



(614) 586-1310
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**Questionnaire for Family-Based Adjustment with Consular Processing
Beneficiary (Alien) and Visa Applicant**

Information about you:

Full Name

(Last)

(First)

(Middle)

Other Names Used:

Current Home Address:

Mailing Address, if
different from current
address:

Phone Number:

Secondary Phone
Number, if any:

E-mail Address:

Date of Birth
(Month/Day/Year):

Place of Birth
(City, State, Country):

Nationality:

Gender (choose one): Female Male Other

Social Security Number,
if any:

Alien Number, if any:

Passport Number:

Country of Issuance for
Passport:

Expiration Date for
Passport:

Have you ever been in the United States? (choose one):

Yes No

If "yes", provide the following information for the last five visits:

Date of Arrival	Duration of Stay	Visa Type	Visa Number (if known)
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Has anyone ever filed a petition for you before? (choose one):

Yes No

Were you ever in immigration proceedings?

Yes No

Residential History:

Provide all places you have lived for at least six months, since you turned 16 years old:

Number and Street	City/State/Country	From (Month/Year)	To (Month/Year)
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Provide the address in the United States where you intend to live:

Marital History:

Number of Marriages:

Current Marital Status (choose one):

- | | | |
|-----------------------|-----------|----------|
| Single, Never Married | Married | Divorced |
| Widowed | Separated | Annulled |

Provide the following information for your current spouse:

Full Name:

(Last) (First) (Middle)
(for wife, give maiden name)

Date of Birth
(Month/Day/Year):

Place of Birth
(City, State, Country):

Date of Marriage:

Place of Marriage
(City, State, Country):

Spouse's Occupation:

Is your spouse applying with you? (choose one): Yes No

Provide the following information for each of your prior spouses:

Prior Spouse #1

Full Name:

(Last) (First) (Middle)
(for wife, give maiden name)

Date of birth
(Month/Day/Year):

Place of Birth
(City, State, Country):

Date of Marriage:

Place of Marriage
(City, State, Country):

Date Marriage Ended
(Month/Day/Year):

Place Marriage Ended
(City, State, Country):

Prior Spouse #2

Full Name:

(Last) (First) (Middle)
(for wife, give maiden name)

Date of Birth
(Month/Day/Year):

Place of Birth
(City, State, Country):

Date of Marriage:

Place of Marriage
(City, State, Country):

Date Marriage Ended
(Month/Day/Year):

Place Marriage Ended
(City, State, Country):

How many children do
you have?

Provide the following information about each of your children:

Full Name (Last, First Middle)	Date of Birth (Month/Day/Year)	Place of Birth (City, State, Country)	Home Address (Street, City, State, Country)
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Employment/Education History:

Provide the following information about each of your employers for the last ten years. If unemployed, so state:

Name of Employer/
Company:

Address of Employer (Number and Street, City, State, Country):

Occupation:

Dates Employed:
From (Mo/Day/Year) To (Mo/Day/Year)

Supervisor's Name, if
known:

Supervisor's Phone
Number, if known:

Provide information for additional employers on supplemental page.

Provide the following information about all educational institutions you attended at the secondary school level and above:

School Name:

School Address:

Course of Study:

Degree or Diploma
Obtained, if any:

Dates Attended:
(Mo/Year to Mo/Year)

Provide information for additional educational institutions on supplemental page.

List the Foreign
Languages you speak or
write:

Have you served in the military? (choose one):

Yes

No

If "yes", provide the following information:

Branch:

Dates of Service:

Rank/Position:

Military Specialty:

Biographic Information:

Provide the following information about your parents:

Your father:

Name (Last, First)

Date of Birth (Month/
Day/Year, if known):

Place of Birth
(City, State, Country):

Place of Residence
(City, State, Country):

Is your father still living? (choose one):

Yes No

If "yes", provide his
current address:

Number and Street

City/State/Country

If "no", provide the year
he died:

Your Mother:

Name (Maiden, First)

Date of Birth (Month/
Day/Year, if known):

Place of Birth
(City, State, Country):

Place of Residence
(City, Country):

Is your mother still living? (choose one):

Yes No

If "yes", provide her
current address:

Number and Street

City/State/Country

If "no", provide the year
she died:

