



# Baser Law

Immigration is our business

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## TN QUESTIONNAIRE

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### 1. PERSONAL INFORMATION

Full Name: \_\_\_\_\_ (Male) (Female)  
U.S. Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address Abroad: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country  
Country of Citizenship: \_\_\_\_\_ SSN# \_\_\_\_\_  
Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
I-94 Number: \_\_\_\_\_ Date and Place of Last Entry: \_\_\_\_\_  
Current Immigration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Do you plan to commute on a daily basis, or live in the United States? \_\_\_\_\_

Are you married? Yes  No  – If yes:

Date of Marriage: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country

Country of Citizenship: \_\_\_\_\_ SSN# \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I-94 Number: \_\_\_\_\_ Date and Place of Last Entry: \_\_\_\_\_

Current Immigration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If in H-1B/H-4 status, indicate first date in the United States in this status: \_\_\_\_\_

Do you have children? Yes  No  – If yes, how many: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ (Male) (Female)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country  
 Country of Citizenship: \_\_\_\_\_ SSN# \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 I-94 Number: \_\_\_\_\_ Date and Place of Last Entry: \_\_\_\_\_  
 Current Immigration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 If in H-4 status, indicate first date in the United States in this status: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ (Male) (Female)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country  
 Country of Citizenship: \_\_\_\_\_ SSN# \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 I-94 Number: \_\_\_\_\_ Date and Place of Last Entry: \_\_\_\_\_  
 Current Immigration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 If in H-4 status, indicate first date in the United States in this status: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ (Male) (Female)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country  
 Country of Citizenship: \_\_\_\_\_ SSN# \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 I-94 Number: \_\_\_\_\_ Date and Place of Last Entry: \_\_\_\_\_  
 Current Immigration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 If in H-4 status, indicate first date in the United States in this status: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ (Male) (Female)  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country  
 Country of Citizenship: \_\_\_\_\_ SSN# \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 I-94 Number: \_\_\_\_\_ Date and Place of Last Entry: \_\_\_\_\_  
 Current Immigration Status: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 If in H-4 status, indicate first date in the United States in this status: \_\_\_\_\_

Have you ever been denied a visa to come to the United States? Yes  No

If yes, please explain **in detail**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse ever had **any** immigration problems? If yes, please describe **in detail**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been **arrested, cited, indicted, fined or convicted of a crime** anywhere in the world (even if the conviction was expunged or removed from your record) or have you ever had any problems with the law?

Yes  No  -- If yes, please explain **in detail**: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. EDUCATIONAL BACKGROUND**

All college/university education, starting with the highest level achieved:

Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

Full Address of Education Institution: \_\_\_\_\_

Year Degree completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_  
Name of Educational Institution: \_\_\_\_\_  
Full Address of Education Institution: \_\_\_\_\_  
Year Degree completed: \_\_\_\_\_

Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_  
Name of Educational Institution: \_\_\_\_\_  
Full Address of Education Institution: \_\_\_\_\_  
Year Degree completed: \_\_\_\_\_

**3. CURRENT EMPLOYMENT**

Employer Full Name: \_\_\_\_\_  
Employer Full Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
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**4. NEW EMPLOYER (IF DIFFERENT FROM CURRENT EMPLOYER)**

Employer Full Name: \_\_\_\_\_

Employer Full Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Projected Start Date (mm/dd/yyyy): \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Primary Worksite Address: \_\_\_\_\_

Other Worksite Address(es), if applicable: \_\_\_\_\_

Job Duties: \_\_\_\_\_

**5. REQUIRED SUPPORTING DOCUMENTS**

Please provide us with one (1) copy of each of the following documents:

- 1. All University Diplomas and Transcripts;
- 2. Educational Evaluation Report, if available/applicable;
- 3. Passport (except blank pages);
- 4. **Clear** copy of I-94 card;

If applicable

5. I-20/IAP-66 (F-1/J-1);
6. Employment Authorization Document (plastic card);
7. Written employment contract with petitioner;
8. License to practice your profession;
9. VisaScreen Certificate;
10. Passport (except blank pages) of all dependents;
11. **Clear** copy of I-94 card of all dependents;
12. Marriage license, and birth certificates of children;
13. Receipt / Approval Notice for Labor Certification filed on your behalf; and
14. Receipt / Approval Notices for I-140 petition / I-485 Applications filed on your behalf.

**I certify that all of the information contained in this form is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**