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INITIAL CLIENT QUESTIONNAIRE

CLIENT:

NAME: _____

ADDRESS: _____

A NUMBER: _____

SS NUMBER: _____

DATE OF BIRTH: _____

OCCUPATION: _____

WHERE EMPLOYED: _____

PHONE: (H) _____ (W) _____

(Cell) _____ (Other) _____

E-MAIL: _____

IF CORPORATION, CONTACT PERSON: _____

STATUS OF CLIENT:

Nationality: _____

Date of Entry into the U.S.: _____

Status at Entry into the U.S. (Visa type): _____

Present Status (Visa type): _____

SUBJECT MATTER:

WHO IS THE BENEFICIARY (Circle one):

Above Client

Other Person (complete below)

SEEKING TO (Circle one):

Change Status (from one non-immigrant visa to another)

Adjust Status (from non-immigrant visa to legal permanent resident)

Obtain Non-Immigrant Visa (such as H-1B, L1, F1, etc.)

Other (explain): _____

OTHER PERSON (PETITIONER/BENEFICIARY):

NAME: _____

ADDRESS: _____

PHONE: _____

RELATIONSHIP TO CLIENT: _____

A NUMBER: _____

SS NUMBER: _____

STATUS OF OTHER PERSON:

Nationality: _____

Date of Entry into the U.S.: _____

Status at Entry into the U.S. (Visa type): _____

Present Status (Visa type): _____

REFERRAL:

HOW DID YOU HEAR ABOUT OUR FIRM (Circle one):

Internet (Please fill in web site): _____

Referral (Please fill in name of person): _____

Other (Please explain): _____

OTHER:

MAY WE MAIL MATERIALS TO THE ABOVE ADDRESS (Circle one):

Yes No (Provide mailing address below)

