

VAWA/ U Visa Consultation Form

ABOUT YOU:
NAME(S):
Other Name/Maiden
CURRENT ADDRESS:
Safe Address: Yes/No
SAFE TELEPHONE:
E-MAIL:
EMPLOYMENT:
TELEPHONE NO:
E-MAIL:
HOUSEHOLD SIZE:
INCOME:
DATE OF BIRTH:
PLACE OF BIRTH:
RACE: _____
COUNTRY OF CITIZENSHIP:
MARITAL STATUS:
HOW MANY TIMES YOU'VE BEEN MARRIED
IF PRIOR MARRIAGES, PLEASE NAME, DATE AND PLACE OF MARRIAGE
IF PRIOR DIVORCES PLEASE NAME, DATE AND PLACE OF DIVORCE
LANGUAGE(S):
DISSABLED Y/N

ABOUT YOUR ENTRY IN THE UNITED STATES

HOW MANY TIMES HAVE YOU COME TO THE US?

CURRENTLY IN THE US?

DATE OF LAST ARRIVAL:

MANNER OF ENTRY:

CURRENT IMMIGRATION STATUS:

A#:

I-94 ENTRY CARD: Yes ___ No: _____

EXPIRATION DATE: _____ POE: COA: _____

EXPIRATION OF PASSPORT: _____ EXPIRATION OF VISA: _____

EMPLOYMENT AUTHORIZED? _____ EXPIRATION: _____

SOCIAL SECURITY NUMBER:

PREVIOUS ENTRIES/DATE:

MANNER OF ENTRY:

POE:

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED?

WHY WERE YOU ARRESTED

DID YOU GO TO CRIMINAL COURT?

HAVE YOU EVER BEEN CONVICTED OF ANYTHING?

HAVE YOU EVER BEEN A HABITUAL DRUNKARD

HAVE YOU EVER BEEN A DRUG ADDICTED

ILLEGAL GAMBLING?

HAVE YOU EVER VOTED INSIDE THE US?

POLYGAMY?

PROSTITUTION

HAVE YOU EVER BEEN A HABITUAL DRUNKARD

HAVE YOU EVER BEEN A DRUG ADDICTED

ILLEGAL GAMBLING?

HAVE YOU EVER VOTED INSIDE THE US?
POLYGAMY?
PROSTITUTION?

IMMIGRATION HISTORY
DO YOU HAVE A GREEN CARD?
EXPIRATION DATE:
HOW DID YOU OBTAINED YOUR GREEN CARD?
ARE YOU IND DEPORTATION PROCEEDINGS?
HAVE YOU BEEN DEPORTED? WHEN?WHERE?
WHEN IS YOUR NEXT HEARING?
WHAT COURT DID YOU GO OR ARE YOU GOING TO?
HAVE YOU EVER USED FALSE DOCUMENTS TO ENTER THE US?
HAVE YOU EVER CLAIMED TO BE A US CITIZEN?
HAVE YOU EVER BEEN REMOVED BY A JUDGE?
HAVE YOU EVEN BEEN REMOVED AT THE BORDER?

HAS YOUR SPOUSE EVER SUBMITTED AN i-130 ON YOUR BEHALF?
IF SO, WHEN, WHERE, OUTCOME
HAVE YOU EVER FILED AN I-485?
IF SO, WHEN WHERE, OUTCOME
DID YOU EVER ATTEND AN INTERVIEW WITH AN IMMIGRAITON OFFICER AT USCIS?
HAVE YOU COMMITTED IMMIGRATION FRAUD?
HAVE YOU EVER HELPED SOMEONE ENTER THE US?

ABOUT YOUR CHILDREN
HOW MANY CHILDREN YOU HAVE:
NAME, DOB, PLACE OF BIRTH
NAME, DOB, PLACE OF BIRTH

NAME, DOB, PLACE OF BIRTH
NAME, DOB, PLACE OR BIRTH
DO YOU HAVE CHILDREN LIVING OUTSIDE THE US?

ABOUT THE ABUSER:
NAME OF SPOUSE/ABUSER:
COUNTRY OF BIRTH OF ABUSER:
DOB OF ABUSER:
IMMIGRATION STATUS OF ABUSER:
SSN:
CRIMINAL HISTORY OF ABUSER:
ABOUT THE ABUSE:
HAVE YOU BEEN A VICTIM OF PHYSICAL ABUSE?
BY WHOM:
WHEN AND WHERE WAS THE FIRST INCIDENCE?
HOW DID THE VIOLENCE OCCUR?
WHERE YOU HIT IN FRONT OF YOUR CHILDREN?
IF YES, PLEASE DESCRIBE:
HAS THE ABUSER EVER: PUSHED-PULLED HAIR- KICKED- SCRATCHED- PUNCHED- USED WEAPON- SEXUALLY ASSAULTED – THREATENED TO COMMIT HARM TO YOU- YOUR CHILDRE, FAMILY, PETS- POSSESSIVENESS – ECONOMIC ABUSE – DEGRADATION – NAME CALLING.
HAVE YOU SEEN A COUNSELOR OR SOCIAL WORKER REGARDING THE ABUSE?
HAVE YOU BEEN TO A SHELTER?
HAVE YOU EVER REPORTED THE ABUSE TO THE POLICE?

IF SO, PLEASE PROVIDE POLICE/COURT RECORDS

IF SO, WHEN, WHERE, WHAT HAPPENED TO ABUSER

HAVE YOU EVER FILED RESTRAINING ORDER?

HAVE YOUR CHILDREN BEEN ABUSED

SUMMARY OF CASE:

HAVE YOU SEEN A LAWYER BEFORE ABOUT THIS CASE?: Y/N