

HANEA LAW FIRM, LLC.

RALUCA L. HANEA
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132A HURRICANE SHOALS RD.
LAWRENCEVILLE, GA, 30045

PH: (678) 615-8LAW
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GENERAL IMMIGRATION QUESTIONNAIRE

I. INFORMATION REGARDING APPLICANT

Name: _____
(Last), (First), (Middle)

Other names: _____ Sex: Male Female
(Maiden, Religious, Professional, Aliases)

Date of birth: _____ Place of birth: _____
(Mo/Day/Yr) (City), (State), (Country)

Citizenship: _____ U.S. Social Security No. _____
(Country)

Permanent address abroad: _____

E-Mail: _____ Telephone: _____ Facsimile: _____

U.S. address: _____

Telephone: _____ Facsimile: _____

If in the U.S., complete the following:

Date of arrival: _____ I-94 No.: _____
(Mo/Day/Yr)

Current nonimmigrant status: _____ Expires: _____
(Mo/Day/Yr)

Place where last entered U.S.: _____ Means of travel into U.S.: _____

Did you talk with a Border or Pre-Flight Inspector on entry into U.S.? _____

Passport No.: _____ Date issued: _____ Date expires: _____
(Mo/Day/Yr) (Mo/Day/Yr)

Color of hair: _____ Color of eyes: _____ Complexion: _____ Height: _____

Marks of identification:

Father's name: _____
(Last), (First)

Date of birth: _____ Place of birth: _____ Residence: _____
(Mo/Day/Yr) (City), (Country) (City, Country)

Mother's name: _____
(Last), (First)

Date of birth: _____ Place of birth: _____ Residence: _____
(Mo/Day/Yr) (City), (Country) (City, Country)

Were any of your or your spouse's grandparents born in the United States? Yes No

If so, when? _____

Are either you or your spouse an American Indian born in Canada of at least 50 percent Native bloodline? Yes No

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Are either you or your spouse eligible for a Native American tribal document? Yes No

II. MARITAL INFORMATION

Marital status: Married Widowed Divorced Separated Single

Will spouse accompany you to U.S.? Yes No

Spouse's Name: _____
(Last), (First), (Middle)

Other names: _____ Sex: Male Female
(Maiden, Religious, Professional, Aliases)

Date of birth: _____ Place of birth: _____
(Mo/Day/Yr) (City), (State), (Country)

Citizenship: _____ U.S. Social Security No. _____

Date of marriage: _____ Place of marriage: _____

Spouse's former spouse name	Country of citizenship	Date of divorce/death

Is spouse currently working in the U.S.? Yes No

If yes, does he or she have authorization to work full-time? Yes No

If no, does he or she wish to work in the U.S.? Yes No

Married previously? Yes No

Your first former spouse's name: _____
(Last), (First), (Middle)

Date of birth: _____ Place of birth: _____
(Mo/Day/Yr) (City), (State), (Country)

Citizenship: _____ Date of divorce/death: _____ Place of divorce: _____

Your second former spouse's name: _____
(Last), (First), (Middle)

Date of birth: _____ Place of birth: _____
(Mo/Day/Yr) (City), (State), (Country)

Citizenship: _____ Date of divorce/death: _____ Place of divorce: _____

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III. LIST PRESENT BROTHERS, SISTERS AND CHILDREN, INCLUDING STEPCHILDREN

	Name (First, Last)	Relation- ship	DOB	City/State/ Country of Birth	Apply- ing with you	Immig Status
1.						
	Address:					
2.						
	Address:					
3.						
	Address:					
4.						
	Address:					
5.						
	Address:					
6.						
	Address:					

Do you have any children who are within four years of the age of 21 who may eventually want to live permanently in the U.S.? Yes No

IV. RESIDENCES LAST FIVE YEARS (present address first)

Street Address/Apt. #	City/State	Country	From (Mo/Yr)	To (Mo/Yr)
				present
Last address outside of U.S. more than one year:				

V. PRESENT/PAST MEMBERSHIP IN GROUPS OF ANY KIND, INCLUDING MILITARY, SINCE YOUR 16th BIRTHDAY (if more space is required, use back of sheet)

