- Page One

ADJUSTMENT QUESTIONNAIRE

Petitioner refers to the US Citizen or Permanent Resident. Alien refers to the Beneficiary, i.e., the person who will get the green card or visa). **Please answer <u>all</u> questions, even if they are duplicates.** If a question does not apply in your case, write N/A for answer. PLEASE PRINT OR WRITE CLEARLY.

I. INFORMATION ON PETITIONER:

A. GI	ENERAL:				
Family Na	ame:	_First Name:	N	⁄Iiddle Na	me:
Other Nar	mes ever used (e.g.,	maiden name)):		
Social Sec	curity #:	Alie	n Registration N	umber:	
Sex: Ma	ale [] Female []	Height:	We	ight:	
Hair color	::Cold	or of Eyes:	Citiz	zen of:	
Date of bi	rth:	City/Town	of birth:		
Province/S	State in which born	:	Country	of birth:	
B. EN	MPLOYMENT:				
Petitioner	's employer's name	e and address:			
Position/ti	itle:	Salary/wag			
C. PE	ETITIONER'S PAF	RENTS:			
Father's F	amily Name:		Father's First	t Name	
Father's N	Middle Name:	Fath	ner was born at _	(8)	
on (Date)		_ Father's full	current address i	(City, sta	ite/ country)
		, or if	deceased, date o	f death is	
Mother's	Family Name:	Mc	other's First Nam	ne:	Mother's

Middle Name:	Mother was born at	(C:t	_, or	
		(City, state/ country)		
(Date) N	Iother's full current add	dress		
	, or if deceased, o	late of death is	_	
D. PETITIONER'S FA	MILY DETAILS:			
Petitioner is: Single [] Mai	rried [] Divorced [] V	Vidowed []		
If married or previously ma	rried, please complete t	he following for each spouse:		
Family Name:	First Name	Middle Name	_	
Other Names ever used:				
Date of marriage:	City/State	of marriage		
If marriage ended, date:	f marriage ended, date: City/State where ended:			
Family Name:	First Name	Middle Name	_	
Other Names ever used:				
Date of marriage:	City/State	of marriage		
Date marriage ended:	City/Sta	te where ended:		
Family Name:	First Name	Middle Name	_	
Other Names ever used:				
Date of marriage:	City/State	of marriage		
Date marriage ended:	City/Sta	te where ended:		
Petitioner has child	dren (please state numb	er)		
*CHILD'S Name:	Soc	. Sec. #:		

Birth date: City/	State of Birth:
CHILD'S Name:	_ Soc. Sec. #:
Birth date:	City/State of Birth:
CHILD'S Name:	_ Soc. Sec. #:
Birth date:	_ City/State of Birth:
CHILD'S Name:	_ Soc. Sec. #:
Birth date:	City/State of Birth:
CHILD'S Name:	_ Soc. Sec. #:
Birth date:	_ City/State of Birth:
If child does not live with you, his/her addre	ss is
*	
E. PETITIONER'S STATUS/SUPPOR If Petitioner is a US citizen, citizenship was	
Naturalized [] on at city/state	naturalization certificate #:
Parents [] (provide certificate of citizenship	o if one has been obtained)
If Petitioner is a Permanent Resident, he/she Month Year	became a permanent resident on day
at(city and state)	
Petitioner gained permanent resident status t	hrough: Marriage to a US citizen or
Permanent Resident. Yes []; Employment []; Asylum/Refugee []; Other (state)
Number of persons related to petitioner by b	irth, marriage, or adoption) living in

petitioner's residence, including petitioner but excluding alien and his/her children) is:
Number of persons who are otherwise dependent on petitioner, as claimed in his/her most
recent tax return was Most recent tax year is and total household
income on the return was Petitioner filed a joint [] individual [] tax return.
Number of immigrants not living in petitioner's household whom petitioner is obligated
to support under a previously signed affidavit of support (Form I-864) is:
If alien is your spouse, you both last lived together at (address)
from (Month and
Year) to (Month and Year.)
If you have ever filed an immigration petition for this or any other alien before, give
alien's name, date and place of filing, and result
II. INFORMATION ON ALIEN
A. GENERAL
Family Name: First Name: Middle Name:
Other Names ever used, including before marriage:
Social Security #: Alien Registration Number:
Sex: Male [] Female [] Height: Weight:
Hair color: Color of Eyes: Citizen of:

