



Bernstein Osberg-Braun, LLC
immigration attorneys

12000 Biscayne Boulevard
Suite 106
Miami, Florida 33181
Phone (305) 895-0300
Fax (305) 895-0306

RESIDENCE
ADJUSTMENT
PACKAGE

**LIST OF NECESSARY DOCUMENTS FOR APPLICATION TO
ADJUST STATUS IN THE U.S. (FORM I-485)**

Please obtain the items, which are marked below. Call if you have any questions or difficulties.

- o PASSPORT and I-94 (Entry Document)
- o Form I-692, APPLICANT'S MEDICAL EXAMINATION REPORT
(See attached for list of physicians certified to give INS physical exams)
- o BIRTH CERTIFICATE of applicant (Certified Copy)
- o MARRIAGE CERTIFICATE of applicant, if applicable (Certified Copy)
- o DIVORCE CERTIFICATE (S) from any/all previous marriages of applicant, if applicable
(Certified Copies)
- o DEATH CERTIFICATE of any/all previous spouse(s) who died while married to applicant, if
applicable (Certified Copy)
- o Form DS-1743 (OFFER OF EMPLOYMENT), and/or letter from employer on company
letterhead confirming intent to employ applicant and explaining terms of employment (job
wages, hours, description).
- o Form I-134, AFFIDAVIT OF SUPPORT, with supporting documents:
 - a. Income Tax Returns
 - b. Bank Statements
 - c. Proof of Property Ownership (if applicable)
 - d. Letter from Employer (if applicable)
- o PHOTOGRAPHS (Permanent Residence style)
- o OTHER: Police Background Check Counties where you have lived for more than 6
months.

QUESTIONS FOR THE APPLICATION OF PERMANENT RESIDENCE

Please fill out this questionnaire and return it to our office. We need to know this information in order to complete your immigration process. Like always all the information you provide is STRICTLY CONFIDENTIAL.

GENERAL INFORMATION

Name: _____ A _____
(Last name, First Name, Middle Name) Alien number

Other names, alias, maiden name, if married: _____

Current address: _____

Telephone number: _____ Work: _____

Social security number: ____ - ____ - ____

Birth date: ____/____/____
(Month, Day, Year)

Place of birth: _____
(City, Country)

Citizenship: _____ Marital Status: _____ Sex: _____

Date of last entry to the U.S.A.: ____/____/____
(Month, Day, Year)

Place of entry to the U.S.A.: _____
(City, Country)

Way of entry to the U.S.A.: _____ I-94# _____

Have you been out of the U.S.A. since your initial entry? Yes ____ No ____

If your answer is yes fill in the following:

| Date of departure | Date of return | Country | Reason for your trip |
|-------------------|----------------|---------|----------------------|
|-------------------|----------------|---------|----------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Addresses for the last five year in the U.S.A.:

| Address | City | State | Since Month / Year | Until Month/Year |
|---------|------|-------|-----------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List your affiliation (current and past) in organizations including military service.

List **ALL** convictions and felonies committed inside or outside the U.S.A. which you have been arrested. Describe the offense and the result. Indicate places and dates. Please include any minor traffic offense.

At any time have you received public assistance during your stay in the U.S.A.? Yes___ No___

Does any of the following apply to you?

INFORMATION ABOUT THE FAMILY:

Name of Spouse: _____

Alien Number: _____

Date of birth: _____ Place of birth: _____
(Month, Day, Year) (City, Country)

Date & place of marriage: _____

If divorced indicate names of previous spouses:

| Name | Date of Birth | Date & place of marriage | Date & place of divorce |
|-------|---------------|--------------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| Children's Names | City & Country of Birth | Date of Birth | Alien Number |
|------------------|-------------------------|---------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

INFORMATION ABOUT YOUR PARENTS:

Mother's name: _____ Date/Country of Birth: _____

City & Country of Residence: _____

Father's Name: _____ Date/Country of Birth: _____

City & Country of Residence: _____