

The A.D.I.L.A. Law Group

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CONSULTATION INTAKE FORM

\$ 300.00 **CONSULTATION FEE** **DATE** _____

1. Complete Name (<i>Last, First, Middle</i>)			
2. CURRENT ADDRESS	<i>C/O (in care of)</i>	Street Number & Name	
Apt.	City	State	Zip
3. Home Phone	4. Work Phone	5. Date of Birth	6. City & Country of Birth
7. Referred By	8. Entry into the U.S. Inspected <input type="checkbox"/> Not Inspected <input type="checkbox"/>	9. Passport Number	10. Passport Valid Until
11. Type of Visa Issued (<i>if any</i>)	12. Date of Entry	13. Date Authorized Stay Expires (<i>on 1-94</i>)	
14. Have you had any previous problems with an immigration service? Please describe.			
15. Have you or anyone else filed an application or petition on your behalf at the Immigration Service or Department of Labor? If "Yes", please explain.			
16. Your Spouse's Name (<i>Last, First, Middle, Maiden</i>)	17. Spouse's Immigration Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Specify) _____		
18. Do you have other relatives that are U.S. Citizens or Permanent Residents? If "Yes", please list relatives. <input type="checkbox"/> Yes <input type="checkbox"/> No	Name:		
	Relationship:		
	Status:		
	Date of Birth:		
Name:	Name:		
Relationship:	Relationship:		
Status:	Status:		
Date of Birth:	Date of Birth:		

19. Name of Employer	20. Employer's Address:	
21. Employer's Phone Number	22. How long with employer?	23. Number of years in field

24. List Degrees and Colleges/Universities Where Obtained	
1) Degree	College/University
2) Degree	College/University
3) Degree	College/University

25. List any special training you have received in the past.
26. Have you, your spouse or any of your children ever been arrested, convicted or confined in a prison in the United States or anywhere else in the world? If "Yes", please explain.