

**LAW OFFICES OF HEMANT R. HABBU, INC.**  
A PROFESSIONAL CORPORATION

95 South Market Street, Suite 530  
San Jose, California 95113  
Telephone: (408) 993-9577  
Facsimile: (408) 881-0456

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**PERMANENT RESIDENT STATUS APPLICATION (I-485) QUESTIONNAIRE**

(Please PRINT CLEARLY and be complete)

Return questionnaire to:

Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**LAW OFFICES OF HEMANT R. HABBU, Inc.**  
95 South Market Street, Suite 530  
San Jose, California 95113

**INFORMATION ABOUT YOU:**

Complete name: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Current U.S. ADDRESS: \_\_\_\_\_  
(Street No. and Name) (Apt. No.) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_  
(MONTH/DAY/YEAR)

Place of Birth: \_\_\_\_\_  
(City or Village, Province or State and Country)

Social Security No.  
and/or Tax ID No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ A # (if any): \_\_\_\_\_

Date of Last Arrival in U.S.: \_\_\_\_\_ Form I-94 #: \_\_\_\_\_  
(MONTH/DAY/YEAR)

Current INS Status: \_\_\_\_\_ Expires On: \_\_\_\_\_  
(MONTH/DAY/YEAR)

**PROCESSING INFORMATION:**

Current Occupation: \_\_\_\_\_

Your mother's FIRST name: \_\_\_\_\_ Your father's FIRST name: \_\_\_\_\_

Give your name EXACTLY as it appears on Form # I-94 card: \_\_\_\_\_

Place of last entry into the U.S. (city/state): \_\_\_\_\_ in what status did you last enter: \_\_\_\_\_

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**Questionnaire**

U.S. Visa Control No.: \_\_\_\_\_ Consulate where Visa was issued: \_\_\_\_\_  
Visa No.: \_\_\_\_\_ Date Visa issued: \_\_\_\_\_

(Circle one) MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ MARITAL STATUS: Single Married Divorced Widowed

Have you ever before applied for permanent resident status in the U.S.? NO \_\_\_\_\_ YES \_\_\_\_\_

List present HUSBAND/WIFE, ALL SONS/DAUGHTERS (if you have none, write "NONE". If additional space needed, use separate paper):

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year) Social Security No. (IF available): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applying with you: YES / NO (circle one)

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year) Social Security No. (IF available): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applying with you: YES / NO (circle one)

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year) Social Security No. (IF available): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applying with you: YES / NO (circle one)

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year) Social Security No. (IF available): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applying with you: YES / NO (circle one)

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month/day/year) Social Security No. (IF available): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Applying with you: YES / NO (circle one)

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List any present/past membership in or affiliation with every political organization, association, etc. (include foreign military service). If none, write "NONE".

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Please answer the following questions ( if your answer is "YES" on any of these questions, explain on a separate piece of paper. Answering "YES" does not necessarily mean that you are not entitled to register for permanent residence or adjust status).

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
- b. Been ARRESTED, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, EXCLUDING traffic violations ( no parking or speeding tickets)?
- c. Been the beneficiary of a pardon, amnesty, and rehabilitation decree, other act of clemency or similar action?
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the U.S.?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
- c. Knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever engaged in, conspired to engaged in, or do you intend to engaged in, or have you ever solicited membership or funds for, or have you trough any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Do you intend to engage in the U.S. in:

- a. Espionage?
- b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
- c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

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Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government or Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever been deported from the U.S., or removal from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Are you a final order of civil penalty for violation section 274C of the Immigration Act for use of fraudulent documents, or HAVE YOU, BY FRAUD OR WILLFUL MISREPRESENTATION OF A MATERIAL FACT, EVER SOUGHT TO PROCURE, OR PROCURED, A VISA, OTHER DOCUMENTATION, ENTRY INTO THE U.S. OR ANY OTHER IMMIGRATION BENEFIT?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever been a "J" NONIMMIGRANT EXCHANGE VISITOR WHO WAS SUBJECT TO THE 2 YEAR FOREIGN RESIDENCE REQUIREMENT AND NOT YET COMPLIED WITH THAT REQUIREMENT OR OBTAINED A WAIVER?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Do you plan to practice polygamy in the U.S.?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

Have you ever applied for an Employment Authorization Document (EAD) from INS (e.g. practical training)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, which INS Office? \_\_\_\_\_ Date \_\_\_\_\_

