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LL.M. LAW GROUP IMMIGRATION QUESTIONNAIRE

FOR U.S. CITIZENS AND/OR PERMANENT RESIDENTS SPONSORS ONLY

In order to better assist you with your immigration needs, please complete the following

Immigration Questionnaire in full and send it to our office. You may submit the form via e-mail

to immigration@llmlaw.com or via facsimile or by U.S. post at the number or address listed

below. Any information obtained from this questionnaire will be kept completely confidential.

It is very important that you fully complete the Immigration Questionnaire. The

information contained in the form should be about the person who is seeking a temporary visa,

permanent residence, citizenship, or any other immigration benefit. If you are an employer

seeking to sponsor one or more employees, a separate questionnaire should also be completed for

each employee you plan to file an immigration petition. You should also complete the

Immigration Questionnaire for Employers. If you are a citizen or permanent resident seeking to

help a relative immigrate to the United States, a separate questionnaire should be completed by

both you and your relative. If you are a student or exchange visitor, please include information

about your host educational institution or program. If you are looking to invest in the United

States, please complete the Immigration Questionnaire for Investors.

If you need additional space, please attach additional pages. If no response applies,

please write or type "N/A" or "None" in the space provided. If you do not understand a

question, please state so in the space provided for your response. Please include copies of all

supporting documents, such as your passport, visa, front and back of your I-94 card, and your

permanent residency card and employment authorization document if applicable.

LL.M. Law Group 53 W. Jackson Boulevard Suite 525

Part A. Personal Inform	ation	 l					
1. Current legal name							
First name	Middle name		Fami	ily name			
					•		
2. Other name used (including	g maid	en name)					
3. Date of birth	. Date of birth Month Day					Year	
4. Nationality 5. Citizenship (country)							
6. Place of birth							
Town	Provi	ince/State			Country		
7. Gender (M/F)							
8. U.S. Social Security Numb		ıny)					
9. Alien Registration Number							
10. Home phone							
11. Business phone				mail a			
13. Fax number			14. Ce	ell/Alte	ernative phor	ne	
15. Current residence address							
					Zip		
16. Mailing address (if different	nt fron	m above)					
					T		
Zip							
17. Business address							
					T		
					Zip		
19. Present occupation (please	e circle	e): employ	yed	studen	t retired	unemployed	other
If "other" please explain:							
				• . •		~ .	
Part B. Information Abo	out S	ponsor (or Peti	itione	er of a Per	son Seeking	
Immigration Benefits.							
1. I am sponsoring (husband,		parent, bro	other, si	ster, cl	hild):		
2. Are you related by adoption?							
3. Did you gain permanent residence through adoption?							
4. Has your relative ever been	in the	: United S	tates?				
5. Is your relative currently in the United States?							
6. Are you applying for an advance parole document for a person who is outside the U.S.?							
7. Will your relative apply for adjustment of status?							
8. Address in the U.S. where your relative intends to live:							

9. If you are a U.S. citizen, ho	w did	you acqui	re your	citiz	zer	nship (birth	in the U.S., na	turalization,
parents)?			-					
10. Have you obtained a certif	ficate	of citizens	hip in y	our	na	me?		
Certificate number								
11. If you are a lawful permar	nent re	sident alie	n, com	plete	e th	ne following	•	
Date and place of admission f	or or a	djustment	to law	ful p	eri	manent resid	dence and class	s of
admission.								
12. How did you gain perman	ent res	sident statı	us (Mar	riage	e t	o a U.S. citi	zen or lawful p	permanent
resident, through adoption)?								
13. If filing for your husband	or wif	e, provide	last ad	dress	s a	t which you	lived together	
Street address, unit number, c	ity, sta	ate/provinc	ce, zip,	cour	ntr	y	From	То
							(mm/year)	(mm/year)
14. Have you ever filed a peti-	tion fo	or this or a	ny fore	ign n	nat	ional before	?	
If you answered "Yes" to the	above	question p	orovide	the 1	fol	lowing: nan	ne, place, date	of filing,
results:								
15. Have you, or any person y	ou are	e sponsorir	ng, now	or e	eve	er been unde	r exclusion/de	portation,
	removal, recission or judicial proceedings?							
If "Yes" Name of DHS office: Date:								
16. If you applying for an adv								
who is outside the United Stat	tes, pro	ovide the f	following	ng in	ifo	rmation abo	ut this person:	
Current legal name (as shown on the passport or I-94 departure card):								
First name	M	Iiddle nam	ne		Fa	mily name		
17. Date of birth	M	Ionth			Da	ay	Yea	r
18. Country			19	O. Ci	tiz	enship		
20. Current address								
21. Date of intended departure	e (mon	ith, day, yo	ear)					
22. Expected length of trip								
*Please note that a relative you are sponsoring should complete a separate questionnaire.								
Part C. Sponsor Family	Info	rmation						
1. Name of Father:								
First name Middle name Family name								
2. Father's date of birth	Month		Day			Year		
3. Father's place of birth								
Town	Prov	ince/State				Country		
4. Father's current residence a	address	s:						
City			Count	ry				

5. Is Father deceased?		6. If yes, what year?							
7. Name of Mother:									
First name		Middle name	Family na	ame	Maiden Name				
8. Mother's date of bi	rth	Month	Day		Year				
9. Mother's place of b	irth:								
Town		Province/State	Country						
10. Mother's current residence address:									
City			Country						
11. Is Mother decease	d?		12. If yes, w	hat ye	ar?				
13. Were any of your	grandpa	arents born in the	e United State	es?					
14. If yes, where?									
15. Household size (In	nclude p	persons related to	you by birth	, marr	iage or adoption living in your				
residence including yo	ourself.	Do NOT include	e persons beir	ng spoi	nsored.)				
16. Number of immig	rants be	ing currently spe	onsored by yo	u					
17. Number of immig	rants N	OT living in you	r household v	vhom	you are obligated to support				
18. Number of depend	lents as	claimed on your	r most recent	tax ret	urn				
19. If you previously	have su	bmitted separate	petition(s) fo	r othe	r immigrant(s), give names of				
each and relationship:									
Part D. Sponsor N	Aarita	l Information	1						
1. Marital status- M/V	V/D/SP/	'S							
2. Date and place of p									
3. Number of times of	marrie	d, including this	marriage						
4. Spouse's name									
First name	Middle	e name	Family name		Maiden name				
5. Spouse's date of bir	rth	Month	Day		Year				
6. Spouse's place of b		•	, ,		·				
Town		Province/State		Cou	ntry				
7. Nationality			8. Citizenship (country)						
9. Spouse's U.S. Social Security Number									
10. Place of present m		•							
11. Former Spouse (1)									
First name Middle name			Family name Ma		Maiden name				
Tribuit iuiit			<i>y</i>						
Former spouse's date	of birth		<u> </u>		1				
Month	Day		Year						

Date/Place of terminatio	n of marriage or	death						
11. Former Spouse (2)								
First name	Middle name		Fami	ly nam	ne		Maic	len name
Former spouse's date of	birth							
Month	Day			Ye	ear			
Former spouse's citizens	ship							
Date/Place of terminatio	n of marriage or	death						
Part E. Sponsor's P	rior Residenc	ee						
1. Residences last 5 year	rs (Present addre	ss first):						
Street address, unit num	ber, city, state/pr	ovince, z	ip, cou	ıntry	From	(mm/y	ear)	To (mm/year)
2. Last residence outside	U.S. of more th	an one ye	ear:				•	
Street address, unit num	ber, city, state/pr	ovince, z	ip, cou	ıntry	From	(mm/y	ear)	To (mm/year)
	•					-		
Part F. Sponsor's E	mployment							
1. Current occupation								
2. Employment last five	years. Present e	mploymo	ent fir	st. (Al	so list i	f you a	re self	E-employed,
unemployed or retired):		1						
Name, Address, Telepho	one number,	Occupa	tion	Ann		Fre		То
Supervisor's Name				Salar	-	(mm/	year)	(mm/year)
				hou	rly			
				waş	ge			
								1
2 21 1 1				<i>~</i> .				
3. Show below last occupation abroad if not listed above. (Include all information requested above):								
/								
		ı	<u> </u>		I			•

Part G. Information on the I	mmigra	nt(s) v	ou ai	re spo	nsori	ng		
☐ I am sponsoring a relative:	 _	<u> </u>						
☐ I am filing an alien worker petition	on for:							
☐ I am a joint sponsor	011 101.							
☐ Other:								
1. Current legal name of the immigration	rant you a	re spons	soring					
First name	Middle			ily nan	ne			
2. Other name used (including maid	len name)							
, , , , , , , , , , , , , , , , , , ,								
3. Date of birth	Month		Day			Yea	ır	
4. Nationality	•	5. Citi	zenshi	ip (cou	ntry)	•		
6. Place of birth				• `	•			
Town Prov	ince/State	.		Cour	ntry			
7. Gender (M/F)								
8. U.S. Social Security Number (if	any)							
9. Alien Registration Number								
10. Current residence address (City	State/Co	untry. Z	ip cod	le)				
	,							
				Zip				
11. Address abroad (include street,	city, prov	ince and	d coun					
	- · J) I - · ·			· <i>J)</i>				
				Zip				
12. Date and Place of Present Marri	iage (if ma	arried)						
13. Names of prior husband(s)/wife			Date	s) mar	riage(s) ende	ed	
r	13. Names of prior husband(s)/wife(s) 14. Date(s) marriage(s) ended							
15. List any spouse and/or children	immigrati	ing with	the in	nmigra	nt nam	ned ab	ove:	
Name								SS#
sponsored (if (if any)								
immigrant any)								
16. If immigrant you are sponsoring	is curren	tly in th	e U.S.	, com	olete th	e follo	owing:	II.
a. He or she arrived as a		J		, 1			C	
□ visitor □ student □ stowaway □ without inspection □ other:								
b. Arrival/Departure Record (I-94):								
c. Date arrived:								
d. Date authorized stay expired, or will expire, as shown on form I-94 or I-95:								

20. Name and address of preser	nt employer (if any):	
Date this employment began:		
Part H. Immigration issu	es	
How can the LL.M. Law Gro	oup assist you?	
☐ Travel Document	•	
☐ Employment Authorization (Card	
☐ Adjustment of Status/Status		
□ Work Visa		
☐ Student Visa		
☐ Investor Visa		
□ Naturalization		
Other, please specify:		
	upporting documents, such as you	
	anent residency card, visa, passpo	
authorization document, if appl	licable, by mail or at the time of c	consultation.
that all of the information con	ntained in this Questionnaire is be truthful in all future exchan	nail without signature, I certify true and correct to the best of iges with the LL.M. Law Group
Print name	Signature	Date