

Forensic Economic Services

Personal Information (Qualifying Relative)

Name:

Last: _____ First: _____ Middle: _____

Other names used (including maiden name): _____ Gender: _____

Current Address in U.S.

Number and Street: _____

City: _____ State: _____ Zip: _____

Citizen of: _____ Employed(Y/N)?: _____ Job Title: _____

Contact Information:

Home Phone: _____

Hours we can call: _____

Date and Place of Birth:

Date of Birth: _____

City or Town: _____

Country: _____

What is your highest level or education? _____

Do you possess any certification or Degrees? _____

What type of economic consulting are you seeking?

Applicant's Information

Applicant's Name:

Last: _____ First: _____ Middle: _____

Other names used (including maiden name): _____

Current Address (put "same" if you live together): _____

Date of Birth: _____

Date and Place of Marriage: _____

Citizen of: _____

Relationship to Qualifying Relative: _____

Children and Dependents:

Total Number of Dependents _____

<u>Name</u>	<u>Sex</u>	<u>Date & Country of Birth</u>	<u>Citizen of</u>	<u>Immigration Status</u>	<u>Expiration Date</u>	<u>Lives w/ you (y/n)?</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Educational Background

What is the Your Highest Level of Education? : _____

Did you earn a degree/diploma? : _____

Please List All Educational Instutions attended:

<u>Level</u>	<u>School/Country</u>	<u>Field of Study</u>	<u>Number of Years</u>	<u>Graduate?(Y/N)</u>
Primary:	_____	_____	_____	_____
Secondary:	_____	_____	_____	_____
College/Univ:	_____	_____	_____	_____
Graduate School:	_____	_____	_____	_____

Previous Marriages: (Check if Not Applicable)

	<u>Name of Spouse</u>	<u>Date of Marriage</u>	<u>Country of Marriage</u>	<u>Kids?</u>	<u>Date of Termination of Marriage</u>	<u>Country of Termination of Marriage</u>
Applicant:	_____	_____	_____	_____	_____	_____
Qualifying Relative:	_____	_____	_____	_____	_____	_____

**Immigration and Employment History
(Please Attach Related Tax Forms)**

Current Immigration Status: _____	Date Status Expires: _____	Profession/ Job Title: _____
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Date of First Entry into U.S.: _____	Last Entry into U.S.: _____	Expected Date of Departure: _____
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Current Employer

Employer: _____
Address: _____
Job Title: _____ Salary: _____
Date of Hire: _____ Are you related to your employer? _____

Employment in Last Five Years (anywhere in the world)

Job Title	Employer	Country
_____	_____	_____
_____	_____	_____
_____	_____	_____

Job Qualifications

List the professional licenses or certifications you possess, from any state or country:

How many years of experience do you have in your position or field? _____

Supplemental Questions

Does the applicant have readily available employment opportunities in their home country, what is the expected salary in USD ?

Will the Qualifying Relative experience financial loss due to the sale of a home, business, other assets, or the termination of a professional practice due to deportation?

Will the Deportation of the Applicant result in the inability of the qualifying relative to recoup losses or repay student loans?

Does the qualifying relative have costs for extraordinary familial needs with which the applicant helps to contribute (i.e. special education for children, care for sick, disabled, or elderly) If so, please explain?

What percentage of the monthly household expenses does the applicant contribute?

Is there anything, not already covered in this form, that you feel we should know?

STATEMENT OF TRUTHFULNESS

“By signing below, I certify that I have read and understood the instructions above this questionnaire I certify that all of the information contained in this form is true and correct to the best of my knowledge”

Signature

Date