

IMMIGRATION SERVICES

Client Intake Form

The information you are providing on this form is confidential and is only used for our office purposes.

Return Form to yamil@divorceinfloridaonline.com

Part A.

Today's date:

_____ Last Name (use complete name)	_____ First Name (use complete name)
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_____ Address	_____ City	_____ State	_____ Zip code
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(____) _____ Telephone Number: Home	(____) _____ Telephone Number: Cell
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_____ Are you employed? (yes or no)	_____ Current employer's name	\$ _____ Monthly Income
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_____ Emergency Contact Person	(____) _____ Their Telephone Number: Home
	(____) _____ Their Telephone Number: Cell

____-____-____. Social Security Number	A-_____ Immigration "A" Number
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Language Spoken	_____ Spanish?	_____ Other?
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_____ Date of Birth (month-day-year)	_____ Country of Birth
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Marital Status: (Check one)	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Married <input type="checkbox"/>	Widow(er) <input type="checkbox"/>

Race: (Check one)	Hispanic <input type="checkbox"/>	African-American <input type="checkbox"/>	Other <input type="checkbox"/>
	Caucasian <input type="checkbox"/>	Native American <input type="checkbox"/>	

Current Immigration Status: (Check one)	Permanent resident <input type="checkbox"/>	Without legal status <input type="checkbox"/>
	U.S. citizen <input type="checkbox"/>	Refugee <input type="checkbox"/>

Date of ALL entries into the United States: Begining with the most recent one	Port of entry	Did you enter with inspection?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

To better serve you, please describe why you are here today and what kind of assistance you need?

Please check off the boxes that apply to you:

<input type="checkbox"/>	Applying for a family member?
<input type="checkbox"/>	Is a family member applying for you?
<input type="checkbox"/>	Interested in obtaining citizenship of this country for yourself?
<input type="checkbox"/>	Renewing your work permit?
<input type="checkbox"/>	Renewing or replacing your <u>Legal Permanent Resident</u> card?
<input type="checkbox"/>	Other

Have you already consulted with another legal provider regarding your case?	<input type="checkbox"/> Yes If your answer is 'yes,' please answer who, when, and where:	<input type="checkbox"/> No
Who:		

When:		
Where:		
Do you have any deadlines, such as:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court dates
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filing deadlines
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____

Have you ever been arrested or incarcerated for any kind of offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If your answer was "yes," then please explain below when, where, for how long, and why?		
When:		
Where:		
For how long:		
Why:		

Part B. List every address where you have lived for the last five years:

	Address	When did you begin living there?	When did you leave ?
1.			
2.			
3.			
4.			
5.			

List the last address outside the United States where you lived for more than one year:

Address	When did you begin living there?	When did you leave ?

List every place where you have worked for the last five years:

Name and Address of Company	When did you begin working there?	When did you stop working there?
1.		
2.		
3.		
4.		
5.		

Name of your parents:	Father
	Mother

Parent's date and place of birth:		Date of Birth	Place of Birth
	Father		
	Mother		

Where do your parents live right now?	Father	
	Mother	

Current spouse's name:	
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Date of Marriage:	
Place of Marriage:	

Spouse's date and place of birth:	Date of Birth	Place of Birth

Name of ex-spouse:	
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Date of Marriage:	
Place of Marriage:	
Date of divorce termination:	
Place of divorce termination:	

Ex-spouse's date and place of birth:	Date of Birth	Place of Birth

Names of your children	Date of Birth	Place of Birth

Have you sponsored or helped to sponsor someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If your answer is 'yes,' please give the name and date of sponsorship (below):
Name of person sponsorship:	
Date of sponsorship:	

Part C. **This part is only for naturalization applicants.** If you are **not** applying for naturalization, please go to **‘Part D’** to sign.

What is your spouse's status? Please check the box that applies:	
<input type="checkbox"/>	Legal Permanent Resident
<input type="checkbox"/>	U.S. Citizen
<input type="checkbox"/>	Without documents
<input type="checkbox"/>	Other

If your spouse is a U.S. citizen, did he or she obtain citizenship through a U.S. citizen spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When did your spouse obtain the status?	Date:
Where did your spouse obtain status	City, State:
Is your spouse or ex-spouse a <u>U.S. Citizen</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse or ex-spouse a <u>Legal Permanent Resident</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'yes' to the above question, did you receive <u>Legal Permanent Residency</u> thru your spouse or ex-spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list each and every trip you made outside of the USA since becoming a permanent resident:

When did you leave?	When did you return?	Where did you go?	How many days were you outside of the U.S.?

What is your height?		What is your weight?	
What is your eye color?		What is your hair color?	

Part D. How did you learn about us? Friend Internet Other

The information provided above is accurate to the best of my ability. I understand that Divorce in Florida Online Inc and it's staff are not allowed to provide legal advice. Their only function is to assist me to complete the paperwork.

Client Signature

Date