

Client Information Worksheet (Immigration)

Date: _____

BENEFICIARY

Name: _____

Home Address: _____

Telephone Number/s: _____

E-mail: _____

DOB: _____

SSN: _____

Date of Last Entry into the U.S./Port of Entry: _____

Current Immigration Status: _____

Employer Name and Address: _____

Salary: _____

SPONSOR

Name of Sponsor: _____

Contact Person's Name: _____

What is the Sponsor's Relationship to you? _____

Address: _____

Telephone Numbers: _____

E-mail: _____

DOB: _____

SSN: _____

Sponsor's Employer: _____

Sponsor's Income: _____

Immigrant Status (if citizen, how was it acquired?)

If you are being offered employment, what is the job title and what are your responsibilities?

Is the position temporary or permanent?

Start Date:

Work Hours:

Salary:

Job Site:

Who is paying for the legal fees and various immigration filing fees?

CHILDREN

Name:

DOB:

Name:

DOB:

Name:

DOB:

Name:

DOB:

Special Concerns:

Who may we thank for referring you to us?