CLIENT INTAKE FORM FOR I-130

- Please answer all questions completely and truthfully and tick \square the appropriate boxes.
- Fields with asterisk (*) are mandatorily required to be filled-in. However, all fields are necessary for high chances of approval.
- If a required field is not applicable, please write N/A or NA.
- The information collected will be used to prepare the applicable petition/application, will be kept entirely confidential and will not be disclosed to anyone without the client's consent.

PART 1: INFORMATION ABOUT YOU/ PETITIONER

b. Lawful Permanent Resident

1.1 Po	ersonal / Basic details
1.1.1	Family (Last) name:
1.1.2	First name:
1.1.3	Middle name:
1.1.4	AKA: any other names you have used in the past (if applicable, provide maiden name, and surnames of and/all prior spouses):
1.1.5	Gender – a. Male \square b. Female \square (Please check any one option \square)
1.2 lc	lentification
1.2.1	Alien Registration Number (If any):
1.2.2	USCIS Online Account Number (If any):
1.2.3	Social Security Number:
1.2.4	* Petitioner: (Please check any one option \square)
	a. U.S. citizen
	b. Lawful Permanent Resident

Note on qualifying relatives:

1.2.5 If Lawful Permanent Resident:

1.3 Biographical Information

1.3.1 Month/ Day/ Year of birth: ____/___/

U.S	S. Citizen can petition for the following	LPR can petition for the following			
'Q	ualifying Relatives'	'Qualifying Relatives'			
1.	Spouse;	1.	Spouse;		
2.	Unmarried children under 21 years of age;	2.	Unmarried child under 21 years of age; and		
3.	Unmarried sons or daughters 21 years of age or older;	3.	Unmarried son or daughter 21 years of age or older.		
4.	Married sons or daughters of any age;				
5.	Brothers or sisters (petitioner must be 21 years of age or older); and				
6.	Mother or father (petitioner must be 21 years of age or older).				

	a. Date of admission as a Lawful Permanent Resident:/	
	b. Place of admission as a Lawful Permanent Resident (city and state):	_
		-
	c. How did you become a Lawful Permanent Resident?	-
	d. Class of admission:	-
1.2.6	If U.S. Citizen:	
	a. * How did you receive your citizenship (by birth, through naturalization or	
	parents):	
	b. Your naturalization/ citizenship certificate number:	
	c. Place issued:	_
	d. Date issued:	
	d. Bale 5500d.	

1.3.2	City, State & Country of birth:	
1.3.3	Race & ethnicity:	
1.3.4	Height:	
1.3.5	Weight:	
1.3.6	Eye & hair color:	
1.4 A	Addresses for the past 5 years (Most recent	first):
1.4.1	a. Street no. and name:	
	b. Apt. 🗌 Ste. 🗀 Flr. 🗀:	
	c. City:	d. State:
	e. Country:	f. Zip/ Postal code:
	g. Date you moved in://_	
1.4.2	a. Street no. and name:	
	b. Apt. 🗌 Ste. 🔲 Flr. 🗀:	
	c. City:	d. State:
	e. Country:	f. Zip/ Postal code:
	g. Date you moved in://_	
1.4.3	a. Street no. and name:	
	b. Apt. □ Ste. □ Flr. □:	
	c. City:	d. State:
	e. Country:	f. Zip/ Postal code:
	g. Date you moved in://_	
1.4.4	Mailing address: (Please check any one	option $ ot i$
	a. 1.4.1 b. 1.4.2	c. 1.4.3 \square
	d. Other (If other, then provide the f	ollowing):
	(i). Street no. and name:	
	(ii). Apt. □ Ste. □ FIr. □:	

	(iii). City: _			(v). Stat	e:	
	(v). Coun	try:		(/i). Zip/	Postal code:	
1.5 M	arriage						
1.5.1	*Status:	a. Single		b. Married		c. Widowed	
		d. Divorced		e. Separate	d 🗆	f. Annulled	
		(Please che	ck any	one option	√)		
1.5.2	Number o	of marriages: _					
1.5.3	Date of c	urrent marriaç	ge (If m	narried):			
	Place of a	current marria	ge (Ci	ty, State, and	Counti	ry) (If married):	
	a. Street r	no. and name	»:				
	b. Apt.] Ste.□ Flr.	□:_				
	e. Countr	y:		f. Z	ip/ Pos	tal code:	
1.5.4	Previous s	pouses:					
	a. Name	:					
	b. Date ended:						
	a. Name	:					
	b. Date	ended:					
	a. Name	:					
	b. Date	ended:					
1.6 Pe	ermanent a	ıddress (Outsi	de the	United States	, i.e., Po	arents, Family,):	
	a. Street r	no. and name	:				
	b. Apt.] Ste.□ Flr.	□:_				
	c. City:			d.	State: _		
	e. Countr	v:		f. <u>7</u>	ip/ Pos	tal code:	

