## QUESTIONNAIRE-BACKGROUND

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; print or write clearly. Write N/A if a question does not apply.

## I. INFORMATION ON PETITIONER

A. <b>GENERAL</b>		
Family Name:	First Name:	Middle Name:
Other Names ever used (	e.g., maiden name):	
Social Security #:	Alien Reg	istration Number:
Sex: Male [ ] Female	[ ] Height:	Weight:
Hair color:	Color of Eyes:	Citizen of:
Date of birth:	City/Town of bir	th:
Province/State in which	born:	Country of birth:
B. EMPLOYMENT	:	
Petitioner's employer's 1	name and address:	
	Salary/wages:	Works Hours per week
C. INFORMATIO	N ON PETITIONER'S	PARENTS
Father: Family Name:		First Name
Middle Name:	Father was born at	
on (Date)	Father's full currer	(City, state/ country)
	, or if decea	sed, date of death is
Mother: Family Name:		First Name:

Middle Name:	Mother was born at	
		(City, state/ country)
on (Date)	Mother's full current	address is
	, or if dece	eased, date of death is
D. <b>PETITIONER'S</b> I	FAMILY DETAILS	
Petitioner is: Single [ ] Ma	rried [ ] Divorced [ ] V	Widowed [ ]
If married or previously ma	arried, please complete	the 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:	City/s	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	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 chi	ldren (please state numb	per)
*CHILD'S Name:	Soc	e. 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	s/her address is
*	
E. <b>PETITIONER'S STATU</b>	JS/SUPPORT INFORMATION
If Petitioner is a US citizen, citize	enship was acquired via (check one): Birth in US [ ]
Naturalized [ ] on at city/	/state naturalization certificate #:
Parents [ ] (provide certificate of	citizenship if one has been obtained)
	ent, he/she became a permanent resident on day at (city) state)
Petitioner gained permanent resid	ent status through: Marriage to a US citizen or
Permanent Resident. Yes [ ]; Em	ployment [ ]; Asylum/Refugee [ ]; Other (state)
Number of persons related to Peti	tioner by birth, marriage, or adoption) living in
Petitioner's residence, including F	Octitioner but evaluding alien and hig/her shildren is

# Page Four

Number of persons who are o	otherwise dependent o	n petitioner, as clair	ned in his/her most
recent tax return was	. Most recent tax year	is and tota	al household
income on the return was	Petitioner fi	led a joint [ ] indivi	idual [ ] tax return.
Number of immigrants not li	ving in petitioner's ho	usehold whom petit	ioner is obligated
to support under a previously	signed affidavit of su	pport (Form I-864)	is:
If alien is your spouse, you b	oth last lived together	at (address)	
		from	(Month and
Year) to(Mon	th and Year.)		
If you have ever filed an imn	nigration petition for the	his or any other alie	n before, give
alien's name, date and place	of filing, and result		
П.	INFORMATION O	N ALIEN	
A. GENERAL			
Family Name:	_ First Name:	Middle Nan	ne:
Other Names ever used, inclu	uding before marriage	:	
Social Security #:	Alien Regis	tration Number:	
Sex: Male [ ] Female [ ]			
Hair color: Colo			
Date of birth:			
Province/State in which born	•	_ Country of offth	

# B. **EMPLOYMENT**

Employer's name and add	Iress:	
Position:	Salary:	# Hours worked per week:
C. ALIEN'S PARE	NTS	
Father: Family Name:		First Name
Middle Name:	Father was be	orn at(City, state country)
on (Date)	Father's full curr	rent address is
_	, or if dece	eased, date of death is
<b>Mother:</b> Family Name: _		First Name:
Middle Name:on (Date)	Mother was bo	orn at,  (City, state, country) 's full current address is
	, or, if	deceased, date deceased:
D. ALIEN'S FAMII	LY DETAILS	
Alien is: Single [ ] Marri	ed[] Divorced[] W	idowed [ ]
If married or previously n	narried, please comple	ete the following for each spouse:
Family Name:	First Name	Middle Name
Other Names ever used: _		
Date of marriage:	City/Sta	ate of marriage
If marriage ended, date: _	Ci	ty/State where ended:
Family Name:	First Name	Middle Name
Other Names ever used:		

