

# INTAKE FORM – LAW OFFICE OF SCOTT A. MOSSMAN

**DO NOT COMPLETE THIS FORM IN A WEB BROWSER WINDOW—YOUR ANSWERS WON'T BE SAVED!**  
Download the form and complete it using a PDF program, such as Adobe Acrobat Reader, or complete by hand.

**CONFIDENTIALITY:** This intake form requests your personal information so that the Law Office of Scott A. Mossman (Attorney) can provide you with legal advice. Please give complete and accurate information so that Attorney can give you the correct advice. Attorney treats the information as attorney-client privileged and confidential. Attorney will not disclose it unless ordered by an authority of competent jurisdiction or authorized by the person consulted. Attorney takes precautions to protect the information, including use of zero-knowledge encryption and two-factor authentication for Attorney's email server and cloud storage. Attorney retains the information for a minimum of 7 years from completion of the consultation and any other legal services. Attorney does this in the event the person seeks further legal services or questions arise about the advice given. Let Attorney know if you have any questions before submitting this form.

You must confirm that you understand and agree to the above confidentiality policy to have a consultation with Attorney. You should cancel your appointment and not submit this form if you do not consent. Do you consent?  Yes  No

Do you consent to Attorney sharing your confidential information with other attorneys assisting you (such as your criminal defense attorney or another immigration attorney)?  Yes  No

Name(s) of person(s) providing consent

## BIOGRAPHICAL INFORMATION FOR THE IMMIGRANT/PERSON WHO NEEDS HELP

Mr.  Ms.  Mrs.  Miss Preferred Name

Full Legal Name on Birth Certificate

Other Names Used (maiden name, alias, etc.)

Phone Number(s)  Email

Address, Apt., City, State, ZIP

Languages Spoken

Date of Birth  Place of Birth (City, State, Country)

National/Citizen of (List All)

Immigration File Number (A#)  A  Inmate Number(s)

Current Immigration Status

Entered illegally (entered without inspection or used documents that were not valid)

Entered on Valid Nonimmigrant Visa: Type  (B-2, H-1B, etc.), Admitted Until  (Date)

Lawful Permanent Resident/Green Card, Since  (Date), Category of Admission

Other, Explain

**Parents of the Person Who Needs Help**

Father's Name  Date of Birth

Place of Birth (City, Country)  Immigration Status

Mother's Name  Date of Birth

Place of Birth (City, Country)  Immigration Status

Have any of your grandparents or great-grandparents ever held U.S. citizenship (even if now deceased)?  Yes  No

**Marital History of the Person Who Needs Help**

Current Marital Status:  Never Married  Married  Living Together/Partners  Divorced/Annulled  Widowed

Total Number of Marriages  Date of Current Marriage  Place of Current Marriage

Current Spouse or Partner's Name

Current Spouse or Partner's Other Names (Include Name Before Marriage)

Spouse or Partner's Date of Birth  Spouse or Partner's Total Number of Marriages

Spouse or Partner's Place of Birth (City, Country)

**Spouse or Partner's Current Immigration Status**

U.S. Citizen  Since Birth  Naturalized on  (Date)

Entered illegally (entered without inspection or used documents that were not valid)

Lawful Permanent Resident/Green Card, Since  (Date), Category of Admission

Entered on Valid Nonimmigrant Visa, Type  (B-2, H-1, etc.), Admitted Until  (Date)

Other, Explain

**Children of the Person Who Needs Help**

List ALL children of the person who needs help, including adult children, stepchildren, adopted children & deceased children.

	Name of Child (First, Middle, and Last Names)	Place of Birth (City, Country)	Date of Birth	Immigration Status
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ENTRY/EXIT HISTORY**

EVERY person who needs help should complete this section. List all entries into the U.S. since birth, including both legal and illegal entries and also include unsuccessful attempts to enter. The first date listed should be the first time you entered the U.S.; the last date listed should be your most recent entry. Provide the exact date (MM/DD/YY) or your best estimate.

Common types of immigration status include: Valid Green Card, Tourist Visa ((B-2), Student Visa (F-1), H-1B Visa, Immigrant Visa, Fiancee Visa (K-1), False Claim of U.S. Citizenship, False Documents, and Entry Without Inspection (EWI).

