

Client Information Sheet

Mr. Mrs. Miss. Ms. (circle one)

Today's Date: _____

Last Name: _____

First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Other names used, maiden names and alias: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

City and State of Birth: _____ Country of Birth: _____

Alien Registration No: _____ Social Security No: _____

Current Status: _____ Expiration: _____

Date of Entry: _____ Status at Entry: _____

Marital Status: _____ Occupation: _____

Dependent Children: _____ DOB: _____ Citizenship: _____

Relative/Alt. Contact's Name: _____

Relationship to Client: _____

Street Address: _____

Open file? 9 yes 9 no
Date Opened: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

For Office Use Only:

Filing Deadline: _____

Relief Available: _____

Voluntary Departure

Cancellation of Removal

Asylum/CAT/WR

Adjustment

VAWA

Other (Appeal, etc)

Criminal Contact:	Yes	No	Detained:	Yes	No
U.S. Qualifying Relative:	Yes	No	Bail:	Yes	No
Previous Removal:	Yes	No			

NOTES: