

DATA TABLE FOR IMMIGRANT

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This data table is editable; please type directly into the form.

Once completed, please e-mail this form to info@usafirstimmigration.com along with all other copies of the documents listed on our website.

USAfirstimmigration.com

Your last foreign address											
House #				Street name							
Apt #				City				State or county			
Country							Zip code				
From (mm/dd/yyyy)						To (mm/dd/yyyy)					
Your residency history for the past 5 years in the USA											
Current address	From (mm/dd/yyyy)						To (mm/dd/yyyy)				
	House #				Street name						
	Apt #				City				State		
	Country							Zip code			
Prior address #1	From (mm/dd/yyyy)						To (mm/dd/yyyy)				
	House #				Street name						
	Apt #				City				State		
	Country							Zip code			
Prior address #2	From (mm/dd/yyyy)						To (mm/dd/yyyy)				
	House #				Street name						
	Apt #				City				State		
	Country							Zip code			
Prior address #3	From (mm/dd/yyyy)						To (mm/dd/yyyy)				
	House #				Street name						
	Apt #				City				State		
	Country							Zip code			
Prior address #4	From (mm/dd/yyyy)						To (mm/dd/yyyy)				
	House #				Street name						
	Apt #				City				State		
	Country							Zip code			

Fill out this section only if your current physical address is different from your mailing address!

Mailing address	From (mm/dd/yyyy)		To (mm/dd/yyyy)	
	House #		Street name	
	Apt #		City	
	Country		Zip code	

Your employment history for the past 5 years (start with current employer)

Employer #1	
Name of employer	
Address of employer	
From (mm/dd/yyyy) to (mm/dd/yyyy)	
Occupation or title	
Employer #2	
Name of employer	
Address of employer	
From (mm/dd/yyyy) to (mm/dd/yyyy)	
Occupation or title	
Employer #3	
Name of employer	
Address of employer	
From (mm/dd/yyyy) to (mm/dd/yyyy)	
Occupation or title	
Employer #4	
Name of employer	
Address of employer	
From (mm/dd/yyyy) to (mm/dd/yyyy)	
Occupation or title	
Employer #5	
Name of employer	
Address of employer	
From (mm/dd/yyyy) to (mm/dd/yyyy)	
Occupation or title	

Previous marriages (disregard current marriage)	
Marriage #1	
(Maiden) name of spouse (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Date of marriage (mm/dd/yyyy)	
Place of marriage (city and country)	
Date of divorce (mm/dd/yyyy)	
Place of divorce (city and country)	
Marriage #2	
(Maiden) name of spouse (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Date of marriage (mm/dd/yyyy)	
Place of marriage (city and country)	
Date of divorce (mm/dd/yyyy)	
Place of divorce (city and country)	
Marriage #3	
(Maiden) name of spouse (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Date of marriage (mm/dd/yyyy)	
Place of marriage (city and country)	
Date of divorce (mm/dd/yyyy)	
Place of divorce (city and country)	

Data about your mother	
Maiden name (last, first, middle)	
Date of birth (mm/dd/yyyy)	
City and country of birth	
City and country of current residence	
If deceased, date & country of death	
Data about your father	
Name (last, first, middle)	
Date of birth (mm/dd/yyyy)	
City and country of birth	
City and country of current residence	

If deceased, date & country of death	
Data about your current spouse	
Name (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Country of birth	
Date of marriage (mm/dd/yyyy)	
Place of marriage (city, state, & country)	
Applying with you? (Y/N)	
Data about your children	
Child #1	
Name (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Country of birth	
Applying with you? (Y/N)	
Child #2	
Name (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Country of birth	
Applying with you? (Y/N)	
Child #3	
Name (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Country of birth	
Applying with you? (Y/N)	
Child #4	
Name (last, first, middle)	
Date of birth (mm/dd/yyyy)	
Country of birth	
Applying with you? (Y/N)	

Have you been a member of any party or served in the armed forces in the US or in any other country? If yes, fill out the questions below.	
Name of organization (e.g. Polish Army, Romanian Police, etc.)	
Country	
Nature of your service (e.g.	

soldier, policeman, etc.)	
Date of membership (from (mm/dd/yyyy) & to (mm/dd/yyyy))	
Have you received any military training? (Y/N)	

Do you read and understand English? (Y/N)	
If no and you request an interpreter, indicate for which language	
If you have any disability and/or impairment, describe the nature of your disability and the accommodation you are requesting.	

Data about you			
Your name (last, first, middle)			
Email address			
Phone number		SSN or ITIN	
Place of birth (city & country)			
Date of birth (mm/dd/yyyy)			
Height		Weight (lbs)	
Eye color		Hair color	
Are you Hispanic or Latino (Y/N)?			
Race (White, Black, Asian, American Indian)			
Are you in the USA? (Y/N)			
Date of last entry to USA (mm/dd/yyyy)			
Place (city & state) of last entry to USA			
On what status did you last enter (visitor, J1, worker visa, student, crewman, etc.)?			
Were you inspected by a US immigration officer (Y/N)?			
Will you apply for adjustment of status in the USA (Y/N)?			
If you apply for adjustment of status outside the USA, name the country of application.			
Has a petition ever been filed on your behalf? (Y/N)			
Have you ever applied for <u>an immigrant visa to obtain permanent status</u> at a US embassy or consulate abroad? (Y?N) If yes, a) provide city and country, b) what was the decision (approved, denied, refused, or withdrawn), c) date of decision (mm/dd/yyyy)			
Have you ever committed a crime? (Y/N)			
If yes, describe			

when and what type of offence was	
List all convictions & sentences	

If you answer yes to any of the questions below, you must provide an explanation of the events and the circumstances in the space provided on the last page of this form		
Have you ever been denied admission to the USA? (Y/N)		
Have you ever been denied a visa to the USA? (Y/N)		
Have you ever worked in the USA without an authorization? (Y/N)		
Have you ever violated the terms or conditions of your nonimmigrant status (Y/N)		
a) Have you ever been in removal, exclusion, or deportation proceedings? (Y/N)	a)	
b) If yes, have you departed on your own after having been ordered deported, excluded, or removed from the USA? (Y/N)	b)	
a) Have you ever been a J (nonimmigrant) exchange visitor who was subject to the 2-year residence requirement? (Y/N)	a)	
b) If you answered yes, have you complied with the foreign resident requirement? (Y/N)	b)	
Have you ever received public assistance in US from any source (US government, state, city, etc.) other than emergency medical treatment? (Y/N)		

Checklist		
Please make sure that you have attached the following copies (<u>do not send originals</u>) to this application:	Attached	
	Yes	No
Passport for everyone immigrating with you (including yourself)		
If you have, visa (if any) for everyone immigrating with you (including yourself)		
If you have, I-94 (departure record) for everyone immigrating (including yourself)		
State issued Driver License / non-driver ID		
Birth certificate(s) of everyone immigrating with you (including yourself) [†]		
Divorce papers issued by the court for all divorces [†]		
Marriage certificate (for current marriage only) [†]		
If you were convicted or charged of a crime, include the court's decision [†]		
If you were ever deported or removed, copies of any documents pertaining to remova/deportation		
[†] If not in English, it must be translated into English.		

If you did not have enough space above, please use this space to include any additional information you feel is relevant to you.