

David F. Vedder, P.A.
Consultation Questionnaire

Information and documentation you provide are protected by the Attorney-Client privilege and will be kept strictly confidential.

Information About You

Last Name: _____ First: _____ Middle: _____

Other Names Used _____

E-mail address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Hours we can call: _____

Fax: _____

Place of Birth: _____ Citizen Of: _____

Date Of Birth: Month: _____ Day: _____ Year: _____

Current Address:

Number and Street: _____

City: _____ State/Province: _____ Country: _____

Passport Information:

Passport Country: _____

Passport Number: _____

Expiration Date: Month: _____ Day: _____ Year: _____

U.S. Visa, if any: _____

What type of immigration assistance are you seeking?

Family Information

Do you have any immediate relatives who are either citizens or lawful permanent residents of the United States:

Mother: _____
Father: _____
Spouse: _____
Children: _____
Brothers or Sisters: _____

Immigration History

If subject is in the U.S. provide current immigration status: _____

Does subject have a remarkable immigration history? If so, please explain:

Occupation: _____

Please provide a description of all diplomas, degrees or other educational certificates obtained:

Signed: _____ Date: _____