

Client Information Form - Waiver

SEVERE PENALTIES ARE PROVIDED BY U.S. LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING ANY MATERIAL FACT

Complete the form electronically & return to us via e-mail (forms@pardonsandwaivers.com) or fill out by hand and mail it to us (**address is at the bottom of the page**). NOTE: If something does not apply, please write N/A (**Not Applicable**). By completing this form you agree to retain FPWS to act on your behalf and to prepare your waiver application. You agree to the payment plan (if any) and to the terms and conditions of FPWS. For full terms & conditions please refer to our website.

Personal Information				Client ID:	
Full Legal Name (First, Middle, Last)					Gender
Other Legal Names Used (Include birth name, legal name change, married name or alias)					
1)			2)		
Date of Birth (mm/dd/yy):		Place of Birth: (City, Province & Country)			
Proposed Date of Entry into the US:		Method of Travel (car, bus, plane, train):			
Length of Stay:		City & State of Entry:			
USCIS Online #:		Name of Port-of-Entry:			
Alien Registration #:		US Social Security #:			
Canadian Citizenship:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Today's Date:		
Signature / Initials (Initial if filled out electronically):					

List all previous addresses, in full, that you have resided at for the last 5 years (NO PO BOXES)

Previous Residential Addresses (List present address first)				From:		To:	
Street and Number	City	Prov	Country	Month	Year	Month	Year
1)							
2)							

Address Information

Current Home Address (Do not use PO BOX)			
Street Address	City	Prov	Postal Code
When did you move to this address? (month/ year)			
Primary Phone #	Alternative Phone #	Can we communicate via text message?	
E-mail Address (Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify)		By checking "Yes" box you agree to receive recurring messages from Federal Pardon Waiver Services, Reply STOP to Opt out. Reply HELP for help. Message frequency varies. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing address (if different from home address listed above)			
Street Address	City	Prov	Postal Code

List ALL employment information for the last five (5) years (if none, state so)

Full Name and Address of Employer	Occupation	From (mm/yy):		To (mm/yy):	
1)				Present Time	
2)					
3)					
4)					
5)					
If has not been employed for the last 5 years - provide information of the <i>Last Employer</i>					

Biographic Information – Personal

Ethnicity (Select only one box):					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino			
Race (Select all applicable boxes):					
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> White		
Height:	Inches		Weight:	Pounds	
Eye Color (Select <u>only one</u> box):			Hair Color (Select <u>only one</u> box):		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown	<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blond
<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel	<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Red
<input type="checkbox"/> Maroon	<input type="checkbox"/> Pink	<input type="checkbox"/> Other	<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Other

Biographic Information – Parents

	Father's Details	Mother's Details
First Name:		
Family and Maiden Name:		
Date of Birth:		
City and Country of Birth:		
City and Country of Residence:		

Biographic Information – Spouse

	Current or Recent Spouse	Former Spouse
First Name:		
Family or Maiden Name:		
Date of Birth:		
City and Country of Birth:		
Date & Place of Marriage:		
Date of Termination of Marriage:		
Place of Termination of Marriage:		

Travel Information**What is your purpose or reason for visiting the US? (Please provide details)****Reason for not being admissible to the U. S. :**

- Criminal Record in Canada Criminal Record in US Immigration Issues
 Other: _____

***** IF THE REASON IS IMMIGRATION ISSUES or OTHER*****Provide ALL documents that you have from the US immigration service or provide ALL details regarding your removal from the US belowHave you applied for a US Waiver before? YES NO If YES to the above, PROVIDE A FULL COPY of your previous waiver if it was approved

Where you filed your application (City, State/Province, Country)?

When (last time) you file the application (mm/dd/yyyy)?

Have you ever been in the United States for a period of 6 months or more (If yes, when, for how long and with which immigration status)?

Have you ever filed an application or petition for Immigration Benefits with the US Government or has one ever been filed on your behalf (If yes, list the applications, the filing locations and describe the outcome of each application)?

Have you ever been denied or refused an immigration benefit by the US Government or had a benefit revoked or terminated (including but not limited to visas)? Describe in detail**NOTE: Attach a separate sheet for any section(s) if necessary.**