

landoli & Desai, P.C.

Candidate's Questionnaire and Document Checklist

Please forward completed Questionnaire and documents on checklist to:

Attn:
landoli & Desai, P.C.
38 Third Avenue, Suite 100 East
Boston, MA 021219

By e-mail:

A. Information Regarding Candidate

1. **Name:**
2. **Foreign Address, if any:**
3. **US Address, if any:**
4. **Preferred E-Mail address:**
5. **Preferred Telephone Number:**
6. **Date of Birth:**
7. **City, State/Province, Country of Birth:**
8. **Citizen of:**
9. **Social Security Number, if any:**
10. **Alien Registration Number, if any:**
11. **Date of Last Arrival (ex. 6 June 2004):**
12. **I-94, Arrival/Departure Card Number:**
13. **Current Nonimmigrant Status as indicated on I-94: ___**
If Other, please indicate status:
If Out of Status, please indicate last status held and explain circumstances of loss of status:
14. **Date Current Status expires as indicated on I-94:**
15. **Passport Number and Issue Date:**

16. **Passport Expiration Date:**
17. **List all other names used (if different from your passport):**
18. **Do you or members of your immediate family have any plans for international travel in the next 6 months? ___ If YES, when do you plan to depart the US?
When do you plan to return to the US? Where are you traveling?**

B. Information Regarding Candidate's Professional Credentials

1. **Academic Degrees:**
2. **Present Occupation:**
3. **Present Employer:**
4. **Number of Years of Professional Work Experience:**
5. **If licensed to practice a profession, please indicate, name of profession, licensing jurisdiction and validity dates of license:**

C. Information Regarding Candidate's Past US Immigration History

1. **List all previous stays in the US in the "H" or "L" statuses in the past 7 years. For each stay, please list date of arrival, date of departure and status (if additional space is necessary, please continue on another sheet of paper).**

Date of Entry	Date of Departure	Nonimmigrant Status	# of Days Out
1)			days
2)			days
3)			days
4)			days
5)			days
6)			days
7)			days
		TOTAL	days

2. List any previous stays in US in “J” status:

3. Other US visas or statuses held:

4. Have you ever been refused a visa? ___

If yes, please explain circumstances of refusal, including name of US Consulate, type of visa sought, date of application, and date of refusal.

5. Have you ever been denied entry into the US? ___

If yes, please explain circumstances of denial, including name of Port of Entry or Border Station, Visa Status sought, date of application, and date of refusal.

6. Have you ever applied for an Immigrant Visa or Permanent Residence in the US? ___

If yes, please provide type of application, receipt number, place of application, and results of application:

7. Have you ever been denied a Change of Status? ___

If Yes, please explain circumstances of denial, including location of Immigration Office, Status Sought, date of application, receipt number, and date of denial.

D. Information Regarding Candidate’s Dependents

1. Full Names of all Immediate Family Members (Spouse and Children under 21 only):

2. Dates, Cities, and Countries of Birth for all Immediate Family Members:

3. Social Security Numbers, if any, for all Immediate Family Members:

4. Alien Registration Numbers, if any, for all Immediate Family Members:

5. Are Members of the Immediate Family in the US? ___

6. Date of Last Arrival and I-94# for each Immediate Family Member in US:

7. Current Nonimmigrant Status for each Immediate Family Member in US:

8. Date Current Status Expires as indicated on I-94 for each Immediate Family Member in US:

9. **Passport Numbers for each Immediate Family Member in US:**
10. **All Previous H or L Stays in Past 7 Years for each Immediate Family Member in US:**
11. **List all previous stays in US in “J” Status in the US for each Immediate Family Member:**
12. **Other visas held by each Immediate Family Member:**
13. **Has any Immediate Family Member ever been refused visa? ___**

If yes, please explain circumstances of refusal, including name of US Consulate, visa status sought, date of application, and date of refusal.
14. **Has any Immediate Family Member ever been denied entry into the US? ___**

If yes, please explain circumstances of denial, including name of Port of Entry or Border Station, Visa Status sought, date of application, and date of refusal.
15. **Has any Immediate Family Member ever applied for an Immigrant Visa or Permanent Residence?**

If yes, please provide type of application, place of application, and results of application:
16. **Has any Immediate Family Member ever been denied a Change of Status request? ___**

If Yes, please explain circumstances of Denial, including location of Immigration Office, Status sought, date of application, receipt number, and date of denial.

E. H-1B Candidate Document Checklist

Please forward copies of the following documents* to landoli & Associates, PC:

- Passport For Candidate and Each Dependent**
- I-94 For Candidate and Each Dependent**
- All I-20's, IAP-66's and DS-2019's of Candidate**
- All US Immigration Notices and Correspondences**
- Social Security Card For Candidate and Each Dependent**
- Three Recent Pay Stubs, if Currently In US**
- Resume or CV**
- Degrees/Diplomas**

- College/University Transcripts
- Licenses to practice profession or trade
- Letters of Reference from Past Employers, if available
- Prior Degree Evaluations, if available
- Copies of Publications, if available
- Marriage Certificate(S), if applicable
- Documents Showing Termination of Prior Marriages (Divorce Certificate, Death Certificate, Etc.), if applicable
- Birth/Adoption Certificates of Children, if applicable

Additional Documents for *Physicians*

- USMLE Examination Results
- ECFMG Certification
- Massachusetts Medical License

Additional Document for *Nurses, Occupational Therapists, Physical Therapists, Speech Language Pathologists, Medical Technologists, and Medical Technicians*

- CGFNS, NBCOT, FCCPT or similar credentials evaluation certificate

*** If document is not in English, an English translation must accompany it. The translation must include a certification that the translation is complete and accurate. The Candidate cannot certify his or her own translation. We suggest the translator use the following certification:**

"I, __[name of translator]__, hereby certify that I am fluent in the __[name of foreign language]_ and English languages and that the above is a complete and accurate translation of the original, which I have translated to the best of my ability.

Signature

Print Name: _____

Business Address: _____ "

NOTICE REGARDING CONFLICT OF INTEREST

Please be advised that our firm represents both the employer and the employee or potential employee in this proceeding. We are able to do so as long as the interests of both parties coincide.

While your communication with us is confidential and subject to the attorney-client privilege, due to the nature of dual representation, we cannot keep confidences from either party.