1.7.1	Father's full name:
	a. Father's date of birth:
	b. Place of Birth (City and Country):
	c. Current residence:
	d. Living or deceased? If deceased, please give date:/
1.7.2	Mother's maiden/ Full name:
	a. Mother's date of birth:
	b. Birth place (City and Country):
	c. Current residence:
	d. Living or deceased? If deceased, please give date:/
1.8 H	ave you ever petitioned for anyone before?
1.8.1	If so, whom?
1.8.2	When?
1.8.3	What was the result?
1.9 Li:	st the jobs you have held for the past five years:
1.9.1	Current:
	a. Employer's name:
	b. Full address of employer:
	c. Your occupation/ position:
	d. Dates you were employed: (From – To) month and year://
1.9.2	Past:
	a. Employer's name:
	b. Full address:
	c. Your occupation/position:
	d. Dates you were employed: (From – To) month and year://
1.9.3	Past:
	a. Employer's name:
	b. Full address:

	c. Your occupation/ position:	
	d. Dates you were employed: (From – To) month and year://	
1.9.4	Past:	
	a. Employer's name:	
	b. Full address:	
	c. Your occupation/ Position:	
	d. Dates you were employed: (From – To) month and year://	
Part II. In	formation about the Beneficiary (Foreign national relative of the Petitioner)	
2.1 *	Relationship of Beneficiary with the Petitioner: Please mention the appropriate of	ption
(P	lease check any one option $oximes$)	
2.1.1	Spouse	
2.1.2	Child of Petitioner Mother	
2.1.3	Child of Petitioner Father	
2.1.4	Out of Wedlock Child of Petitioner Father	
2.1.5	Sibling of Petitioner	
	a. Do Petitioner and Beneficiary have a common father but different mothe	rs?
	(i) Yes (ii) No	
2.1.6	Mother of Petitioner	
2.1.7	Father of Petitioner	
	a. Is Petitioner's Mother previously married and then divorced?	
	(i) Yes (ii) No	
	b. Is Petitioner's Mother previously married but ex-spouse died?	
	(i) Yes (ii) No (
7 1 Q	Step-Parent of Petitioner	
2.1.0	SIED-I GIETII OLI EIIIIOLEI	

2.1.9	Step-Child of Petitioner			
2.1.10	Adoptive parent of Petitioner			
	a. Is the adopted Petitioner, an older	sibling?	(i) Yes \square	(ii) No 🗆
2.1.11	Adopted child of Petitioner			
	a. Is the adopted child, an older siblin	ıdś	(i) Yes \square	(ii) No 🛚
2.2 Pe	ersonal / Basic details of the beneficiary			
2.2.1	Family (Last) name:			
2.2.2	First name:			
2.2.3	Middle name:			
2.2.4	AKA: Any other names you have used name, and surnames of and/all prior s		•	
	Beneficiary is a spouse, provide address nly provide present address: a. Street no. and name:			
	b. Apt. □ Ste. □ Flr. □:			
	c. City:	_ d. State:		
	e. Country:	_ f. Zip/ Postal cod	e:	
	g. Date you moved in:/	/		
	a. Street no. and name:			
	b. Apt. □ Ste. □ Flr. □:			
	c. City:	_ d. State:		
	e. Country:	_ f. Zip/ Postal cod	e:	
	g. Date you moved in:/	/		
	a. Street no. and name:			
	b. Apt. Ste. Fir. :			

	c. City:	d. State:
	e. Country:	f. Zip/ Postal code:
	g. Date you moved in:/	_/
	a. Street no. and name:	
	b. Apt. □ Ste. □ Flr. □:	
	c. City:	d. State:
	e. Country:	f. Zip/ Postal code:
	g. Date you moved in:/	_/
	a. Street no. and name:	
	b. Apt. □ Ste. □ Flr. □:	
	c. City:	d. State:
	e. Country:	f. Zip/ Postal code:
	g. Date you moved in:/	_/
2.4	Daytime phone number, if any:	
2.5	Mobile phone number, if any:	
2.6	Email, if any:	
2.7	Date of birth (MM/DD/YYYY):/_	
2.8	City of birth:	
2.9	State/ Province of birth:	
2.10	Country of birth:	
2.11	Gender: a. Male D b. Female D	☐ (Please check any one option ☑)
2.12	Alien Registration Number (If Any):	
2.13	USCIS Online Account Number (If Any):	
2.14	U.S. Social Security Number, If Any:	

