and send directly to our main office at 219 North Brand Boulevard, Glendale, CA 91203, and not to branch offices. If located in the Philippines, mail the questionnaire to our Makati office. Please only send COPIES of documents, NOT ORIGINALS, as they will not be returned.
- **IN-PERSON CONSULTATIONS:** Please bring completed questionnaire and COPIES of documents with you, especially denials, approvals, filing with DHS that you are consulting about. Please sign before submitting the questionnaire. Do not mail to our office.
- One of our attorneys will contact you in connection with your consultation. Even though it might not be Attorney Gurfinkel, he still oversees and supervises all cases and case strategy.
- **AUDIO/VIDEO RECORDING** is NOT allowed.

DATE

CLIENT'S (or Representative's)
SIGNATURE

PRINT CLIENT'S
(or Representative's) FULL NAME

****Once this box is checked, you can no longer make changes.***

By checking (or clicking) this box, you certify that the answers you furnished on this form are true and correct to the best of your knowledge and belief. You understand that any false or misleading statements may result in the permanent refusal of a visa, or denial of entry into the United States. Clicking this box shall constitute your "online signature."