

Law Offices of Clark H. Siddiqui

B-1 QUESTIONNAIRE (answer all 53 questions)

1. Passport Number:

11. Place of Issuance:
City:
Country:
State/Province:

3. Issuing Country:

4. Issuance Date (date/month/year):

5. Expiration Date (date/month/year):

6. Surnames (As in Passport):

7. First and Middle Names (As in Passport):

8. Other names used (Maiden, Religious, Professional, Aliases):

9. Other first and middle names used:

10. Date of Birth: (date/month/year)

11. Place of birth:
City:
Country:
State/Province:

12. Nationality:

13. Gender: ___ Male ___ Female

14. National Identification number (If applicable):

15. Home Address:

Street Name and Number:
Apt. #:
City:
State or Providence:
Country:
Zip Code:

16. Phone Numbers:

Home Telephone Number:

Business Phone Number:

Cell Phone Number:

17. Fax Number:

18. Business Fax Number:

19. Pager Number:

20. Marital Status:

Married

Single (Never married)

Widowed

Divorced

Separated

21. Spouse's full name (Even if divorced or separated. Include maiden name):

22. Spouse's Date of Birth (date/month/year):

23. Name and Address of Present School and Employer:

a. Name:

b. Address:

24. Present Occupation (If retired, write "retired". If student, write "student"):

25. When do you intent to arrive in the USA? (Provide specific date if known)

26. E-mail Address:

27. At what address will you stay in the USA?

Street Name and Number:

Apt. #:

City:

State or Providence:

Country:

Zip Code

28. Name and Telephone numbers of person in the USA who you will be staying with or visiting for tourism or business:

Name:

Home Telephone Number:

Business Phone Number:

Cell Phone Number:

29. How long do you intend to stay in the USA?

30. What is the purpose of your trip?

31. Who will pay for your trip?

32. Have you ever been in the USA?

No

Yes

When?

For how long?

33. Have you ever been issued a US Visa:

No

Yes

When?

Where?

What Type of Visa?

34. Have you ever been refused a US Visa?

No

Yes

When?

Where?

What Type of Visa?

35. Do you intend to work in USA?

No

Yes

Give the name and complete address of US Employer:

36. Do you intend to study in USA?

No

Yes

Give the name and complete address of the school:

37. Names and Relationships of Persons Traveling with you?

38. Has your US Visa ever been cancelled or revoked?

No
 Yes

39. Has anyone ever filed an Immigration Visa Petition on your behalf?

No
 Yes: (if yes, who?):

40. Are any of the following persons in the US, or do they have US legal permanent residence or US Citizenship? Mark "yes" or "no" and indicate that person's status in US.

a. Husband/Wife:

Yes: No:

b. Father/Mother:

Yes: No:

c. Fiancé/Fiancée:

Yes: No:

d. Son/Daughter:

Yes: No:

e. Brother/Sister:

Yes: No:

41. Clan or Tribe Name (If applicable):

42. Mother's full name:

43. Father's full name:

44. Full name and address of Contact person or organization in the US. (Include telephone number):

45. List all countries you have entered in the past 10 years. Give the year of each visit:

46. List all countries that have ever issued you a passport:

47. Have you ever lost a passport or had one stolen? Yes No

48. Not including current employer, list your last two employers?

Employer 1:

Name:

Address:

Telephone Number:

Job Title:

Supervisor's Name:

Dates of Employment:

Employer 2:

Name:

Address:

Telephone Number:

Job Title:

Supervisor's Name:

Dates of Employment:

48. List all professional, social and charitable organizations to which you belong (belonged) or contribute (contributed) or with which you work (worked)

49. Do you have any specialized skills or training, including firearms, explosives, nuclear, biological, or chemical experience?

No

Yes: (Please explain)

50. Have you ever performed Military Service?

No

Yes: (Give name of country, branch of service, rank/position, military specialty, and dates of service.)

51. Have you ever been in an armed conflict, either as participant or victim?

No

Yes. (Please explain)

52. List all educational institutions you attend or have attended.
Include Vocational Institutions, but not elementary schools.

Name of Institution Address/Telephone Number Course of Study Dates of Attendance

53. Have you made specific travel arrangements?

No

Yes: (Please provide a complete itinerary for your travel, including arrival departure dates, flight information, specific location you will visit, and a point of contact at each location)

Arrival/departure dates

Flight info.

Specific location

Point of contact