2.15 N	\arriag(Э						
2.15.1	*Statu	s: a	. Single		b. Married		c. Widowed	
		d	. Divorced		e. Separate	d 🗌	f. Annulled	
		(F	Please chec	ck any	one option $lacksquare$	1)		
2.15.2	Numb	er of m	narriages: _					
2.15.3	Date	of curre	ent marriag	je (If m	arried):			
2.15.4	Place	of curr	ent marria	ge (Cit	ry, State, Cour	ntry) (if	married):	
2.15.5	Name	of cur	rent spouse	e, if an	y (Full name):			
2.15.6	Previo	ous spo	uses:					
	a. No	ame: _						
	b. Do	ate enc	ded:					
	a. No	ame: _						
	b. Do	ate enc	ded:					
2.16 H	as the	benefic	ciary been	in imm	nigration/depo	ortatior	n proceedings?	ı
	a. Ye	s \square	b. No]	(Please che	ck any	one option 🔽	1)
					nmigration cour):	urt and	l date of last ap	opearance in
2.17 D	erivativ	e ben	eficiaries fo	r whor	n separate pe	etition i	s not required:	
2.17.1	of age benef	e or old iciary is e and i	der, or (ii) be s a brother	enefici or siste childre	ary is married er of petitione	son or r who is	daughter of a	ge or older, then the
2.17.2	petitio	oner, or	(ii) benefic	ciary is	unmarried so	n or da	peneficiary is a oughter 21 year r 21 years of ag	s of age or older, or

unmarried children under 21 years of age can be considered as derivative

beneficiaries.

Deficiones.	
2.17.3 Details of derivative beneficiaries:	
a. Family name	b. First name
c. Middle name	d. Relationship
e. Date of birth:	f. Country of birth
a. Family name	b. First name
c. Middle name	d. Relationship
e. Date of birth:	f. Country of birth
a. Family name	b. First name
c. Middle name	d. Relationship
e. Date of birth:	f. Country of birth
a. Family name	b. First name
c. Middle name	d. Relationship
e. Date of birth:	f. Country of birth
a. Family name	b. First name
c. Middle name	d. Relationship
e. Date of birth:	f. Country of birth
2.18 Entry information:	
a. Passport #:	
b. Issued by (Country):	
c. Expiration date:	
d. Passport number:	

e. I-94 number (if applicable): _____

2.19 Date of last entry into the United States:
2.20 Date authorized stay expired or will expire:
2.21 Place of last entry into the United States:
2.22 Status at time of entry:
2.23 Were you inspected by an Immigration Officer? a. Yes \square b. No \square (Please check
any one option $lackimsq$)
2.24 During your stay in the United States, have you ever been out of legal immigration status?
2.25 have you overstayed your period of lawful admission or otherwise failed to maintain lawful status"? Yes/No
a. If yes, type:
b. When c. Where
2.26 If the alphabet of your native language does not use roman letters, please clearly print your name and foreign address in your native alphabet below:
c. Surname: d. Any middle names:
e. First name:
f. Street number and name:
g. City:
h. State/ Province/ Region:
i. Country:
j. Postal code:
2.27 If Beneficiary is a spouse, provide last 5 years employment details otherwise only provide current employment details:
2.27.1 Current:
a. Employer's name:
b. Full address:
c. Your occupation/ position:
d. Dates you were employed: (From – To) Month and Year://

2.27.2 Past:
a. Employer's name:
b. Full address:
c. Your occupation/ position:
d. Dates you were employed: (From – To) Month and Year://
2.27.3 Past:
a. a. Employer's name:
b. Full address:
c. Your occupation/ position:
d. Dates you were employed: (From – To) Month and Year://
2.27.4 Past:
a. Employer's name:
b. Full address:
c. Your occupation/ position:
d. Dates you were employed: (From – To) Month and Year://
.28 If Beneficiary is a spouse provide details of parents as under:
a. Father's full name:
b. Father's date of birth:/
c. Birth place (City and Country):
d. Current residence (City and Country):
a. Mother's maiden/ Full name:
b. Mother's date of birth:/
c. Birth place (City and Country):
d. Current residence (City and Country):

2.29 If Beneficiary is spouse, provide your current address:	last address where you lived together if different from
a. Street no. and name:	
b. Apt. ☐ Ste. ☐ Flr. ☐: _	
c. City:	d. State:
e. Country:	f. Zip/ Postal code:
g. Date you moved in:	_//