

## **DATA SHEET**

Date:			
Name: First	Middle	Last Name	
Pronouns:		:	
Address:			
Cell Phone Number:		By che recurri Firm. Re, for Help	king YES, you agree to reveive ing messages from Pardo Law oly STOP to Opt out. Reply Help o. Frequency Varies Message & rates may appty. View Terms:
Email:		Data	http://bit.ly/2ylRki5
Date of Birth:Month/Day/Year	City and Country of Birt	h:	
Do you have another nationality	/? Yes □ No □ If yes, what no	ationality?	
Do you have an A number? Ye	es $\square$ No $\square$ If yes, what is you	r A#	
Date of Last Entry to USA:	Place of Entry:	Status at entr	y:
	Single □ Divorced □ Separ		
If Married, Full Name of Spous	e:		
Spouse's legal Status: Citizen	☐ Resident ☐ None ☐	Other 🗆	
Do you have any children? Yes	□ No□ How many? I	How Many are US citizens or	US residents?
How did you hear about Pardo l	Law Firm? □ Referred □ News	paper   Internet  Other:	
Explain the reason for your cons	sultation		
I Authorize Pardo Law Firm to	discuss my case with:		
Relationship:			
**			
<u>X</u> Signature			

\*\*\*THE COST OF THE INITIAL CONSULTATION MUST BE PAID AT TIME OF YOUR APPOINTMENT \*\*\*

Consultation with the Attorneys does not establish a contract or representation agreement. A consultation refers to one individual's specific legal analysis. If more than one person is consulting at same time, it is considered a new separate consultation at regular cost.

Any quote made by the Attorneys today is valid for 90 Days.



## **Grounds of Inadmissibility:**

- Previous Entries in the USA
- Criminal Charges/Arrests
- Immigration Detention
- Deportation Order(s)
- Alien Smuggling

- Claims to US Citizenship
- Required Vaccinations
- Visa Denial
- Material Misrepresentation

## **Additional Screening:**

- U-visa
- 245i
- Asylum/Withholding of Removal

- Military PIP
- Humanitarian DA
- T-Visa

Was anyone else preser	nt during consultation: Yes $\square$ No $\square$	
Notes:		
TYPE OF CASE?	1er STEP	1st APPT. WITH:
QUOTE \$	PAYMENT PLAN: Initial Payment	\$
		\$
		\$
		\$