

Student Visa Client Intake

INFO	DRMATION .	ABOUT YOU	
Name:			
Last:			
First:			
Middle:			
Middle:Other names used (including maide	en name):		
E-mail address:			
Current Address:			
Number			
and			
Street:			
City:	State:	Zip Code:	
Last Address Outside of U.S.:			
Number and Street:			
City:			
State/Province:			
Country:			
Postal Code:			
Phone:			

Home Pho	one:	Work Phone:				
Hours we call:	can	Hours we can call:				
Fax Numl	per:	Pager/Cell Phone:				
Social Sec No:	curity	Citizen of:				
Date and	Place of Birth:	Passport Information:				
Date of B	irth:	Passport Country:				
City or To	own:					
State or Province:		Passport Number:				
Country:		Expiration Date:				
What type of immigration assistance are you seeking?						
FAMILY INFORMATION						
Husband or Wife In the U.S Outside of U.S Unmarried						
Spouse's Name:						
Last:	Last:					

First:

Middle:		
Other names used (including maiden name	e):	
Current Address (put "same" if you live to	gether):	
Date and Place of Birth:	Social Security Number:	
Date and Place of Marriage:	Alien ("A") Number:	
Citizen of:	Immigration Status:	
Applying with you?	Expiration Date:	
Children: Sons and Daughters, include name, date & such status and if they are applying with you	country of birth, immigration status, expiration ou:	date of

Parents:							
	Name	City & Country o Birth	Citizen f of	Date (Birtl	Immiorai	¹⁰¹¹ Rocia	ountry of lence
Your Father:							
Your Mother*:							
Spouse's Father:							
Spouse's Mother*:							
* Use Mo	ther's Maiden N	ame					
	Marriages: Not Applicable)		_				
	Name of Ex- Spouse	Date of Marriage	Country of Marriage	of	Reason for Termination of Marriage	Date & Country of Termination of Marriage	Date of Birth of Ex- Spouse
Your previous marriages	y:						
Spouse's previous marriages	y:						

IMMIGRATION HISTORY				
Current Immigration Status:	Date Status	Expires:	Alien ("A") Number:	
Date of First Entry into U.S.:	Date of Last	t Entry into U.S.:	I-94 Number:	
			Expiration Date:	
Name Exactly as it Appears on I-94 Card:	Place of Las	st Entry into U.S.:	Non-Immigrant Visa Number:	
Consulate that Issued Visa:	Most Convenient Venue for Foreign Consulate Processing:			
Check every type of immigration	ion status tha	t vou have ever held and pr	ovide the dates:	
Immigration Status: Date(s		Immigration Status:		
	5)•	immigration Status.	Date(s).	
B Visitor:		E Trader/Investor:		
F Student:		H-1B Professional:		
J Exchange Visitor:		K Fiancee:		
L Manager:		O Outstanding Ability:		
T/N Canadian Worker:		Other:		
Check each one that you or your spouse have ever applied for or been the beneficiary of:				
(you) or (Spouse)	Date Filed	Sponsor Attorney	Result	

	Green Card			
	Immigrant petition			
(you) or (Spouse)		Date Filed	Sponsor Attorney	Result
	Labor certification			
	Asylum			
	Amnesty			
	IZA.	ADI OX	VMENT HISTORY	
Current E	mployer (or Employer		YMENT HISTORY ning on Your Behalf):	
Employer:				
Address:				
Job Title:			Salary:	
Date of Hire:			Are you related to your emplo	oyer?
May we co	ntact your employer?			
If ves who	om may we contact:			

Name	Title	Department	Phone Number
Employment in L	ast Five Years (anywher	re in the world)	
Job Title	Employer	Country	Duration
JOB QUALIFICA	ATIONS		
		s you possess, from any st	ate or country:
How many years o	f experience do you have	in your position or field?	

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Have you ever claimed to be a citizen of the United States or have you ever used another name for immigration purposes or for any other reason?
If yes, please explain in Detail:
Have you ever been denied a visa to come to the United States? If yes, when and what kind of visa:
During what years, if any, have you filed an Income Tax Return with the IRS?
If you ever had an Employment Authorization Card issued or denied by the INS, please provide details and dates:
Is there anything, not already covered in this form that you feel we should know?

INITIAL CONSULTATION AGREEMENT

- Please note that our first meeting is an initial consultation only. It does not
 establish an attorney- client relationship between Chillico & Associates, LLC and
 you.
- All information provided to the firm by you as part of this packet and at the Initial
 Consultation is protected by the Attorney Client Privilege. Please understand,
 however, that by meeting with you to discuss your legal concerns, Chillico &
 Associates, LLC has not undertaken your representation. Meeting with the firm for
 an Initial Consultation does not bind this firm or the potential client (you) in any
 way to provide further work or legal services.
- Should this firm undertake your representation, our arrangement must be formalized in writing and consideration must be paid for our services beyond the cost of the Initial Consultation.
- Essentially, the Initial Consultation is an opportunity for the firm to meet you and gather information about your legal concerns. It is also an opportunity for you and the firm to determine whether we are likely to have a strong, productive working relationship.
- The Initial Consultation lasts approximately one (1) hour. The cost for this consultation is
 \$250.00. Payment is due at the end of our meeting by cash, check, or major credit card.
- Immigration Law litigation is often an emotionally and financially draining process. It can also be lengthy and exhausting. Therefore, it is critical for the client, attorney, and the attorney's staff (if any) to work well together. Chillico & Associates, LLC realizes there are situations where the firm is not the right fit for a potential client. Therefore, that the firm retains the right to refuse to take on a matter, just as you, the potential client, retain the right to decide not to retain the firm.
- Thus, by signing this agreement, you acknowledge that this Initial Consultation is limited in scope and purpose, and does not require this firm to enter into a retainer agreement with you.
- By your signature below, you acknowledge that you have read this entire document, and agree and understand the limited nature of the Initial Consultation, as well as its cost. Thank you for considering Chillico& Associates, LLC.

[SIGNATURE PAGE TO FOLLOW]

I acknowledge that I have read, understand	d and agree to the statements above.
Name (please print)	Date
SIGNATURE	