113 S. Monroe Street

*(850) 938- 5465 *Office**

Tallahassee, Florida 32301
(954) 210-7777

Name _____ Birth Date _____

Address _____ City _____

State _____ Zip Code _____ Cell Phone _____

Employer Name: _____

Email_____

Application type: _____ Filing date: _____

Receipt # _____ USCIS account number (A-number) _____

What is your country of origin? _____ Passport number: _____

Date of issuance: _____ Expiration date:_____ Place of issuance:_____

Why you are seeking a lawyer's assistance?

_____

_____

_____

Are you a legal permanent resident?

_____

How long do you have a legal permanent residency card?

_____

Have you been physically present in US for at least 30 months out of the last five years?

_____

Please list all the addresses where you lived for the last 5 years.

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Starting date	Ending date	Address