#	Date Entered U.S.	Place of Arrival to U.S. (City, State)	Immigration Status at Arrival (see list above of common types)	Denied Entry or Removed?	Date Left U.S.
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SCREENING QUESTIONS FOR ADDITIONAL IMMIGRATION BENEFITS**

You may SKIP this section if the person who needs help already has permanent resident status (has a green card).

- Are you currently in school, college, a GED preparation course, OR a training program?  Yes  No
- Do you already have a high school diploma, GED, or college degree?  Yes  No
- Would your employer be willing to help you immigrate?  Yes  No

Your Occupation  Degree(s)

- Has any family member or employer EVER filed an immigrant petition or labor certification for you, your spouse, your parent, or your spouse's parent, even if it was a long time ago?  Yes  No

Date filed  Receipt #

Petitioner  Beneficiary

Result

5. Have you ever been the VICTIM of a serious crime? The victim is the person harmed. Serious crimes include sexual assault, threats of violence, armed robbery, false imprisonment, assault with a weapon, domestic violence, stalking, and many other offenses. Has your spouse, your child, your parent, or your brother or sister ever been the victim of a serious crime?  Yes  No

If yes, when was the crime?  Where did the crime occur?

What was the crime?

Did you talk to the police or a prosecutor about the crime?  Yes  No

6. Have you ever been forced to do work against your will? Have you ever worked at a job because your employer tricked you, held your documents, threatened you with deportation, or said you owed money? Has your spouse, your child, your parent, or your brother or sister ever been in one of these types of situations?  Yes  No

7. Have you, your spouse, your child, or your brother or sister ever done commercial sex work before reaching the age of 18?  Yes  No

8. Do you, your parent, your spouse, or your child have a disability or serious medical problem?  Yes  No

Explain

9. Have you or a family member ever experienced violence, threats, or severe discrimination in your home country? Or do you fear violence, threats, or severe discrimination if you return now?  Yes  No

Explain

**POTENTIAL ISSUES**

EVERY person who needs help should complete this section honestly to obtain accurate advice.

1	Have you <u>ever</u> entered the U.S. as crew member on a ship or airplane (or entered the U.S. to join a crew)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you <u>ever</u> worked in the U.S. without authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you <u>ever</u> had a visa, immigration, or naturalization application denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you <u>ever</u> been told to appear in immigration court (for removal, exclusion, deportation, or any other type of proceedings)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you <u>ever</u> been ordered to leave the U.S. or denied entry to the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Have you <u>ever</u> helped, encouraged, or paid for anyone to enter the U.S. illegally – including family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Have you <u>ever</u> claimed to be a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Have you <u>ever</u> registered to vote, attempted to vote, or voted in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Have you <u>ever</u> not filed a federal or state income tax return that you should have filed? Have you <u>ever</u> filed LATE without an extension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you <u>ever</u> submitted an income tax return that contains false information? Have you <u>ever</u> submitted an income tax return that may raise questions if seen by Immigration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11	Do you owe any overdue taxes, including income, business, payroll, or any other taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Have you <u>ever</u> filed a visa application, immigration application, or naturalization application that had something untrue or misleading in it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Have you <u>ever</u> said something that was untrue or misleading at a visa interview, at an immigration or naturalization interview, during inspection upon entering the U.S., or at any other time to an immigration or customs official? Has anyone <u>ever</u> said something untrue on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Has any false or altered document <u>ever</u> been submitted in support of a visa, immigration, or naturalization application for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	If you are a lawful permanent resident (have a green card), have you <u>ever</u> remained outside of the U.S. for more than 180 days during a single trip after you received your permanent resident status?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you or your family <u>ever</u> received aid or money from the government, such as general assistance, CalWorks, food stamps (CalFresh), WIC, or Medi-Cal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Is there any reason you may have difficulty supporting yourself and your dependents (spouse, minor children, etc.)?  Number of dependents <input type="text"/> Your family's monthly income \$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Have you <u>ever</u> unlawfully used any controlled substance? Have you ever used cannabis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Have you <u>ever</u> been involved in unlawfully selling, transporting, or trafficking a controlled substance? Have you ever been involved in selling, transporting, or trafficking cannabis? Is there any reason the government would think so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Have you <u>ever</u> been involved in prostitution, illegal gambling, money laundering, child pornography, or other vice? Is there any reason the government would think so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Have you <u>ever</u> had such a serious problem with alcohol or drugs that you were homeless, could not maintain employment, or were unable to support yourself or your dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Have you <u>ever</u> been involved with a gang? Is there any reason the government would think so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Do you have any tattoos?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Have you <u>ever</u> had a tattoo removed or covered up by another tattoo?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Have you <u>ever</u> served in the military or received training in weapons or explosives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	Have you <u>ever</u> fought in a war or armed conflict or supported any group in a war or armed conflict or encouraged others to fight or support a group in a war or armed conflict? Is there any reason the government would think so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Have you <u>ever</u> belonged to, supported, associated with, or encouraged anyone to belong to or support a group that has committed acts of violence or plans to commit acts of violence or has encouraged anyone to commit acts of violence? Is there any reason the government would think so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Have you <u>ever</u> been a member of, or associated with, the Communist Party, the Nazis, or any other totalitarian party? Is there any reason the government would think so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Have you <u>ever</u> been detained, arrested, cited, or charged with a crime or act of juvenile delinquency? (Complete the Criminal History Supplement that follows for each event.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Do you have any reason to think the police are currently investigating you for a crime or act of juvenile delinquency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Have you <u>ever</u> admitted to committing a crime or act of juvenile delinquency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Is there anything else in your history that you think may cause a problem? (Explain on Continuation of Answers page)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CRIMINAL HISTORY SUPPLEMENT**

