

THE
AGUIRRE

LAW FIRM

A PROFESSIONAL CORPORATION

Office Use

Rank: _____

F/U: _____

Consultation Fee: _____

How did you hear about us?

- Web Newspaper Repeat Referral

Referral Name: _____

Relationship: _____

This is a **one-time consultation**. This consultation is based on specific questions and facts about the person(s) in this questionnaire and it is based on current and existing laws. If there are new additional problems or issues with respect to the person(s), future changes, or **differences in law or facts** and/or **another person's problems**, a new consultation and/or consultation fee may be required. It is important that you complete this questionnaire accurately, truthfully, and completely. We assure you that your information is strictly confidential.

Who are you seeking legal advice for?

- For Yourself Spouse For a Family Member For a Friend

THE FOLLOWING INFORMATION IS FOR WHOM THIS CONSULTATION IS FOR

First Name: <small>(as it appears on the birth certificate)</small>	Middle Name:	Last Name:	Date of Birth: MM / DD / YYYY	Age:
Other Names Used:		City and Country of Birth:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Have you been married more than once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many:		
Have you ever applied for a work authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alien/Case Number: A ### - ### - ###		
Has anyone ever applied for ANY immigration benefit for you or parents? (Family/Labor): <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, who applied for you and when? MM / DD / YYYY		
Do you have any other family in the U.S.A.? <input type="checkbox"/> Parents <input type="checkbox"/> Uncles/Aunts <input type="checkbox"/> Siblings <input type="checkbox"/> Children		If you have other family, what is their status? <input type="checkbox"/> Legal Resident <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Undocumented		
Did you attend High School in the US or obtained a GED or are currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No		What School?	What year? MM / DD / YYYY	
Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where?	Since When? MM / DD / YYYY	Do you File your income taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever consulted or retained any attorney or law firm in connection to any immigration matter? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, What is the attorney's/law firm's name:		

PLEASE FILL IF MARRIED

First Name: <small>(as it appears on the birth certificate)</small>	Middle Name:	Last Name:	Date of Birth: MM / DD / YYYY	Age:
City and Country of Birth:		What is their legal status? <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Citizen <input type="checkbox"/> illegal		
Marriage Date: MM / DD / YYYY	Place of Marriage:		Is your spouse in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been married more than once? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many:		Are there any children from previous marriage(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many:		

CHILDREN INFORMATION

DOES NOT APPLY

First name:	Middle Name:	Last name:	Country of birth:	Date of birth: MM / DD / YYYY	Age:
First name:	Middle Name:	Last name:	Country of birth:	Date of birth: MM / DD / YYYY	Age:
First name:	Middle Name:	Last name:	Country of birth:	Date of birth: MM / DD / YYYY	Age:
First name:	Middle Name:	Last name:	Country of birth:	Date of birth: MM / DD / YYYY	Age:

Please ask for a supplemental page if there are more than 2 children.

TRAVEL INFORMATION

IF NEVER

When did you first enter the U.S.? MM / DD / YYYY	How did you enter the U.S.? <input type="checkbox"/> Legally with visa <input type="checkbox"/> Illegally <input type="checkbox"/> Other
Have you ever left the U.S. since you entered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, How many times?	How did you last enter the U.S.? <input type="checkbox"/> Legally with visa <input type="checkbox"/> Illegally <input type="checkbox"/> Other

INFORMATION REGARDING IMMIGRATION

Have you ever been stopped by immigration and have the taken your fingerprints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, How many times?	
Have you ever been Deported ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Have you ever received a voluntary departure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times?
Have you ever used false documents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever claimed to be a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been arrested by the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?
Have you ever been convicted for a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was your sentence?
Have you ever been before immigration court? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?
Are you afraid to return to your country? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, why?
Have you ever been a victim of a crime or abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:

No attorney-client relationship shall exist between client and this office by virtue of this questionnaire or consultation, unless and/or until client formally retains our services pursuant to a written contract/retainer agreement, signed by us, and client pays any applicable attorney fees and costs for such services.

I hereby certify under the penalty of perjury, under the laws of the United States of America, that the information given in this questionnaire is true and correct.

Consultant's Signature

Print Name

Date

OFFICE NOTES