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

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VI. INFORMATION REGARDING U.S. EMPLOYER

Company name: _____

Address: _____

Type of business: _____

Date company established: _____ IRS Tax No.: _____ No. of employees: _____

Annual income: Gross \$ _____ Net \$ _____

Position full-time? Yes No Number of hours per week: _____

Wages per week: \$ _____ Other compensation? _____ Value: \$ _____

Company contact: _____

Telephone: _____ Facsimile: _____

VII. POSITION OFFERED IN THE U.S.

Job title: _____

Job duties: _____

Location of place of employment: _____

Work schedule: _____ a.m. to _____ p.m. Name of labor union: _____

Minimum education/degree required to perform the job duties: _____

Field of study: _____

Do other persons with your job have this education/degree? Yes No

Special requirements/skills needed to perform the position (*i.e.*, knowledge of certain types of computer software, foreign language, etc.):

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Minimum years of experience required to perform the job duties: _____

Title of immediate supervisor: _____ Number of people you will supervise: _____

VIII. APPLICANT'S EDUCATION

School Name/Address	Field of Study	From (Mo/Yr)	To (Mo/Yr)	Degree

List professional licenses: _____

IX. APPLICANT'S PRIOR WORK EXPERIENCE
(if additional space is required, use back of sheet)

Present Employer: _____

Address: _____

Employed: From _____ to _____ Job title: _____

Job duties: _____

Employer: _____

Address: _____

Employed: From _____ to _____ Job title: _____

Job duties: _____

Employer: _____

Address: _____

Employed: From _____ to _____ Job title: _____

Job duties: _____

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Last occupation abroad:

Employer: _____

Address: _____

Employed: From _____ to _____ Job title: _____

Job duties: _____

X. IMMIGRATION-RELATED QUESTIONS

Are either you or your spouse an American Indian born in Canada of at least 50 percent Native bloodline?
 Yes No

Are either you or your spouse eligible for a Native American tribal document? Yes No

Ever under immigration proceedings? Yes No

Exclusion Deportation Rescission Judicial proceedings

Where: _____ When: _____

Ever applied for a U.S. **nonimmigrant visa** before? Yes No

If yes, Classification: _____ Where: _____ When: _____

Outcome? Issued Refused Nonimmigrant visa No.: _____

Has your U.S. visa ever been canceled? Yes No

Plan to apply for immigrant visa abroad? Yes No

If yes, where: _____

Plan to adjust status in U.S.? Yes No

If yes, where: _____

XI. GROUNDS OF EXCLUSION

1. Have you ever in or outside the United States:

a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes No

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- b. Been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance, **excluding** traffic violations? Yes No
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? Yes No
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense? Yes No

If you answered YES to any of the above, give the following information:

Date	Place (City, State, Country)	Nature of Offense	Outcome

- 2. Have you ever received public assistance in the U.S. from any source, including the U.S. Government or any state, county, city or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes No

If yes, explain: _____
(Include the names and Social Security number(s) you used)

- 3. Have you ever:
 - a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes No
 - b. Engaged in any unlawful commercialized vice, including but not limited to illegal gambling? Yes No
 - c. Knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally? Yes No
 - d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance? Yes No
- 4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you 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? Yes No
- 5. Do you intend to engage in the U.S. in:
 - a. Espionage? Yes No
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means? Yes No
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? Yes No

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- 6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes No
- 7. Did you, during the period March 23, 1933 to 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? Yes No
- 8. Have you ever 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? Yes No
- 9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings? Yes No
- 10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit? Yes No
- 11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? Yes No
- 12. Have you ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver? Yes No
- 13. Are you now withholding custody of a U.S. citizen child outside the U.S. from a person granted custody of the child? Yes No
- 14. Do you plan to practice polygamy in the U.S.? Yes No

If you answered YES to any of the above, explain fully: _____

I, _____, certify that the information provided on this questionnaire is true and correct to the best of my knowledge.

Date: _____

Signature