List every incident where the person who needs help has been detained, cited, arrested, or charged for a crime or act of juvenile delinquency. You must include an incident even if no charges were filed, the charges were dismissed, or the case was later sealed or expunged. Be sure to include pending cases too.

<b>1</b>	Date <input style="width: 80%;" type="text"/>	Place (City, State) <input style="width: 80%;" type="text"/>
Alleged Crime(s) <input style="width: 95%;" type="text"/>		
Charges Filed in Court? <input type="checkbox"/> Yes <input type="checkbox"/> No Court Location (City, State) <input style="width: 80%;" type="text"/>		
Result <input style="width: 95%;" type="text"/>		

<b>2</b>	Date <input style="width: 80%;" type="text"/>	Place (City, State) <input style="width: 80%;" type="text"/>
Alleged Crime(s) <input style="width: 95%;" type="text"/>		
Charges Filed in Court? <input type="checkbox"/> Yes <input type="checkbox"/> No Court Location (City, State) <input style="width: 80%;" type="text"/>		
Result <input style="width: 95%;" type="text"/>		

<b>3</b>	Date <input style="width: 80%;" type="text"/>	Place (City, State) <input style="width: 80%;" type="text"/>
Alleged Crime(s) <input style="width: 95%;" type="text"/>		
Charges Filed in Court? <input type="checkbox"/> Yes <input type="checkbox"/> No Court Location (City, State) <input style="width: 80%;" type="text"/>		
Result <input style="width: 95%;" type="text"/>		

<b>4</b>	Date <input style="width: 80%;" type="text"/>	Place (City, State) <input style="width: 80%;" type="text"/>
Alleged Crime(s) <input style="width: 95%;" type="text"/>		
Charges Filed in Court? <input type="checkbox"/> Yes <input type="checkbox"/> No Court Location (City, State) <input style="width: 80%;" type="text"/>		
Result <input style="width: 95%;" type="text"/>		

<b>5</b>	Date <input style="width: 80%;" type="text"/>	Place (City, State) <input style="width: 80%;" type="text"/>
Alleged Crime(s) <input style="width: 95%;" type="text"/>		
Charges Filed in Court? <input type="checkbox"/> Yes <input type="checkbox"/> No Court Location (City, State) <input style="width: 80%;" type="text"/>		
Result <input style="width: 95%;" type="text"/>		

CONTINUATION OF ANSWERS, QUESTIONS & CONCERNS

How were you referred to us?  Scott Mossman Previously Consulted With or Represented Me.

By Attorney:

By Friend/Family:

Google/Internet  Yelp!  Other:

**SENDING THIS FORM TO THE ATTORNEY**

Save the completed form and email it to [intake@smossmanlaw.com](mailto:intake@smossmanlaw.com) or fax it to 510-835-1116 at least 2 days before your consultation appointment. You should also print a copy and bring it to the appointment. Please be aware that submitting this intake form or attending a consultation does not mean that Attorney will represent the person who needs help or provide other legal services. Representation or other legal services requires a signed agreement.