



# IMMIGRATION SPECIALTIES, Inc.

Assisting in document preparation for foreign nationals, their employers, and family members.

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## Phase I Immigrant Visa (Green Card) for Schedule A Occupations

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### **PART 1: Fee Agreement**

NOTE: IF YOUR EMPLOYER WILL BE PAYING FOR THE SERVICES AND FEES, PLEASE MAKE SURE YOUR EMPLOYER GETS A COPY OF THIS FEE AGREEMENT, READS AND SIGNS IT. WE WILL NOT BE ABLE TO PROCEED UNTIL THE AGREEMENT IS SIGNED.

### **IF YOU, THE FOREIGN WORKER, WILL BE PAYING FOR THE SERVICES AND FEES, PROCEED...**

THIS IS AN AGREEMENT BETWEEN YOURSELF (CUSTOMER), AND IMMIGRATION SPECIALTIES (I.S.). THIS IS THE SOLE AGREEMENT BETWEEN THESE PARTIES. THE PURPOSE OF THIS AGREEMENT IS THAT I.S. SHALL PREPARE AND FILE A CONSULATE PROCESSING APPLICATION FOR AN IMMIGRANT WORKER ON BEHALF OF THE CUSTOMER AND THE CUSTOMER SHALL PAY THE AGREED FEES AND COSTS. I.S. SHALL USE THEIR BEST EFFORTS BUT DOES NOT GUARANTEE THE SUCCESS OR APPROVAL OF SUCH PROCESS. IT IS ALSO AGREED THAT THE CUSTOMER SHALL EXERCISE THEIR BEST EFFORTS TO THE PURPOSE OF THIS AGREEMENT.

I.S. is NOT obligated to provide the CUSTOMER with any services until the payment terms set forth in the enclosed payment agreement have been met. I.S. may terminate services if the CUSTOMER breaches this agreement, and the fee paid will remain with I.S. for their use.

Any dispute or disagreement regarding this AGREEMENT will be subject to the laws of the State of Oklahoma, United States of America. Further, the CUSTOMER consents to the jurisdiction of the courts of the State of Oklahoma, United States of America.

Your employer may offer to pay the cost of processing the Consulate Processing paperwork of your Immigrant Visa as a part of your employee benefits. If that is the case, so indicate below and an invoice for our services will be sent to your employer accordingly. If you (the foreign worker) will be responsible for payment of this processing, we require payment in full before the process begins.

### **Fee Schedule – Consulate Processing**

Please refer to *processing and filing fees page*.

\*If employer is not responsible for covering international mailing and courier costs, mailing costs to the foreign worker will be an **additional \$150**.

\*All processing fees and international mailing costs must be paid in full upon submission of this form to Immigration Specialties.

**CUSTOMER HAS READ, UNDERSTANDS AND AGREES TO THIS FEE AGREEMENT AND SCHEDULE. CUSTOMER FURTHER ACKNOWLEDGES THAT THE OWNERS AND STAFF OF IMMIGRATION SPECIALTIES ARE NOT ATTORNEYS AND DO NOT REPRESENT OR HOLD THEMSELVES OUT AS ATTORNEYS, AND WILL NOT GIVE LEGAL ADVICE OR REPRESENT THE CUSTOMER IN ANY LEGAL PROCEEDING. CUSTOMER AGREES NOT TO HOLD THE OWNERS AND/OR STAFF OF IMMIGRATION SPECIALTIES RESPONSIBLE FOR ANY LEGAL COMPLICATION THAT MAY ARISE IN CONNECTION WITH THIS APPLICATION AND ACCOMPANYING PETITION FILED U.S. CITIZENSHIP AND IMMIGRATION SERVICES.**

Signed, \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

## **Part 2: Needed documents:**

- \_\_\_\_\_ Copy of all I-797's (Approval Notices) since first entering the U.S.
- \_\_\_\_\_ Copy of all valid State Professional Licenses held (do not send expired licenses).
- \_\_\_\_\_ Copy of all Diplomas or Certificates and/or Degrees you may hold.
- \_\_\_\_\_ Copy of your academic transcripts or course descriptions for degrees or diplomas.
- \_\_\_\_\_ Copy of your marriage/or divorce certificate, if applicable.
- \_\_\_\_\_ Copy of birth certificates for you, your spouse and children under 21 (if applicable).
- \_\_\_\_\_ Copies of your and your family's H-1/H-4 (or other type) nonimmigrant visa(s).
- \_\_\_\_\_ Copy of CGFNS and/or VisaScreen certificate.\

**Who will be responsible for processing and filing fees:** Company: \_\_\_\_\_ Candidate: \_\_\_\_\_

### **IMPORTANT:**

**We may request further information or clarification of information at a later date if necessary. If a problem arises that may affect your Phase I, you must let us know immediately.**

