

GLINSMANN & GLINSMANN, CHARTERED

**Client Intake Form
Family SPONSOR**

Please fill out this form the best you can and return it to the Administrative Assistant. This information is required in order for an attorney to effectively analyze the facts of your case and provide the best advice possible. As is any communication with an attorney, all the information you supply us will be kept **STRICTLY CONFIDENTIAL**.

GENERAL INFORMATION

Name:			
Immigration Status:		Immigration Status (check applicable box)	
		<input type="checkbox"/> US Citizen (at birth) <input type="checkbox"/> US Citizen (naturalized) <input type="checkbox"/> Green Card Holder (Lawful Permanent Resident)	
Maiden Name or Other Names Used:			
Today's Date:			
Who Referred You to Us?			
Home Telephone Number:			
Cell Phone Number:			
Work Telephone Number:			
Email address:			
Social Security Number:			
Individual Taxpayer ID Number (ITIN):			
United States Address:			
Country(ies) of Citizenship:			
Place of Birth:	City:	State:	Country:
Date of Birth:	Month:	Day:	Year:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female ()			

EMPLOYMENT HISTORY (Start with current job)

Employer Name, City and State	Job Title	Start Date	End Date

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**INFORMATION ABOUT IMMEDIATE FAMILY
SPOUSE**

Check here if none.

Spouse's Name:	
Spouse's Maiden name (if applicable):	
Spouse's nationality:	
Date of marriage:	
Is your spouse living with you?	
Spouse's occupation:	
Do you have any prior spouses?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please provide the information requested above on the back side of this page.

CHILDREN (*LIST ALL CHILDREN - AGE ATTACH SEPARATE SHEET IF NECESSARY*)

Check here if none.

Children's Names	City/Country of Birth	Date of Birth
(a)		
(b)		
(c) Name of guardian, (for children not living with you):		
(d) Amount of financial support provided in most recent 12 months:		
(e) Methods for sending financial support:		

The information provided hereinabove is true and correct to the best of my knowledge.

Signature

Date