

EMPLOYMENT AUTHORIZATION DOCUMENT QUESTIONNAIRE

The information below will be used to draft the appropriate forms and documentation for the Employment Authorization Document ("EAD") application submitted on the basis of an Adjustment of Status Application.

Is this request made for an initial Employment Authorization Document? (Yes/No): _____

If no, is this request made for a renewal of an Employment Authorization Document? (Yes/No): _____

If no, is this request made for a replacement of a lost, stolen, or mutilated, Employment Authorization Document? (Yes/No): _____

APPLICANT SEEKING AN "EAD":

Name: _____
(First/Middle/Last)

Other Names Used (if any): _____

Address: _____
(Number and Street / Town or City / State / Country / Zip or Postal Code)

Daytime Phone Number: _____

Place of Birth: _____
(Town / Village / City / State / Province / Country)

Date of Birth: _____ Gender: _____
(mm/dd/yyyy) (Male/Female)

Marital Status: _____
Married Single Widowed Divorced

Country of Current Citizenship: _____

U.S. Social Security Number (if any): _____ Alien Registration # (if any): _____

Arrival/Departure Record (I-94 Card) #: _____

Place of Last Entry into the United States: _____
(City/State)

Date of Last Entry into the U.S.: _____
(mm/dd/yyyy)

What status did you most recently enter the U.S. in? (e.g. F-1, J-1, H-1B):

What is your current immigration status in the U.S.? _____

Have you ever previously applied for an EAD? _____
(Yes/No)

If yes, please list the USCIS office that accepted the EAD application. Indicate the date of submission, as well as whether the application was approved or denied. Please attach all documentation establishing the filing and decision in the case. If more than one EAD request was made, please provide information accordingly.