*Principal Applicant* please complete if applying with accompanying family members.

a) On deposit in savings banks in the U. S.: \$ \_\_\_\_\_



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<b>HUSBAND OR WIFE</b>	Family name (for wife, give name prior to marriage)	First Name	Birth date	City and country of Birth	Date and place of of marriage
(if none, please state so _____)					

<b>FORMER HUSBANDS OR WIVES</b>	Family Name (for wife, give name prior to marriage)	First Name	Birth date	Date and Place of Marriage	Date and Place of ter- mination of Marriage
(if none, please state so _____)					

<b>Applicants residence for last 5 years. List present address first</b>					
Street and number	City	Province or State	Country	From	To
					<b>PRESENT</b>

<b>Applicant's Employment in last 5 yrs. (if none, state so) List Present employer first</b>			
Name and Address of Employer	Occupation (Specify)	Month/Yr.	Month/Yr.
			<b>PRESENT</b>

<b>Last Occupation Abroad if not included above.</b>			
Name and address of employer:	Occupation (specify)	From	To
(mm/yr) To (mm/yr)			

<b>Last address outside the U.S. for more than one year:</b>	
From	To
(mm/yr)	(mm/yr)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

PLEASE NOTE THAT FULL PAYMENT MUST BE RECEIVED BEFORE ANY WORK CAN BEGIN.  
FEE INFORMATION CAN BE PROVIDED UPON REQUEST.

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**FORM I-131 – ADVANCED PAROLE/TRAVEL DOCUMENT**  
**APPLICATION QUESTIONNAIRE**

(Please PRINT CLEARLY and be complete)

Return questionnaire to:

Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**LAW OFFICES OF HEMANT R. HABBU, Inc.**  
**95 South Market Street, Suite 530**  
**San Jose, California 95113**

**INFORMATION ABOUT YOU:**

Complete name: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

Your Name exactly as it appears on your Permanent Resident Card.:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Have you used other names?, provide them below:

\_\_\_\_\_  
(Last Name) (First Name) (Middle Name)  
\_\_\_\_\_  
\_\_\_\_\_

Current U.S. ADDRESS: \_\_\_\_\_  
(Street No. and Name) (Apt. No.) (City) (State) (Zip Code)

Mailing address if different from home address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MONTH/DAY/YEAR)

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

Social Security No.  
and/or Tax ID No.: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date you became a Permanent Resident: \_\_\_\_\_  
(MONTH/DAY/YEAR)

Place where you became a Permanent Resident: \_\_\_\_\_

How many total days did you spend outside of the United States during the past 5 years? \_\_\_\_\_

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How many trips of 24 hours or more have you taken outside of the United States during the past 5 years? \_\_\_\_\_

List below all the trips of 24 hours or more that you have taken outside of the U.S. since becoming a Lawful Permanent Resident. Begin with your most recent trip. (Please use a separate sheet of paper if need more space)

Date you Left the U.S	Date you Returned to the U.S.	Did Trip Last 6 month or + More	Countries to Which you Travel	Total Days Out of the U.S.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of intended departure (Month/day/year) \_\_\_\_\_

Expected length of trip: \_\_\_\_\_

Reason for trip: \_\_\_\_\_ (Use separate paper if necessary)

Where would you like the travel document (Approval) to be sent? \_\_\_\_\_

**Since you became a Permanent Resident have you ever filed a federal income tax return as a nonresident?** \_\_\_\_\_

\_\_\_\_\_  
Signature  
Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS:**

1. **Entire copy of passport**
2. **Two recent and identical color photographs (passport style)**
3. **Copy of Alien Resident Card (front and back), if applicable**
4. **Copy of Receipt Notice of the Form I-485 Adjustment of Status Application, if applicable**

PLEASE NOTE THAT FULL PAYMENT MUST BE RECEIVED BEFORE ANY WORK CAN BEGIN.

FEE INFORMATION CAN BE PROVIDED UPON REQUEST.

PLEASE RETURN COMPLETED CHECKLIST TO THE FOLLOWING ADDRESS:

**LAW OFFICES OF HEMANT R. HABBU, INC.**  
95 South Market Street, Suite 530  
San Jose, California 95113  
Telephone: (408) 993-9577  
Facsimile: (408) 881-0456  
[hrhabbu@habbulaw.com](mailto:hrhabbu@habbulaw.com) –or– [dtanaka@habbulaw.com](mailto:dtanaka@habbulaw.com)