

*Gozde Lir Hobstetter, Esq.*  
112 West 34<sup>th</sup> Street Ste 17044, New York NY 10120  
(347) 734-5132  
gozde@hobstetterlaw.com

## Personal Information

Full Legal Name: \_\_\_\_\_

Other names used in the past: \_\_\_\_\_

Name on Green Card: \_\_\_\_\_

Address in the US: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

List of all citizenships: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_

Date you became a Permanent Resident (mm/dd/yyyy): \_\_\_\_\_

Port of Entry or USCIS Office where Status was Adjusted: \_\_\_\_\_

Present Marital Status:

Married

Widowed

Divorced

Single

Sex:

Male

Female

Height: \_\_\_\_\_

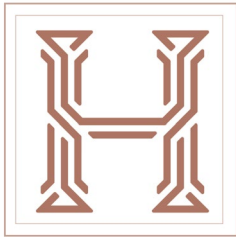
Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Race:

White



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Asian

Black or African American

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Can you speak, read, and write English?

Yes    No

Current Spouse's Information (If applicable):

His/Her Legal Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date and Place Married: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy): \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Current Spouse Information Social Security #: \_\_\_\_\_

Alien Number (if any): \_\_\_\_\_

Telephone: \_\_\_\_\_

Immigration Status (if not U.S. Citizen): \_\_\_\_\_

Date and Place of Naturalization: \_\_\_\_\_

How many times have you been married (including the current marriage)

List all addresses where you have lived during the last 5 years:

From \_\_\_\_\_ To \_\_\_\_\_ :

\_\_\_\_\_

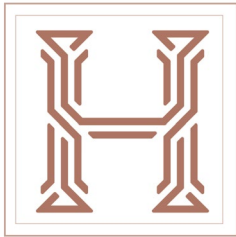
From \_\_\_\_\_ To \_\_\_\_\_ :

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ :

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ :



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Your Employment History during the last 5 years:

From \_\_\_\_\_ To \_\_\_\_\_ :

Employer Name:

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Address:

---

Occupation:

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From \_\_\_\_\_ To \_\_\_\_\_ :

Employer Name:

---

Address:

---

Occupation:

---

From \_\_\_\_\_ To \_\_\_\_\_ :

Employer Name:

---

Address:

---

Occupation:

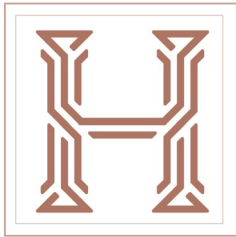
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From \_\_\_\_\_ To \_\_\_\_\_ :

Employer Name:

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Address:



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Occupation:

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Travel History Since you became a permanent resident:

From \_\_\_\_\_ To \_\_\_\_\_ :

Which Country did you visit: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ :

Which Country did you visit: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ :

Which Country did you visit: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ :

Which Country did you visit: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ :

Which Country did you visit: \_\_\_\_\_

How Many children do you have? \_\_\_\_\_

Full name of the child 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Full name of the child 2: \_\_\_\_\_

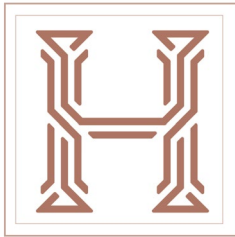
Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_

Full name of the child 3: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current address: \_\_\_\_\_



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Have you ever aided, supported, or been a member of a totalitarian or communist party?

Yes   No

Participated in the persecution of any person because of race, religion, national origin, or political opinion?

Yes   No

Deserted the Armed Forces of the U.S. or avoided being drafted?

Yes   No

Have you ever registered under Selective Service?

Yes   No

Have you ever applied for exemption from military service?

Yes   No

Since becoming a permanent resident, have you failed to file a federal income tax return?

Yes   No

Have you ever been deported or had deportation proceedings against you?

Yes   No

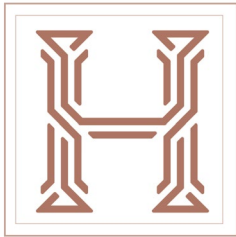
Have you given false testimony for immigration benefits?

Yes   No

Have you ever claimed to be a U.S. citizen?

Yes   No

Have you ever declared legally incompetent or confined as a mental patient?



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Yes No

Have you ever committed any crime or ever been arrested for violating any law (excluding traffic regulations)?

Yes No

Have you ever been arrested for any reason?

Yes No