Date of birth:	_ City/Town of birth	:
Province/State in which born:		Country of birth:
B. EMPLOYMENT:		
Employer's name and address):	
Position: Sa	ılary:	# Hours worked per week:
C. ALIEN'S PARENTS:		
Father's Family Name:	Fath	er's First Name
Father's Middle Name:	Father was	born at(City, state country)
on (Date)	Father's full current	(City, state country) address is
	, or if decease	ed, date of death is
Mother's Family Name:	Moth	er's First Name:
Mother's Middle Name:	Mother wa	s born at,
		(City, state, country) ull current address is
	, or, if dece	eased, date deceased:
D. ALIEN'S FAMILY D	ETAILS:	
Alien is: Single [] Married [] Divorced [] Wido	wed[]
If married or previously marri	ed, please complete t	he following for each spouse:
Family Name:	First Name	Middle Name
Other Names ever used:		
Date of marriage:	City/State of	of marriage

If marriage ended, date:	City/State where ended:				
Family Name:	First Name	Middle Name			
Other Names ever used:					
Date of marriage:	City/Stat o	of marriage			
Date marriage ended:	City/Sta	ate where ended:			
Family Name:	First Name	Middle Name			
Other Names ever used:					
Date of marriage:	City/State	of marriage			
Date marriage ended:	City/Sta	ate where ended:			
Petitioner has chil	dren (please state numb	per)			
*CHILD'S Name: Soc. Sec. #:					
Birth date:	City/State of	of Birth:			
CHILD'S Name:	Soc.	Sec. #:			
Birth date:	City/State of	of Birth:			
CHILD'S Name:	Soc.	Sec. #:			
Birth date:	City/	State of Birth:			
CHILD'S Name:	Soc.	Sec. #:			
Birth date:	City/State o	of Birth:			
CHILD'S Name: Soc. Sec. #:					
	date: City/State of Birth:				

E. ALIEN'S IMMIGRATION AND CRIMINAL STATUS

Has alien ever beer	in the US? Yes [] No	[] If currently in the US, alien last arrived		
as(visitor, student, exchange student, without inspection, exchange student, e				
	(date) at	(city/state). Arrival/Departure		
Record (I-94) Num	ber:	Date Authorized stay expires:		
Visa Number	, obtained at	city, country) on		
Alien also visited the	he US: from	to		
and stayed at (full a	address)			
Has alien ever beer	under immigration proc	ceedings? Yes [] No [] Where		
Date Ex	xclusion [] Deportation	[] Judicial Proceedings [] Rescission []		
Has alien ever beer	deported from the US?	Yes [] No [] If yes, state date		
Has an Immigration	n Judge ever allowed alie	en to leave the US voluntarily, instead of		
being deported by t	the Immigration Service?	Yes [] No [] If yes, state date alien		
departed	and last US city/stat	e from which alien left		
Has alien ever beer	turned away at any US	border? Yes [] No []. If yes, state date		
, ci	ty and state where this h	appened		
Has the police [] o	r immigration service []	ever fingerprinted alien in the US or at any		
US border? Yes []	No []. If yes, provide of	date and city and state where		
this occurred				
Has alien ever faile	ed to appear for an interv	iew before the Immigration Service or a		
hearing before an I	mmigration Judge? Yes	[] No [] If yes, state date and location of		

Page Eight

interview or hearing:
Has alien ever received any public assistance? Yes [] No [] If yes, state, where, when,
amount and type of assistance and circumstances:
Amount (\$):
If alien has ever been arrested [] jailed [] convicted [] placed on probation [], state
date, why, where, final disposition of case:
If all and the second s
If alien has ever been cited by any law enforcement agency, state date, why, where, final disposition of case:
If alien has ever appeared in any court of law, state date, why, where, final disposition of case:
Has alien ever given a statement to an immigration officer, police, or any other law enforcement officer? If yes detail the circumstances:
Aliens Address Abroad:
Alien's phone number abroad:
If alien is outside the US, he/she will apply for a visa at US Consulate located in the

followin	ng city and country _						
Main ob	ejective in contacting	g this office i	.s:				
Datad:							
Dateu			Petitio	ner's Sign	ature		-
Petition	er's Phone #(s)	Pri	nt Petitio	ner's Full	Name		-
Petition	er's Full Address:						
Dated: _							_
		Al	ien's Sig	nature (if a	alien a	vailable	e)
Alien's	Phone #(s)		Pri	int Alien's	Full N	Name	_
	DE TOTAL OF THE PARTY OF THE PA	TED 10 DVO	(O GD 1 D)		D 1 1 1		
	PETTIO	NER'S BIOI	.OGRAP	HIC INFO	ORMA	TION	
1.	YOUR NAME/S	SOCIAL SEC	CURITY	NUMBER	2		
	Family Name		First	Middl	le	Social	Sec#
2.	OTHER NAME	S USED (IN	CLUDIN	G NAME	BEFC	ORE MA	ARRIAGE):
	Family Name		First	<u> </u>			Middle
3.	GENDER/DATI	E OF BIRTH	[/NATIO]	NALITY/	ALIEN	N FILE	NUMBER:
	Male/Female	Month/Da	v/Year	Nationa	ality	Alien	Number
4.	CITY AND COL		-	1 (William)	arrey	1 111011	
7.							
	City	Country	Prov	rince	Coun	ity	State
5.	MOTHER'S NA	ME(Mother	's name b	efore mar	riage i	s her fa	mily name):
	Family Name		First	Middl	le -	Socia	Sec#