## **Part 3: Employer Contact Information**

\_\_\_\_\_  
Employer's Legal Company Name

\_\_\_\_\_  
Name and Title of Contact Person

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer's Mailing Address

\_\_\_\_\_  
Phone Number / Fax Number

## **Part 4: Information needed to complete the forms:**

**Do not leave any question blank. Answer N/A if it does not apply to you.**

**Foreign Worker Information**

**Date:** \_\_\_\_\_

Family Name(Last name, surname): \_\_\_\_\_

Given Name (First name): \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Current Address with city, state or province, country, and postal code:

\_\_\_\_\_  
\_\_\_\_\_

Last permanent address out of U.S:

\_\_\_\_\_

What is your foreign address in country of origin: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Country of current citizenship: \_\_\_\_\_

Country of nationality: \_\_\_\_\_

Place of birth with city or town, state or province, and country):

\_\_\_\_\_  
\_\_\_\_\_

Social security number: \_\_\_\_\_

Date of Birth (month / day / year): \_\_\_\_\_

Current Non-immigrant Status: \_\_\_\_\_ Date of First Arrival in U.S.A.: \_\_\_\_\_

Date of Last Arrival in U.S.A: \_\_\_\_\_

Current I-94 Departure Record Card No.: \_\_\_\_\_

Current I-94 Expiration Date: \_\_\_\_\_

List alien registration number (A Number), if applicable. This is a number assigned by

USCIS: \_\_\_\_\_

Has a labor certification application and/or an immigrant visa petition (I-140) ever been filed for you?

\_\_\_\_\_ If so, please explain on a separate page and attach.

Information about all colleges and universities attended relevant to occupation (include trade or vocational training facilities as well). Include the following information about each college or university attended (use a separate sheet of paper, if needed).

Name of relevant University or College: \_\_\_\_\_

Address for University or College with city, state or province, country and postal code (Important):

\_\_\_\_\_  
\_\_\_\_\_

Degree obtained relevant to occupation: \_\_\_\_\_

Year education was completed: \_\_\_\_\_

Major field of study: \_\_\_\_\_

List all current state licenses, the license #'s, and the expiration date of each. Expired licenses are not necessary: \_\_\_\_\_

Provide a list of immediate family members including all children under the age of twenty-one (21). State each dependent's full name, relationship to you, date and country of birth, and current address (use separate sheet, if needed): \_\_\_\_\_

If you desire to apply for the immigrant visa overseas (consulate processing), please indicate at which U.S. Consulate: \_\_\_\_\_

If you have ever been in the U.S. in any other nonimmigrant status (i.e. tourist, student, etc.) and have since changed your status, please provide a brief explanation: \_\_\_\_\_

### **Work Experience**

**Very Important!** On a separate sheet of paper, give an accounting of your time for the past three (3) years! Please include all employers and start with your current employer (not different assignments you had while working for your employer), giving all information following:

- Name and complete address of employer:
- Name of Job Title:
- Date Started (Month/Year):
- Date Left (Month/Year):
- Kind of Business:
- Number of hours worked per week:
- Briefly describe the duties performed:
- Employer's phone number and the name of your supervisor.

**Please account for all time for the past three years!** **We must list all employment for the three year period, leaving no gaps in dates.**

**We must have all of this information to complete the application!** Please do not rely on your resume to provide this information...many times the resume does not give the proper amount of information that we need for the form!

Provide a listing of the family members you wish to include on your application (Only a spouse and children under age 21 may apply as your dependent). Include your dependent's full name(s), relationship(s) to you, date(s) and country of birth, and current address (use separate sheet, if needed).

**PLEASE NOTE THAT THIS QUESTIONNAIRE IS FOR PHASE I ONLY. WHEN PHASE I IS APPROVED, WE WILL SEND YOU THE PHASE II QUESTIONNAIRE. AFTER YOUR RECEIVE THE PHASE II QUESTIONNAIRE IT IS YOUR RESPONSIBILITY TO INITIATE THE PHASE II PROCESSING.**

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**\*\*\*For all Healthcare Workers\*\*\***

**Be sure to begin the VisaScreen process, if you have not already done so.**

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We appreciate the time you have taken to complete this for our processing. Thank you for your business!

**WHEN COMPLETED, PLEASE MAIL TO:**

*IMMIGRATION SPECIALTIES, Inc.*

*Attn: Amber K. Deason*

*4608 S. Garnett Road, Ste. 400, Tulsa, OK 74146*

*Telephone (918) 258-6092 ext. 314      Fax (918) 259-8792*

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