

Asylum Application Survey



All information collected here is confidential. This survey will help us and you be prepared for your next appointment with a legal representative.

INSTRUCTIONS

PLEASE FILL IN THE INFORMATION THAT YOU KNOW

- If there is an answer to a question you are unsure about, please indicate "I do not know".
- If there is a date you are unsure about, please provide an estimated date and indicate that in the form.
- If the question does not apply to your case (for example, if you are not married and the form asks for information about your spouse), please fill in "N/A".

PERSONAL INFORMATION

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Marital status: _____

Date of marriage: _____

Place of marriage: _____

Religion: _____

Race/ethnicity: _____

What languages do you speak at home? _____

In what month and year did you leave your country? _____

When did you enter the United States? (m/d/y): _____

Where did you enter the United States? _____

With whom did you cross into the United States? _____

Is this your first time in the United States? yes no

Do you have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Marriage Information

Name of your spouse: _____

DOB (m/d/y): _____ Date of marriage: _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your spouse located? _____

A#: _____

Does your spouse have a passport? yes no

Passport number: _____

Expiration date of passport: _____

INFORMATION ABOUT YOUR CHILDREN

How many children do you have? _____

Child 1

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Child 2

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Child 3

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Child 4

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Child 5

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

If you would like to include more children, please use the last pages of this packet.

ADDRESS INFORMATION

Write all the addresses where you have lived in the last 5 years and the corresponding dates below:

COMPLETE ADDRESS <i>number, street, unit, state or province, country</i>	DATE YOU STARTED LIVING AT THIS ADDRESS <i>month, year</i>	DATE MOVED <i>month, year</i>
Current address:		Currently residing at this address

If you need more space, please use a separate sheet.

WORK HISTORY

Write down all the jobs you've had in the last 5 years and the corresponding dates below:

Occupation	Full employer name and work address <i>number, street, unit, state or province, country</i>	Start date <i>month, year</i>	End date <i>month, year</i>

If you need more space, please use a separate sheet.

EDUCATION HISTORY

List all the schools you have attended:

Full name and address of the educational institution number, street, unit, state or province, country	Start date month, year	End date month, year
Elementary School:		
Middle School:		
Preparatory/High School:		

If you need more space, please use a separate sheet.

FAMILY INFORMATION

Mother

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Father

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 1

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 2

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 3

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 4

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 5

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 6

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 7

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 8

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 9

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

Sibling 10

Full name: _____

Country of birth: _____

City of birth: _____

Where is your family member located? _____

Please indicate if your family member is deceased: yes no

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Child 6

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Child 7

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Child 8

Full name: _____

A#: _____ DOB (m/d/y): _____

Country of birth: _____

City of birth: _____

Race/ethnicity: _____

Where is your child located? _____

A#: _____

Does your child have a passport? yes no

Passport number: _____

Expiration date of passport: _____

Thank You!