Month/Day/Year	City/State	of Birth	Ci	ty/State of	of Residence
FATHER'S NAME	Ξ:				
Family Name	F	irst	Middle	Social	Sec#
FATHER'S DATE	& PLACE	OF BIRTI	H/RESIDEN	CE:	
Month/Day/Year	City/State	of Birth	Cit	y/State o	f Residenc
HUSBAND OR W	IFE (FOR W	VIFE GIV	E NAME BE	EFORE N	MARRIAG
Family Name	F	irst	Middle	Social	Sec#
HUSBAND'S OR '	WIFE'S DA	TE OF B	IRTH/PLAC	E OF BI	RTH:
Month/Day/Year of	f Birth C	City	State or Prov	ince —	Country
DATE AND PLAC	E OF MAR	RIAGE:			
Month/Day/Year of	f Marriage	City/St	ate of Marria	ge Co	untry
					Page Two
FORMER HUSBA	NDS OR W	IVES (IF	NONE, SO	STATE)	:
Family (Maiden) N	ame	First	Mid	ldle	
FORMER HUSBA	ND'S OR W	VIFE'S D	ATE/PLACE	OF BIR	TH:
Month/Day/Year of	f Birth C	City	State or Prov	ince —	Country
DATE AND PLAC	E OF MAR	RIAGE T	O FORMER	HUSBA	ND/WIFE
Month/Day/Year of	f Marriage	City/Sta	ate of Marria	ge Co	untry
DATE AND PLAC	E MARRIA	GE TERI	MINATED:		
DATE AND PLAC Month/Day/Year To		GE TERI			Country
	erminated	City/S	state		

17.	FORMER HUSBAND'S OR WIFE'S DATE/PLACE OF BIRTH:
	Month/Day/Year of Birth City State or Province Country
18.	DATE AND PLACE OF MARRIAGE TO FORMER HUSBAND/WIFE:
	Month/Day/Year of Marriage City/State of Marriage Country
19.	DATE AND PLACE MARRIAGE TERMINATED:
	Month/Day/Year Terminated City/State Country
20.	YOUR RESIDENCE LAST FIVE (5) YEARS, START WITH CURRENT
	Street, number, city, province or state, country, zip code
	From (Month/Year) To (Month/Year)
21.	Your Phone Number(s): Home: Work: Cell: Page Three YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:
	Street, number, city, province or state, country, zip code
	From (Month/Year) To (Month/Year)
22.	YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:
	Street, number, city, province or state, country, zip code
	From (Month/Year) To (Month/Year)
23.	YOUR LAST RESIDENCE OUTSIDE THE US:
	Street, number, city, province or state, country, zip code
	From (Month/Year) To (Month/Year)

24.	YOUR EMPLOYMENT LAST FIVE (5)YEARS (LIST ALL):				
	Full Name and address of employer, an	d your occupation			
	From (Month/Year) To	_(Month/Year)			
25.	YOUR EMPLOYMENT LAST FIVE (5)YEARS (CONTINUED):			
	Full Name and address of employer, an	d your occupation			
	From (Month/Year) To	_(Month/Year)			
26.	YOUR LAST OCCUPATION ABROA	AD IF NOT ALREADY STATED:			
	(Full Name and address of employer, and	nd your occupation/job title)			
	From (Month/Year) To	_(Month/Year)			
Today'	's Date: Your Sign BENEFICIARY'S BIOIOGRAP	ature:			
1.	YOUR NAME/SOCIAL SECURITY N	NUMBER			
	Family Name First	Middle Social Sec #			
2.	OTHER NAMES USED (INCLUDING	G NAME BEFORE MARRIAGE):			
	Family Name First	Middle			
3.	GENDER/DATE OF BIRTH/NATION	ALITY/ALIEN FILE NUMBER:			
	Male/Female Month/Day/Year	Nationality Alien Number			
4.	CITY AND COUNTRY OF BIRTH:				
	City Country Provi	nce County State			
5.	MOTHER'S NAME(Mother's name be	efore marriage is her family name):			
	Family Name First	Middle Social Sec #			

