

Date:

CLIENT INFO

IMMIGRANT'S INFORMATION 이민인 정보

Full Name : _____ **Social Security #** : _____
Maiden Name : _____ **Alien Regis. #** : _____
Street : _____ **City** : _____
State : _____ **County** : _____ **Zip** : _____
Contact : (home) _____ (work) _____
(cell) _____ (other) _____
(email) _____
DOB : _____ **Age** : _____ **Place of Birth** : _____ **Race** : _____
Employer Name : _____
Employer Address : _____
Job Title : _____ **Length of Employment** : _____
Salary : _____ **Driver License #** : _____
How did the immigrant enter the United States? : _____
What is the immigrant's current immigration status? : _____
Can the immigrant read and write in English? : _____
Does the immigrant have any criminal history? : _____
Was the immigrant previously married? : **YES** **NO**
Date of Divorce : _____ **County/ State of Divorce** : _____
Name of Ex-Spouse : _____

SPONSOR INFORMATION 스폰서 정보

Full Name : _____ **Social Security #** : _____
Maiden Name : _____ **Alien Regist. #** : _____