

Stewart Rabinowitz* Barbara W. Rabinowitz

*Board Certified, Immigration and Nationality Law -Texas Board of Legal Specialization 2 591 Dallas Parkway, Suite 300 Frisco, Texas 75034 Telephone: 972-233-6200 Fax: 972-233-6829

www.ra binowitzrabinowitz.com

Date:	

CONSULTATION QUESTIONNAIRE

Please answer the following questions in as much detail as possible. The information you provide will assist us in making your consultation time as productive as possible and will be kept strictly confidential. Please answer all questions that apply to you. If a question does not apply to you, please write "N/A." After you complete the questionnaire, please scan it as a .pdf and return it as attachment to: stewartrabinowitz@gmail.com

A. Brief description of your reasons for contacting Rabinowitz & Rabinowitz, P.C.:				
B. Personal Information:				
B. Tersonal Information.				
Last name:	First Name:	Middle name:		
E-mail address:				
Mailing address:				
Residence address:				
Home phone number (with area code):				
Work phone number (with area code):				
FAX number (with area code):				
Date of birth (month/day/year):		Age:		

CONSULTATION QUESTIONNAIRE

Page 2

Sex: Male [] Female []	Marital Status:	Married []	Divorced []	Single []	
Your occupation:	Your spouse's occupation:				
Your place of birth: (city, country)					
Present citizenship:	Resident of (co	untry):			
Number of children:	Ages:				
Your parents' places of birth (city/country):					
Your grandparents' places of birth (city	/country):				
				1	
C. Educational Background:					
Have you attended college? Yes []	No []				
Name(s) of colleges attended and dates	Name(s) of colleges attended and dates of attendance:				
Field(s) of study:					
Certificates or Degrees received:	Certificates or Degrees received:				
<u> </u>				1	
D. Work Experience:					
Name and address of current employer:					
Current job title:					
Number of years in current position:					

CONSULTATION QUESTIONNAIRE

Page 3

Specific description of current job duties:		
Do you own all or part of your employer? Yes [] No []		
Do you manage any other employees? Yes [] No [] If so, how many and what positions?		
E. United States Immigration History:		
What is your current United States immigration status, if any?		
When does such status expire? (month/day/year)		
What is your spouse's current United States immigration status, if any?		
What prior United States immigration statuses have you held?		
Have you ever filed an application for lawful permanent resident (Green Card) status in the United States?		
Have you ever (in the United States and/or abroad) been arrested for and/or convicted of a		
crime?		
Have you ever violated your United States immigration status? (if so, please describe)		
Have you ever been ordered removed or deported from the United States?		
Harmonia and the same discount for the same of the sam		
Have your parents or grandparents been citizens of the United States at any time?		

CONSULTATION QUESTIONNAIRE

Page 4

Have any of your relatives ever registered for immigration to the United States? If so, please describe the manner in which they registered.			
Please describe any other contact you have had with U.S. immigration authorities or the Immigration Courts of the United States.			
F. Other Information: Please list any other information you would like us to know about you.			
Acknowledgments			
I understand that I am providing this information to Rabinowitz & Rabinowitz, P.C. for the purpose of a consultation <u>only</u> , and that completing this form does not create an attorney-client relationship. I also understand that if I want to have Rabinowitz & Rabinowitz, P.C. represent me in my immigration matter, I must sign a written <u>Agreement for Legal Services</u> .			
If I have not done so already, I agree to pay the consultation fee for my consultation today.			
I have prepared the answers to these questions to the best of my ability, and I believe them to be true.			
Signed: [E:\Allfiles\Office Forms\Intake.form			