

# THE SHULMAN LAW GROUP, LLC

## Attorneys at Law

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*Emphasis in U.S. Immigration and Nationality Law*

### CLIENT INFORMATION

#### Initial consultations are billed at \$100.00

Date: \_\_\_\_\_ How were you referred to our firm? \_\_\_\_\_

#### **Information on Person to be Represented:**

What country is the person in at this time? \_\_\_\_\_

Name of person to be represented: \_\_\_\_\_

#### **A.K.A./Maiden**

Date of Birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alien #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_ Business Phone# \_\_\_\_\_

Name of Spouse (if married) of Person to be Represented: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_

Alien #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Name of person inquiring (IF DIFFERENT THAN ABOVE):** \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to person that will be represented \_\_\_\_\_

Employer: \_\_\_\_\_

Address \_\_\_\_\_ Business Phone# \_\_\_\_\_

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