**Immigration Legal Services**

300 E. Lombard Street, Suite 840

 Baltimore, MD. 21202

 (Office) 410.814.7566

 hrorpe.org

CLIENT DATA SHEET

**Alien #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLIENT CONTACT INFORMATION**

 Home Telephone Cell Phone Work phone E-mail Address

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**PERSONAL INFORMATION**

 Family Name First Name Middle name Sex Birthdate Citizenship/Nationality

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|  |  |  |  |  |  |

 All other names (including names by previous marriages) City and Country of Birth U.S. Social Security Number (if any)

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 Country of Citizenship Tribe Religion Marks or Scars

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 **Current Address**

 Street and Number City Apt # Province or State Zip Code

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 **Husband or Wife**

 First and last name Birth date City and Country of Birth City and country of residence

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|  |  |  |  |

 Marriage Date Place of Marriage Legal Status

|  |  |  |
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 (**If prior spouses see page 2**)

 **Former Husband or Wife**

 Name Birth date Date and place of Marriage Date and Place of termination of Marriage

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 **Children (By blood or Legal adoption only**)

 First and last Name Birth date Citizenship City and Country of Residence

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**(If more children see page 5)**

 **Parents**

 First and last name Birthdates Country of Birth City and Country of residenc

 **Brothers and Sisters (By blood or legal adoption only)**

 First and last name Birth date Country of Birth City and Country of Residence

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**(If more brothers and sisters see page 5)**

 **PASSPORT, VISA AND ENTRY INFORMATION**

 Place of Entry Date of Entry Visa Status at Entry Means of Entry Airline/Carrier Flight Number

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Passport Number Date Issued Place of Issuance Country of Issuance Date of Expiration

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 Non-Immigrant Visa Number Date Issued City and Country Agency of Issuance Date of Expiration

|  |  |  |  |  |
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 I-94 Number Date Issued Place of issuance Country of Issuance Date of Expiration

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 **RESIDENCE for the LAST FIVE YEARS. FROM TO**

 Street and Number City Province or State Zip Code Month/Year Month/Year

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**LAST address OUTSIDE the UNITED STATES of more than one year. FROM TO**

Street and Number City City Province or State Zip Code Month/Year Month/Year

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 **EMPLOYMENT for the last five years. List present employment first**. **FROM To**

 Full name and Address of Employer Occupation (specify) Month/Year Month/year

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|  |  |  | **PRESENT** |
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 **Show below last occupation abroad if not shown above. (Include all information requested above)**

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 **EDUCATION AND TRAINING**

 Name and Addresses of School, College, or University Field of Study Grade Completed From Month//Year To Month//Year

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 EXTRA PAGE (Children, brothers & sisters by blood or Legal adoption only)

 First name and last name Birth date Citizenship city and country of residence

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**PLEASE BE ADVISED THAT BEACH-OSWALD IMMIGRATION LAW ASSOCIATES, PC RESERVES THE RIGHT TO DESTROY THIS CLIENT DATA SHEET WITHOUT NOTICE IF NOT RETAINED WITHIN 6 MONTHS. COMPLETION OF THIS FORM AND CONSULTATION IS NOT PROOF OR EVIDENCE OF CLIENT/ATTORNEY RELATIONSHIP.**

|  |  |
| --- | --- |
| **Do Not write Below This Line**  |  **Consultation Notes** |

**ATTORNEY NOTES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action to be taken**  | **Estimated Legal Fees**  | **Retainer Amount** |  **Deadline** |
|  |  |  |  |

**ACTION ON RETAINER**

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