Family Visa & Immigration Services, LLC

547 S Arlington Ave Reno, NV 89509 (775) 826-2099

Questionnaire for Attorney Consultation

Complete the this on-line form so that we may schedule a preliminary phone consultation to assist you with your immigration requirements.

Three ways to submit the form:

- 1. Complete the form on-line, save it and email it to:
 John Carrico, sunrisecr@gmail.com
- 2. Complete the form on-line, print it and mail it to:
 Family Visa & Immigration Services, LLC
 547 S Arlington Ave
 Reno. NV 89509
- 3. Save the form, complete it by hand, and mail it to:
 Family Visa & Immigration Services, LLC
 547 S Arlington Ave
 Reno, NV 89509

Your information is confidential for use only with our office.

Family Visa & Immigration Services, LLC

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Questionnaire for Attorney Consultation

* required information

*Your Name:		Phone:	Date	:
		ent Resident: Other:		
Section 2 *Name of Person who needs he	elp:			
Immigration Status: Illegal/No	Status: Work Permit:	Permanent Resident:	Visa: ☐ Other: ☐	
Address:	Cit	y:	State:	Zip:
Phone:	email:		_	
Country of Birth:				
Section 3 *Immigration History / Entries a	and Returns:			
First Entry: Month Yea	ar	Entered	l with Visa? yes ☐ no	
Most recent Entry: Month	Year	Entered	l with Visa? yes ☐ no	
Other Entries & Returns: Month	ı Year	Month Ye	ar	
*Describe your need for an Imr	nigration Attorney:			
Section 5 Schedule a phone conversation	n with an Immigration Attorno	ey:		
*Select the best day(s) of the w	veek to contact you: Mon.	Tue. Wed.	Thur. 🔲 Fri. 🖵	
*Select the best time to contact	t you: 9:30am - 11:00am	1:30pm - 3:00pm		
Choose a Date to be contacted	- :			