

Please use this **fillable** New Client Form to get a head start on your consultation intake paperwork.
Email the completed form to info@usavisa.net **OR** print out the completed form and bring it with you to your appointment.

BERGER, BERGER & SOBIESKI

CLIENT DATA SHEET

Attorney:

Date:

Client #:

*Fields are required

PERSONAL INFORMATION for Alien (CLIENT)

Referred by:

Last Name*	First Name*	Middle		
Maiden Name	Alias Name			
Home Street Address*	City/Town*	State/Provence*	Country*	Zip/Postal Code*
Home Phone*	Work Phone	Fax		
Cell Phone	Pager	Email Address*		
Date of Birth*	City and Country of Birth*	U.S. Social Security #		

CLIENT EMPLOYER INFORMATION

Employer Name	Contact Person	IRS ID#		
Street Address	City	State	Country	Postal Code
Phone	Fax	Email Address	Web Site	

CLIENT IMMIGRATION INFORMATION

Current Immigration Status*	Alien #			
I-94#	Expiration Date	Last Arrival Date	Last Arrival Place	
Passport #	Passport Expiration Date	Issuing Country		
Visa #	Visa Consulate	Visa Type		

SPOUSE INFORMATION

Last Name	First Name	Middle	Maiden Name	
Home Street Address	City	State	Country	Postal Code
Date of Birth	Country of Birth	Date of Marriage	Alien #	U.S. Social Security #
Home Phone	Work Phone	Fax		
Cell Phone	Pager	Email Address		

Child Name	Sex	Marital Status	Date of Birth	Country of Birth

(OVER)

EDUCATION

Names and Adresses of Schools, Colleges and Universities Attended	Field of Study	From Month Year	To Month Year	Degrees or Certificates Received

(OVER)

EMPLOYMENT/BUSINESS OWNED

Business Name	Type of Business	From Month Year	To Month Year	

Other Information

Have you ever applied for a U.S. Visa and been rejected? If so, to which U.S.Consulate of Port of Entry did you apply and why were you rejected?

Have you ever applied for permanent residence (Green Card) or labor certification? If yes, briefly explain when and list the petitioner:

Have you ever been arrested for any type of criminal offense? If yes, briefly explain what happened. If you were convicted and sentenced, list the conviction and your sentence:

* What legal service or concern do you need addressed during your consultation?

* Client Signature _____ Date _____ *

BILLING INFORMATION

Legal Fee \$		Description	
Retainer	Filing Fee	Courier	
Payment Schedule			
<input type="radio"/> Cash	<input type="radio"/> Check	Check #	<input type="radio"/> MC <input type="radio"/> Visa Credit Card # Expiration Date
Alternative Bill To		First Name	Last Name
Street Address	City	State	Postal Code Phone

Attorney Notes