# **QUESTIONNAIRE FOR H-4 DEPENDENT(S)**

## FIRST DEPENDENT:

Name				
Last/Family		First	Middle	
Date of birth://	U.S. Soci	al Security # (if any	)	
Country of birth:	Pro	Province of birth:		
Country of citizenship: _		Daytime phone #:		
Residence address in th	าe U.S			
(Please note that the USCIS change of residence address		es must be notified with	nin 10 days of a	
Most recent residence a	address in home cou	intry:		
	Street Address			
City	State/Province	Postal Code	Country	
PASSPORT INFORMA	TION:			
Country of issuance:		Expiration date:		
ARRIVAL INFORMATIC	<u>DN:</u>			
Date of last arrival:		I-94 #:		
Current status:		Expires on:		
ADDITIONAL INFORM	<u>ATION</u> :			
Answer the following que explain in the section fo			estion, please	
<ol> <li>Are you, or any othe immigrant visa?</li> </ol>	r person included or Yes No		applicant for an	
<ol> <li>Has an immigrant pe included in this appli</li> </ol>		d for you or for any s No	other person	

- Has a Form I-485, application to Register Permanent Residence or Adjust Status, ever been filed by you or by any other person included in this application?
   Yes \_\_\_\_ No \_\_\_\_
- Have you, or any other person included in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.? Yes \_\_\_\_ No \_\_\_\_
- Have you, or any other person included in this application, done anything that violated the terms of the nonimmigrant status you now hold? Yes \_\_\_\_ No \_\_\_\_
- 6. Are you, or any other person included in this application, now in removal proceedings? Yes <u>No</u>

• If you answered "Yes" to Question 6, give the following information concerning the removal proceedings. Include the name of the person in removal proceedings and information on jurisdiction, the date the proceedings began and the status of the proceedings.

 Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status? Yes \_\_\_\_ No \_\_\_\_

• If you answered "No" to Question 7, fully describe how you are supporting yourself. Include the source, amount and basis for any income.

• If you answered "Yes" to Question 7, fully describe the employment. Include the name of the person employed, name and address of the employer, weekly income and whether the employment was specifically authorized by USCIS.

Question No: \_\_\_\_\_

Question No: \_\_\_\_\_

If more space is needed, please use a separate sheet of paper.

## ADDITIONAL DEPENDENT:

Name			
Name Last/Family	First	Middle	
Date of birth://	U.S. Social Security # (if any)		
Country of birth:	Province of birth:		
Country of citizenship:			
PASSPORT INFORMATION:			
Country of issuance:	Expiration date	:	
ARRIVAL INFORMATION:			
Date of last arrival:	I-94 #:		
Current status:	Expires on:		
Name Last/Family	First	Middle	
Date of birth://	U.S. Social Security # (if any)		
	Province of birth:		
Country of citizenship:			
PASSPORT INFORMATION:			
Country of issuance:	Expiration date	:	
ARRIVAL INFORMATION:			
Date of last arrival:	I-94 #:		
Current status:	Expires on:		

## **ADDITIONAL DEPENDENT:**

Name			
Last/Family		First	Middle
Date of birth://	U.S. Social Security # (if any)		
Country of birth:	Province of birth:		
Country of citizenship:			
PASSPORT INFORMATION:			
Country of issuance:		Expiration date: _	
ARRIVAL INFORMATION:			
Date of last arrival:		I-94 #:	
Current status:		Expires on:	
ADDITIONAL DEPENDENT:			
Name Last/Family	First	Mi	ddle
Date of birth://	U.S. Social Se	curity # (if any)	
Country of birth:	_ Province of birth:		
Country of citizenship:		_	
PASSPORT INFORMATION:			
Country of issuance:		Expiration date: _	
ARRIVAL INFORMATION:			
Date of last arrival:		I-94 #:	
Current status:		Expires on:	

### **ADDITONAL DEPENDENT:**

Name Last/Family	First	Middle		
Date of birth://				
Country of birth:	Province of birth:			
Country of citizenship:				
PASSPORT INFORMATION:				
Country of issuance:	Expiration date:			
ARRIVAL INFORMATION:				
Date of last arrival:	I-94 #:			
Current status:	Expires on:			

7/07