

NATURALIZATION PRE-SCREENING

Full Name _____ Date _____

Have you been a legal permanent resident (green card holder) for at least 5 years (or 3 years if married to a U.S. Citizen for 3 years)? Yes No

In the last 5 years, have you lived in the United States for at least 2.5 years? Yes No

Are you at least 18 years old? Yes No

Do you financially support all your minor (*under 18*) children? I don't have minor children Yes No

Did you file taxes for every year you worked in the United States? I never worked in the USA Yes No

Did you register for Selective Service (Males only)? Yes No

Did you ever leave the United States (*go to another country*) for 6 months or more? Yes No

Did you ever give inaccurate or false information to the U.S government on any immigration or welfare application? Yes No

Have you voted or registered to vote in the United States? Yes No

Have you said that you are a U.S. citizen on any document or application? Yes No

Have you ever been arrested in any country? Yes No

Have you ever been held in custody, jail, prison or detention center in any country? Yes No

Have you ever been stopped or given a ticket by a police, border patrol or any other law enforcement officer in any country? Yes No

Have you ever been asked to appear in U.S immigration court or see an immigration judge? Yes No

Have you ever been deported (*sent back to your country*) or denied entry into the United States? Yes No

Did you ever help a person (including your family) enter the U.S. illegally? Yes No

Did you ever sell, transport or abuse illegal drugs, narcotics, alcohol, etc.? Yes No

Have you ever been involved in any terrorist or political activities? Yes No

For NON-GRANT clients: Failure to disclose any criminal or other potential issues at screening may result in additional fees above what is quoted at the time the appointment is set.

*This is NOT a government form. Completion of this form is required for pre-screening purposes only.
All information provided on this form will be kept confidential and will not be shared with anyone outside this office.*

CITIZENSHIP INTAKE FORM

Name _____ Date _____
First Middle Last (Family Names)

How did you hear about us? Friend World Relief Staff Website Facebook Other: _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone _____ E-mail _____

Date of Birth _____ Birth Country _____ Languages _____

Social Security No. _____ Green Card/USCIS # _____ Resident Since Date _____

Male Female | Single Married Divorced Widowed Separated Other: _____
(Check one) (Check one)

Is the telephone number you provided a safe number to leave messages at? Yes No
If not, is there another way we can contact you? _____

Do you receive any of the following benefits?

Food Stamps DSHS Cash Assistance SSI FREE Medical (Apple Health) Other: _____

Did World Relief or any other organization help you apply for citizenship in the past? Yes No

If yes, please explain when and why your application was denied: _____

LANGUAGE SCREENING:

What is your English Level? I don't speak English Beginner Intermediate Advanced

Do you attend Citizenship Classes? Yes No

Are you able to take the test on U.S. history and government in English? Yes No

Do any of the following apply to you:

- a) I am age 50 or older and have been a legal permanent resident for 20 years Yes No
- b) I am age 55 or older and have been a legal permanent resident for 15 years Yes No
- c) I am age 65 or older and have been a legal permanent resident for at least 20 years Yes No
- d) I am not able to learn English or U.S. history and civics because of a medical condition Yes No

INTERNAL USE ONLY

Eligible for Naturalization Services: Yes No

Comments:

Screening Completed by _____ Date _____

CITIZENSHIP INTAKE FORM

YOUR PARENTS (first, middle & last name) If yes, date became US Citizen?

Father _____ Birth Date _____ U.S. Citizen? No Yes _____
 Mother _____ Birth Date _____ U.S. Citizen? No Yes _____

ALL YOUR CHILDREN (including adopted, missing, deceased and step children) How many children do you have? _____

| First, Middle, Last Name | Date of Birth | Country of Birth | Green Card/USCIS# | Address |
|--------------------------|---------------|------------------|-------------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ALL MARRIAGES & DIVORCES

How many times have you been married? _____ How many times has your current husband/wife been married? _____

YOUR CURRENT HUSBAND OR WIFE

| First, Middle, Last Name | Date of Birth | Birth Country | Marriage Date | Green Card/USCIS # | U.S. Citizen? |
|--------------------------|---------------|---------------|---------------|--------------------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

YOUR PRIOR MARRIAGES

| First, Middle, Last Name | Date of Birth | Birth Country | Marriage Date | Divorce/Death Date | Living In the USA? |
|--------------------------|---------------|---------------|---------------|--------------------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

YOUR CURRENT HUSBAND'S OR WIFE'S PRIOR MARRIAGES

| First, Middle, Last Name | Date of Birth | Birth Country | Marriage Date | Divorce/Death Date | Living In the USA? |
|--------------------------|---------------|---------------|---------------|--------------------|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CITIZENSHIP INTAKE FORM

ALL YOUR ADDRESSES FOR THE PAST 5 YEARS

| Street Name & Number | City and State | Zip code | Start Date | End Date |
|----------------------|----------------|----------|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ALL EMPLOYMENT & EDUCATION FOR PAST 5 YEARS

| Company/School Name | Address (including zip code) | Occupation | Start Date | End Date |
|---------------------|------------------------------|------------|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TRAVEL DATES OUTSIDE OF THE UNITED STATES FOR THE PAST 5 YEARS

| Countries visited | Date you left the U.S. | Date of Return to the U.S. |
|-------------------|------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*This is NOT a government form. Completion of this form is required for pre-screening purposes only.
All information provided on this form will be kept confidential and will not be shared with anyone outside this office.*