	City/State	of Birth	Ci	ty/State of R	esiden
FATHER'S NAME:	· ·				
Family Name	– <u>– F</u> i	irst	Middle	Social Sec	#
FATHER'S DATE	& PLACE (OF BIRTH	I/RESIDEN	CE:	
Month/Day/Year	City/State	of Birth	Cit	cy/State of Re	esidenc
HUSBAND OR WI	FE (FOR W	IFE GIVE	E NAME BI	EFORE MAF	RRIAC
Family Name	– <u>— F</u> i	irst	Middle	Social Sec	= #
HUSBAND'S OR V	VIFE'S DA	TE OF BI	RTH/PLAC	E OF BIRTH	I :
Month/Day/Year of	Birth C	ity S	State or Prov	vince Co	untry
DATE AND PLACE	E OF MAR	RIAGE:			
Month/Day/Year of	Marriage	City/Sta	te of Marria	nge Countr	v
J	S	J			ge Tw
				ı a	gc 1 w
	IDC OD W	IVES (IF 1	NONE SO	CTATE).	
FORMER HUSBAN	NDS OR W.	(1	NOILE, 50	STATE J.	
		First		ddle	
Family (Maiden) Na	ıme	First	Mic	ldle	:
Family (Maiden) Na	nme ND'S OR W	First /IFE'S DA	Mic	ddle E OF BIRTH	: ountry
Family (Maiden) Na FORMER HUSBAN Month/Day/Year of	ND'S OR W Birth C	First /IFE'S DA	MicaTE/PLACE	ddle E OF BIRTH vince Co	ountry
FORMER HUSBAN Family (Maiden) Na FORMER HUSBAN Month/Day/Year of DATE AND PLACE Month/Day/Year of	nme ND'S OR W Birth C E OF MAR	First /IFE'S DA ity S	MicaTE/PLACE	ddle E OF BIRTH vince Co	ountry /WIFI
Family (Maiden) Na FORMER HUSBAN Month/Day/Year of DATE AND PLACE Month/Day/Year of	nme ND'S OR W Birth C E OF MARI Marriage	First /IFE'S DA ity S RIAGE TO City/Sta	MicaTE/PLACE State or Providence D FORMER te of Marria	ddle E OF BIRTH vince Co	ountry /WIFI
Family (Maiden) Na FORMER HUSBAN Month/Day/Year of DATE AND PLACE	To the state of th	First /IFE'S DA ity S RIAGE TO City/Sta	MicaTE/PLACE State or Providence D FORMER te of Marria	ddle E OF BIRTH vince Co	ountry /WIFI y
Family (Maiden) Na FORMER HUSBAN Month/Day/Year of DATE AND PLACE Month/Day/Year of DATE AND PLACE	Birth C E OF MARI Marriage E MARRIA	First /IFE'S DA ity S RIAGE TO City/Sta GE TERM City/St	Micate or Provident of Marria MINATED:	ddle E OF BIRTH vince Co HUSBAND age Countr Cour	ountry /WIFF y

	Month/Day/Year of Birth City State or Province Country				
18.	DATE AND PLACE OF MARRIAGE TO FORMER HUSBAND/WIFE:				
	Month/Day/Year of Marriage City/State of Marriage Country				
19.	DATE AND PLACE MARRIAGE TERMINATED:				
	Month/Day/Year Terminated City/State Country				
20.	YOUR RESIDENCE LAST FIVE (5) YEARS, START WITH CURRENT				
	Street, number, city, province or state, country, zip code				
	From (Month/Year) To (Month/Year)				
	Your Phone Number(s): Home: Work: Cell: Page Three				
21.					
21.	Page Three				
21.	Page Three YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:				
21.	Page Three YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED: Street, number, city, province or state, country, zip code				
	Page Three YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED: Street, number, city, province or state, country, zip code From (Month/Year) To (Month/Year)				
	Page Three YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED: Street, number, city, province or state, country, zip code From (Month/Year) To (Month/Year) YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED:				
	Page Three YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED: Street, number, city, province or state, country, zip code From (Month/Year) To (Month/Year) YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED: Street, number, city, province or state, country, zip code				
22.	Page Three YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED: Street, number, city, province or state, country, zip code From (Month/Year) To (Month/Year) YOUR RESIDENCE LAST FIVE (5) YEARS, CONTINUED: Street, number, city, province or state, country, zip code From (Month/Year) To (Month/Year)				

	Full Name and address of employer, and your occupation
	From (Month/Year) To (Month/Year)
25.	YOUR EMPLOYMENT LAST FIVE (5)YEARS (CONTINUED):
	Full Name and address of employer, and your occupation
	From (Month/Year) To (Month/Year)
26.	YOUR LAST OCCUPATION ABROAD IF NOT ALREADY STATED
	(Full Name and address of employer, and your occupation/job title)
	From (Month/Year) To (Month/Year)
	Date: Your Signature: