

Law Offices of Clark H. Siddiqui

TN VISA QUESTIONNAIRE FOR THE ALIEN AND THE DEPENDENTS

A. Information about the Alien

1. **Family Name:**
2. **Given Name:**
3. **Middle Name:**
4. **Date of Birth (Month/Day/Year):**
5. **Country of Birth:**
6. **Social Security Number:**

*** Number 7, 8, 9, and 10 should be answered if the person is in the USA.*

7. **A #:**
8. **Date of Arrival (Month/Day/Year):**
9. **I-94#:**
10. **Current Nonimmigration Status:**
11. **Date of Expiration:**
12. **Job Title:**
13. **Please provide the nontechnical description of the job:**
14. **Is this a full time position?** ___ Yes ___ No
15. **Wages per week or per year?**
Week: _____
or
Year: _____
16. **What is alien's highest educational degree?**
17. **What is major/primary field of study?** (Computer Science, finance...)
18. **Please provide information about the alien** (Including schools and degrees, previous companies alien worked for with the dates, job experiences)

B. Information about the dependents (Answer all these questions for each dependents. Spouse, Child1, Child2...)

SPOUSE

1. Family Name:

2. Given Name:

3. Middle Name:

4. Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

5. Date of Birth (mm/dd/yyyy):

6. Country of Birth:

7. Country of Citizenship:

8. Social Security Number:

9. Date of Arrival (mm/dd/yyyy):

10. I-94#:

11. Current Nonimmigration Status:

12. Date of Expiration:

13. Foreign Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

14. Country of Issuance of dependent's Passport:

15. Expiration of your Passport (mm/dd/yyyy):

CHILD 1

1. Family Name:

2. Given Name:

3. Middle Name:

4. Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

5. Date of Birth (mm/dd/yyyy):

6. Country of Birth:

7. Country of Citizenship:

8. Social Security Number:

9. Date of Arrival (mm/dd/yyyy):

10. I-94#:

11. Current Nonimmigration Status:

12. Date of Expiration:

13. Foreign Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

14. Country of Issuance of dependent's Passport:

15. Expiration of your Passport (mm/dd/yyyy):

CHILD 2

1. Family Name:

2. Given Name:

3. Middle Name:

4. Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

5. Date of Birth (mm/dd/yyyy):

6. Country of Birth:

7. Country of Citizenship:

8. Social Security Number:

9. Date of Arrival (mm/dd/yyyy):

10. I-94#:

11. Current Nonimmigration Status:

12. Date of Expiration:

13. Foreign Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

14. Country of Issuance of dependent's Passport:

15. Expiration of your Passport (mm/dd/yyyy):

CHILD 3

1. Family Name:

2. Given Name:

3. Middle Name:

4. Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

5. Date of Birth (mm/dd/yyyy):

6. Country of Birth:

7. Country of Citizenship:

8. Social Security Number:

9. Date of Arrival (mm/dd/yyyy):

10. I-94#:

11. Current Nonimmigration Status:

12. Date of Expiration:

13. Foreign Address:

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code:

14. Country of Issuance of dependent's Passport:

15. Expiration of your Passport (mm/dd/yyyy):