

CONSULTATION/INQUIRY FORM

DATE: _____

FULL NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

COUNTRY OF CITIZENSHIP: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

| | | |
|----|---|--|
| 1 | When did you last enter the U.S.? | |
| 2 | When does your I94 expire? | |
| 3 | What type of visa/status do you now have, if any? | |
| 4 | If no visa, how did you enter the U.S.? | |
| 5 | Has anyone ever filed an immigrant petition on your behalf? | |
| 6 | If yes to questions #4, who, when, and what type of application? | |
| 7 | What was the result of this application? | |
| 8 | What is your marital status? If married, please state name and immigration status of your spouse. | |
| 9 | Do you have any children? If yes, how many? | |
| 10 | How did you hear about us? (Name of newspaper or referral) | |

WE PROVIDE A FREE INITIAL 30 MINUTE CONSULTATION

Please provide the best date and time to meet with Attorney Nelson: _____