

Dear Prospective Client:

Thank you for calling our office to obtain professional advice about U.S. immigration laws and regulations. Several documents are essential in every immigration case. Please bring the following to the appointment:

1. Passport(s)
2. I-94, and all I-20s
3. All correspondence to and from the US CIS, Employment Authorization Document, travel documents, etc.
4. Resume and credentials
5. Any other written materials pertaining to your case

To save time, please bring photocopies of all items. Please note that a red ink stamp on the I-94 card must be legible. You only need to copy those passport pages with writing on them. I need this in order to properly advise you. All information is strictly confidential.

Please try to collect and bring as many of the listed documents as possible/available.

At the conclusion of the consultation, which should last no longer than one hour, I expect to have reviewed your documents and recommend a strategy. \$250 will be due at that time for the initial meeting. You may pay with cash or check, as I do not have a credit card processing capability at present. If within 30 days a mutual decision is made to establish an attorney-client relationship, the payment will be credited towards the total fees.

It should be clearly understood that until such time as a Contract for Legal Services is signed between you and my company, you are NOT considered to be a client. However, all information provided at the consultation will be kept strictly confidential.

My address is 110 Sutter Street, Suite 512, San Francisco, CA 94104. My office is located on the fifth floor, in the 10-story building at the corner of Montgomery and Sutter. It is a short walk from Montgomery BART/Muni station. If you drive, I recommend that you park in the underground Stockton Bush garage.

We look forward to seeing you in the office.

Very truly yours,

Marina Serebryanaya

Attorney at Law

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This page, and all the accompanying pages, are confidential and work-product privileged. This communication is intended only for the recipient(s) identified above. If you are not an intended recipient, please refrain from any use, dissemination or disclosure of the content of this message. Kindly contact us at (415) 772-9820 immediately, so that we can correct any erroneous transmissions. Thank you for your anticipated courtesy.

I. INITIAL ALIEN QUESTIONNAIRE AND DOCUMENT CHECKLIST

Please list all « DATES » as (day/MONTH/year)
Please list all « PLACES » as (city, state, country).

Last Names: _____ **First Names:** _____

Birth Date: ____ / ____ / ____ **Birthplace:** _____
Current Nationalities: _____
(day / MONTH / year) (city, province or state, country)

Social Sec #: _ _ _ _ _
CA ID/DL #: _ _ _ _ _

Home Country Address:

(Street Number, Room or Apartment Number, City, State, Country, Zip)

US Home Address:

(Street Number, Room or Apartment Number, City, State, Country, Zip)

US Home Telephone:(_ _ _) _ _ _ _ _
Home Fax: (_ _ _) _ _ _ _ _

E-mail address: _____

Academic History

1. University: _____ **Degree:** _____

Year: ____ Specialization: _____

2. University: _____ **Degree:** _____ **Year:** ____

Specialization: _____

Current US Visa (in your passport) **Exp. Date** ____ / ____ / ____ **Type** ____
Multiple Entry ? No Yes (day / MONTH / year)

I-94 (white card) validity period: _____

I-94 Admit # _ _ _ - _ _ _ - _ _ _

Have you ever overstayed the duration of a visa status? No Yes

If yes, IT IS NECESSARY TO DISCUSS EACH OVERSTAY INCIDENT WITH YOUR ATTORNEY

Last US entry: ____ / ____ / ____ **Place:** _____ **Status:** ____

Expiration: ____ / ____ / ____
(if any) (day / MONTH / year) (city, & state)

INS A# (if any): __ __ - __ __ - __ __

Marital Status: Single Legally married Separated Divorced Widowed /

Children? No/ Yes Number

SPOUSE'S INFORMATION:

Spouse's Surname: _____

Given Names: _____

Last US entry: ____ / ____ / ____ **Place:** _____ **Status:** ____

Expiration: ____ / ____ / ____

INS A# __ __ - __ __ - __ __

I-94 Admit # __ __ - __ __ - __ __

Home Country Address:

(Street Number, Room or Apartment Number, City, State, Country, Zip)

US Home Address

(Street Number, Room or Apartment Number, City, State, Country, Zip)

US Home Telephone: (__ __ __) ____ - ____ - ____ Home Fax: (__ __ __) ____ - ____ - ____

Spouse's Social Security Number: __ __ - __ __ - __ __

CHILD'S INFORMATION, if any (please use additional paper if more than one child):

Child's Surname: _____

Given Names: _____

Birth Date(s): ____ / ____ / ____

Birthplace(s): _____

Current Nationalities: _____

Last US entry: ____ / ____ / ____ Place: _____ Status: ____

Expiration: ____ / ____ / ____

INS A# __ __ - __ __ __ - __ __ __

I-94 Admit # __ __ __ - __ __ __ __ - __ __ __

Home Country Address: (If different from your own)

(Street Number, Room or Apartment Number, City, State, Country, Zip)

US Home Address: (If different from your own)

(Street Number, Room or Apartment Number, City, State, Country, Zip)

US Home Telephone: (__ __ __) __ __ __ __ __ __

Home Fax: (__ __ __) __ __ __ __ __ __

Child's Social Security Number: __ __ __ __ __ __

Please provide the information requested above for each of your children.

DOCUMENT CHECKLIST Please attach **copies (not originals)** of the following items:

- College/university diploma and/or transcript and English translation, if in foreign language.
- Educational evaluation of foreign diploma/transcripts (if available).
- Detailed résumé (in English).
- I-797 Approval Notices for prior H-1B, L-1, E-2, E-1, O-1, B, or any other status.
- Form I-94 and / or I-20.
- Full Copy of Passport
- Marriage Certificate
- Divorce or Death Certificate (for each former spouse of both beneficiary and petitioner)
- Birth certificates (petitioner and all beneficiaries)
- Naturalization Certificate