Date of marriage:	City/Stat of marriage		
Date marriage ended:	City/St	ate where ended:	
Family Name:	First Name	Middle Name	
Other Names ever used:			
Date of marriage:	City/State	of marriage	
Date marriage ended:	City/St	ate where ended:	
Petitioner has chi	ldren (please state num	ber)	
*CHILD'S Name:	So	c. 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 y	ou, his/her address is _		
E. ALIEN'S IMMIGRA	TION AND CRIMINA	L STATUS	
Has alien ever been in the U	US? Yes [ ] No [ ] If	currently in the US, alien last arrived	

as	( visitor, student, ex	change student, without inspection, etc), on
	(date) at	(city/state). Arrival/Departure
Record (I-94) Num	iber:	Date Authorized stay expires:
Visa Number	, obtained at	city, country) on
Alien also visited t	he US: from	to
and stayed at (full	address)	
Has alien ever been	n under immigration proc	eedings? Yes [ ] No [ ] Where
Date E	xclusion [ ] Deportation	[ ] Judicial Proceedings [ ] Rescission [ ]
Has alien ever been	n deported from the US?	Yes [ ] No [ ] If yes, state date
Has an Immigratio	n Judge ever allowed alie	n to leave the US voluntarily, instead of
being deported by	the Immigration Service?	Yes [ ] No [ ] If yes, state date alien
departed	and last US city/state	e from which alien left
Has alien ever been	n turned away at any US	border? Yes [ ] No [ ]. If yes, state date
, c	ity and state where this ha	appened
Has the police [] o	or immigration service []	ever fingerprinted alien in the US or at any
US border? Yes [	] No [ ]. If yes, provide d	late and city and state where
this occurred		
Has alien ever faile	ed to appear for an intervi	ew before the Immigration Service or a
hearing before an I	mmigration Judge? Yes [	] No [ ] If yes, state date and location of
interview or hearin	g:	

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 alien has ever been cited by any law enforcement officer or 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 and provide the dates and location.
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
following city and country
Main objective in contacting this office is:

This office should also know th	e following:	
		Page nine
Everything stated in this question	onnaire is true.	
Dated:	Petitioner's Signature	
Petitioner's Phone #(s)	Print Petitioner's Full Name	
Petitioner's Full Address:		
Dated:	Alien's Signature (if alien available)	
Alien's Phone #(s)	Print Alien's Full Name	

#### PETITIONER'S BIOIOGRAPHIC INFORMATION 1. YOUR NAME/SOCIAL SECURITY NUMBER Family Name First Middle Social Sec # 2. OTHER NAMES USED (INCLUDING NAME BEFORE MARRIAGE): Family Name First Middle 3. GENDER/DATE OF BIRTH/NATIONALITY/ALIEN FILE NUMBER: Male/Female Month/Day/Year Nationality Alien Number 4. CITY AND COUNTRY OF BIRTH: Country Province County State City 5. MOTHER'S NAME(Mother's name before marriage is her family name): Family Name Social Sec # Middle First 6. MOTHER'S DATE & PLACE OF BIRTH/RESIDENCE: City/State of Residence Month/Day/Year City/State of Birth 7. FATHER'S NAME: Social Sec # Family Name First Middle 8. FATHER'S DATE & PLACE OF BIRTH/RESIDENCE: Month/Day/Year City/State of Birth City/State of Residence 9. HUSBAND OR WIFE (FOR WIFE GIVE NAME BEFORE MARRIAGE): Social Sec # Family Name First Middle

