



(614) 586-1310  
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**Questionnaire for Family-Based Adjustment  
Petitioner (US citizen or Legal Permanent Resident)**

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**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:

Alien Number, if any:

Current Immigration  
Status:

**If you acquired US citizenship through naturalization, provide the following information:**

Certificate Number:

Place of Issuance:

Date of Issuance:

Date of Arrival in the US:

Place of Entry into the  
US:

Class of Admission  
(Visitor, Student, etc.):

**Residential History:**

Provide your physical addresses for the last five years whether inside or outside the United States:

Number and Street	City/State/Country	From (Month/Year)	To (Month/Year)
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If filing for your spouse, provide the last address where you lived together:

Number and Street	City/State/Country	From (Month/Year)	To (Month/Year)
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**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 applying with you? (choose one):      Yes      No

Spouse's Current  
Immigration Status:

**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):

**Employment History:**

Provide the following information about each of your employers for the last five years:

Name of Employer/Company

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

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

**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, Country)  
if deceased, so state:

Your Mother:

Name (Maiden, First)

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

Place of Birth  
(City, State, Country):

Place of Residence  
(City, Country)  
if deceased, so state:

**Additional Information About You:**

Ethnicity (choose one):      Hispanic      Not Hispanic



Result (approved, denied,  
abandoned, etc.):