



Prospective Immigration Client Information Sheet

Today's Date: _____ Referred By: _____

All information provided on this sheet and during the consultation is confidential pursuant to Rule 4-1.6 of the Florida Rules of Professional Conduct.

Last Name: _____ First Name: _____ Middle Name: _____

Other names or aliases used: _____

Street Address: _____ Apt/Suite#: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Languages spoken: _____

Emergency contact (name and phone): _____

Employer Name: _____ Work Phone #: _____

E-mail Address: _____

Social Security Number: _____ Alien No. _____

Date of Birth: _____ Place of Birth (City, Province, Country): _____

Date of Last Entry in U.S.: _____ Place of Entry in the U.S. (City & State): _____

Manner of Entry in the U.S. (Tourist, Student, Visa Waiver, No Visa) _____

Please list any other dates of entry into the U.S.: _____

REASON FOR CONSULTATION:

How many times have you been married: _____

Current Marital Status: Single:_____ Married: _____ Divorced: _____ Widowed:_____

Please list each spouse, with their full legal names, date of birth, place of birth, dates of marriage, and date of divorce/death:

Please list all biological children, with their full legal names, date of birth, and place of birth:

Education: (Please Check Your Highest Level, and if you did not graduate from high school, put your highest grade that you finished):

None: _____ Grade School: _____ High School: _____

College (Undergraduate): _____ Master: _____ Doctorate: _____

Do you have any relatives in the United States? Yes: _____ No: _____

If yes, please list their name, relationship and immigrations status: _____

Have you ever had any interaction with law enforcement anywhere in the world.? Yes: _____ No: _____

If yes, please list and explain: _____

Do you fear returning to your home country? Yes: _____ No: _____

If yes, please explain: _____

Have you, or your family, been persecuted in the past? Yes: _____ No: _____

If yes, please explain: _____

Are you currently, or have you ever been in Exclusion/Removal/Deportation proceedings?

Yes: _____ No: _____

If yes, please explain: _____

Have you ever received government benefits? Yes: _____ No: _____
If yes, please explain: _____

Do you have a family member or employer who is will to sponsor? Yes: _____ No: _____
If yes, please list their name, relationship and immigration status: _____

Do you currently have **ANY** immigration deadlines? Yes: _____ No: _____
If yes, please list the nature of the deadline and the date: _____

Have you ever or anyone in your household ever received any means tested benefit or assistance from the state, local, or federal government? Yes: _____ No: _____
If yes, please explain: _____

If you are not a United States citizen, have you ever registered to vote in the United States?
Yes: _____ No: _____

If you are not a United States citizen, have you ever voted in any election in the United States?
Yes: _____ No: _____

Do you have medical insurance?
Yes: _____ No: _____

If yes, please provide the name of the company, the date the coverage will expire, and your monthly insurance cost?

Have you ever been denied a visa to enter the United States? If yes, please explain.
Yes: _____ No: _____

Have you every lied, or misrepresented a fact to a US immigration official? If yes, please explain.
Yes: _____ No: _____

Please list any other important facts that you think the attorney should know before the consultation:

PLEASE READ AND SIGN BELOW BEFORE RETURNING

The information you provide in this questionnaire will be relied upon by me in making recommendations concerning your immigration matters. If the information given is either incorrect or incomplete, those recommendations may be inappropriate, or worse, harmful. I, therefore, rely upon you to take the necessary time and diligence to provide me with data which can and will be used by me in helping you meet your objectives. I cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete data.

You understand that unless and until all parties sign a retainer agreement, I do not represent you with your immigration matters and there is no attorney relationship. However, as stated at the top of this intake form, any information provided on this sheet or discussed within this meeting is confidential.

This information provided in this form is true and accurate to the best of my knowledge as of this _____ day of _____, 2021.

Signature

SORIA LAW - COVID COMMUNICATION POLICY

Since March 25, 2020, Soria Law has been operating from my home office, with the physical office closed to the public. This means that most of my communication will be by email and text messaging, with phone calls being scheduled ahead of time. At this point in time, I am not conducting any in-person meetings, and do not anticipate doing so for the foreseeable future. Documents or information requested should be provided through email, or alternatively mailed to, or dropped through, the mail slot at physical office. The physical location for the office is 1300 N. Federal Highway, Suite 208, Boca Raton, FL 33432. I will not accept physical copies of items at my home through mail or hand-delivery.

USCIS is accepting scanned signatures at this time. Therefore, all forms will be signed and either scanned and emailed to me; or physically returned through the procedure above. If I am not immediately available, I will respond to all emails, texts, or calls within 24 hours, if made during business hours Monday through Thursday between the hours of 9:00 a.m. and 5:00 p.m. Inquiries made on Friday, may be returned on the following Monday. Please sign below to acknowledge your receipt and understanding of this policy.

Signature