Month/Day/Year of Birth	City	State or Province	Count
DATE AND PLACE OF MA	ARRIAGE:		
Month/Day/Year of Marriage	e City/S	tate of Marriage	Country
			Page 7
FORMER HUSBANDS OR	WIVES (IF	F NONE, SO STA	TE ):
Family (Maiden) Name	First	Middle	
FORMER HUSBAND'S OR	WIFE'S D	OATE/PLACE OF	BIRTH:
Month/Day/Year of Birth	City	State or Province	Count
DATE AND PLACE OF MA	ARRIAGE T	ГО FORMER HU	SBAND/W
Month/Day/Year of Marriage	e City/S	tate of Marriage	Country
DATE AND PLACE MARR	IAGE TER	MINATED:	
Month/Day/Year Terminated	City/	State	Country
OTHER FORMER HUSBAN	-	IVES (IF NONE,	SO STATE
Family (Maiden) Name	First	Middle	_
FORMER HUSBAND'S OR			BIRTH.
Month/Day/Year of Birth			
•	•		
DATE AND PLACE OF MA			
Month/Day/Year of Marriage	e City/S	tate of Marriage	Country
DATE AND PLACE MARR	IAGE TER	MINATED:	
Diffe in Die Lieb william			

YOUR RESIDENCE LAST FIVE (5) YEARS, START WITH CURRENT:

20.

	From (Month/Voor) To (Month/Voor)
	From (Month/Year) To (Month/Year)
	Your Phone Number(s): Home: Work: Cel
	Page Th
21.	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)
4.	YOUR EMPLOYMENT LAST FIVE (5)YEARS (LIST ALL):
	Full Name and address of employer, and your occupation
	From (Month/Year) To (Month/Year)
25.	YOUR EMPLOYMENT LAST FIVE (5)YEARS (CONTINUE
	Full Name and address of employer, and your occupation
	From (Month/Year) To (Month/Year)

(Full Name	and addres	s of employer, a	and your occuj	pation/job title)
From	_ (Month/	Year) To	(Month/Ye	ar)
y's Date:		Your Sig	nature:	
BENI	EFICIARY	'S BIOIOGRAI	PHIC INFORM	MATION
YOUR NAM	ME/SOCIA	L SECURITY	NUMBER	
Family Na	me	First	Middle	Social Sec #
OTHER NA	MES USE	ED (INCLUDIN	G NAME BEI	FORE MARRIAG
Family Nan	ne	First		Middle
GENDER/E	OATE OF I	BIRTH/NATIO	NALITY/ALII	EN FILE NUMBE
Male/Femal	e Mor	nth/Day/Year	Nationality Nationality	Alien Number
CITY AND		Y OF BIRTH:	, and the second	
City	Cou	ntry Prov	ince Co	unty State
MOTHER'S	S NAME (1	Mother's name l	pefore marriag	e is her family nar
Family Na	me	First	Middle	Social Sec #
MOTHER'S	S DATE &	PLACE OF BI	RTH/RESIDE	NCE:
Month/Day/	Year (	City/State of Bir	th C	City/State of Reside
FATHER'S	NAME:			
Family Na	me	First	Middle	Social Sec #
FATHER'S	DATE & 1	PLACE OF BIR	TH/RESIDEN	NCE:
Month/Day/	Year (	City/State of Bir	th C	ity/State of Reside
HUSBAND	OR WIFE	(FOR WIFE G	IVE NAME B	EFORE MARRIA
		`		

