Beneficiary's (Employee's) Questionnaire

Employees : Please complete Par information required in Part B.	t A of this questionnaire and provide us with all the documents and
Do You need H-4 status for a spouse and/or children ?	🔍 Yes 🔘 No
Employer Name	
Beneficiary's (Employee's)	Name
Last Name	
Middle Name	
First Name	
Phone (R)	
Phone (O)	
Fax	
E Mail	
Part A : Information for H-1E	B Petition
Address in US (R)	
Foreign Address (R)	
, , , , , , , , , , , , , , , , ,	
Date of Birth	
Country of Birth	
Citizenship	
I-94 Number	
Date you last arrived in US	
Status you arrived in ?	
Immigration status now	
Status Expiration date	held or applied for ? Leave it blank if not applicable. Please attact
all INS approvals or denails.	
H-1B Dates	
H-4 Dates	
F-1 Dates	
F-2 Dates	
J-1 Dates	
J-2 Dates	

L-1 Dates	
L-2 Dates	
Others (specify visa type and dates seperated with ",")	
If you have spent over 3 years in H-1 status, please list all periods you spent outside the US during that time :	
Did the INS ever officially decide that you were out of status ? If so, please add a short note of explanation for our law office files or else leave it blank	
Social Security Number (if applicable)	
EAD (employment Authorization Document) expiry date	
If you were in your home country, to which U.S. Consulate would you go for a visa ?	
Do you have a green card in proceess ?	🔍 Yes 🔘 No
If yes, then whether it is handled by our law offices ?	🔘 Yes 🔘 No
	ssed elsewhere, please obtain a copy of the job description used in y

If your green card is being processed elsewhere, please obtain a copy of the job description used in your Labor Certification application. If the jobs (H-1B and Labo Certification) are the same, we want to check job dscriptions for consistency.

Part C : Spouse's and Children's Documents and Information

Attachments for Spouse

- Spouse's I 94 (front and back, all dates legible)
- Copy of marriage license
- Copy of passport identity pages and U.S. visa

If your spouse is in F-1 status, attach

- Form I-20
- EAD Card (if applicable)

Beneficiary's Spouse's Information

Last Name	
Middle Name	
First Name	
Forign Address (R)	h
Date of Birth	
Country of Birth	
Dateof last arrival in U.S	
Status at last arrival	
I-94 Number	
Passport Number	

Passport Issue Date		
Passport Expiry Date		
Current Immigration Status		
Status Expiration Date		
Social Security Number (if applicable)		
No. of Children		

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