

GLINSMANN & GLINSMANN, CHARTERED

**Client Intake Form
Beneficiary**

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:			
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:			
Complete Address in Your Home Country:			
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 ()			

ADMISSIBILITY

Can you return to your country without fear of prosecution or imprisonment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged with DUI/DWI ¹ ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been fingerprinted for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for permanent residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever falsely claimed to be a US Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed documents or received any notices from the Immigration and Naturalization Service, or the American Consulate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been in deportation, removal or exclusion proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

¹ DUI means Driving Under the Influence. DWI means Driving While Intoxicated.

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EDUCATION *(A Resume or CV listing your educational credentials will be helpful)*

Please Check or "X" All That Apply:
<input type="checkbox"/> High School (Secondary School) Completed
<input type="checkbox"/> 1-4 Years College or University (Degree Incomplete)
<input type="checkbox"/> 3 Year Bachelor of Science/Bachelor of Arts Degree Completed
<input type="checkbox"/> 4 or 5 Year Bachelor's Degree Completed
<input type="checkbox"/> Master's Degree Completed
<input type="checkbox"/> Ph.D Degree Completed

EMPLOYMENT HISTORY (Start with current job)

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

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:		

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PASSPORT AND ENTRY INFORMATION

Do You Have an Unexpired Passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What Visa Type Do You Have?	<input type="checkbox"/> B1/B2 Visitor <input type="checkbox"/> F1/F2 Student <input type="checkbox"/> J1/J2 Trainee <input type="checkbox"/> A1/G4 <input type="checkbox"/> A3/G5 Domestic <input type="checkbox"/> Other: _____
Do You Have an I-94 Card (white) or an I-94W (green) Card to Prove Lawful Entry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Last Arrival to the United States:	
Port of Entry:	
Expiration Date:	
Did you enter without being inspected by an Immigration Official at the Border?	<input type="checkbox"/> Yes <input type="checkbox"/> No

U.S. CITIZEN FAMILY MEMBERS AND GREEN CARD HOLDERS

Are any of the following U.S. citizens or green card holders (check box if applicable):	
<input type="checkbox"/> Mother or Father	<input type="checkbox"/> Child
<input type="checkbox"/> Spouse	<input type="checkbox"/> Brother or Sister
<input type="checkbox"/> Fiance(e)	

The undersigned hereby states that the information provided hereinabove is true and correct to the best of his/her knowledge.

Signature

Date