Month/Day/Year of Birth	City	State or Province	Country
DATE AND PLACE OF N	MARRIAGE	Ξ:	
Month/Day/Year of Marria	ige City	/State of Marriage	Country
			Page Tw
FORMER HUSBANDS O	R WIVES (	IF NONE, SO STA	TE ):
Family (Maiden) Name	First	Middle	
FORMER HUSBAND'S C	OR WIFE'S	DATE/PLACE OF	BIRTH:
Month/Day/Year of Birth	City	State or Province	Country
DATE AND PLACE OF N	AADDIACI		SBAND/WIF
DATE AND PLACE OF N	IAKKIAGI	E TO FORMER HU	SDAND/WIF
Month/Day/Year of Marria		E TO FORMER HU  /State of Marriage	Country
	nge City	/State of Marriage	
Month/Day/Year of Marria	nge City,	/State of Marriage	
Month/Day/Year of Marria DATE AND PLACE MAR Month/Day/Year Terminat	RRIAGE TE	/State of Marriage ERMINATED:  y/State	Country
Month/Day/Year of Marria DATE AND PLACE MAR	RRIAGE TE	/State of Marriage ERMINATED:  y/State  WIVES (IF NONE,	Country
Month/Day/Year of Marria DATE AND PLACE MAR Month/Day/Year Terminat OTHER FORMER HUSB. Family (Maiden) Name	RRIAGE TE  red City  ANDS OR  First	/State of Marriage ERMINATED:  y/State  WIVES (IF NONE,  Middle	Country  Country  SO STATE ):
Month/Day/Year of Marria DATE AND PLACE MAR Month/Day/Year Terminat OTHER FORMER HUSBA	RRIAGE TE  red City  ANDS OR  First	/State of Marriage ERMINATED:  y/State  WIVES (IF NONE,  Middle	Country  Country  SO STATE ):  BIRTH:
Month/Day/Year of Marria DATE AND PLACE MAR Month/Day/Year Terminat OTHER FORMER HUSBA Family (Maiden) Name FORMER HUSBAND'S C	RRIAGE TE  Ted City  ANDS OR  First  OR WIFE'S  City	/State of Marriage ERMINATED:  y/State  WIVES (IF NONE,  Middle  DATE/PLACE OF  State or Province	Country  SO STATE ):  BIRTH:  Country
Month/Day/Year of Marria DATE AND PLACE MAR Month/Day/Year Terminat OTHER FORMER HUSB. Family (Maiden) Name FORMER HUSBAND'S O Month/Day/Year of Birth	RRIAGE TE  Red City  ANDS OR  First  OR WIFE'S  City  MARRIAGE	/State of Marriage ERMINATED:  y/State  WIVES (IF NONE,  Middle  DATE/PLACE OF  State or Province	Country  SO STATE ):  BIRTH:  Country
Month/Day/Year of Marria DATE AND PLACE MAR Month/Day/Year Terminat OTHER FORMER HUSB. Family (Maiden) Name FORMER HUSBAND'S O Month/Day/Year of Birth DATE AND PLACE OF N	RRIAGE TE  Ted City  ANDS OR  First  OR WIFE'S  City  MARRIAGE  THE COLUMN TERM TO THE COLUMN TERM TERM TERM TERM TERM TERM TERM TERM	/State of Marriage ERMINATED:  y/State  WIVES (IF NONE,  Middle  DATE/PLACE OF  State or Province E TO FORMER HU	Country  Country  SO STATE ):  BIRTH: Country  SBAND/WIF

	From (M	onth/Year) To	(Month/Year)	
	(	, <u> </u>		
	Your Phone Numb	per(s): Home:	Work:	Cell:
				Page Thre
21.	YOUR RESIDE	NCE LAST FIVE (	5) YEARS, CONTI	NUED:
	Street, number, c	ity, province or stat	te, country, zip code	
	From (M	onth/Year) To	(Month/Year)	
22.	YOUR RESIDE	NCE LAST FIVE (	5) YEARS, CONTI	NUED:
	Street, number, c	ity, province or stat	te, country, zip code	
F	From (M	onth/Year) To	(Month/Year)	
23.	YOUR LAST RI	ESIDENCE OUTSI	DE THE US:	
	Street, number, c	ity, province or stat	te, country, zip code	
	From (M	onth/Year) To	(Month/Year)	
4.	YOUR EMPLOY	YMENT LAST FIV	E (5)YEARS (LIST	ALL):
	Full Name and a	ddress of employer,	and your occupation	on
	From (M	onth/Year) To	(Month/Year)	
5.	YOUR EMPLOY	YMENT LAST FIV	E (5)YEARS (CON	ITINUED
	Full Name and a	ddress of employer,	and your occupation	on
	From (M	onth/Year) To	(Month/Year)	

26.	YOUR LAST OCCUPATION ABROAD IF NOT ALREADY STATED:				
	(Full Name and address of employer, and your <b>occupation/job title)</b>				
	From (Month/Year) To (Month/Year)				
Today's I	rate: Your Signature:				