

ABS Intake form I-130

Part 1: Relationship

1. I am filling this petition for my Spouse ___ Parent/s ___ Brother/Sister ___ Child ___
2. If you are filing this petition for your child/parent, select the box that describes your relationship. (Select only one box)
___ Child was born to parents who were married to each other at the time of the child's birth.
___ Stepchild/Stepparent
___ Child was born to parents who were not married to each other at the time of the child's birth.
___ Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption? Yes ___ No ___
4. Did you gain lawful permanent resident status or citizenship through adoption? Yes ___ No ___

Part 2 Information about you (Petitioner)

1. A-Number (if any) _____ Social Security Number _____
USCIS Online Account Number (if any) _____
2. Last Name _____ First Name _____ Middle Name _____
Other name used _____
Last Name _____ First Name _____ Middle Name _____
Date of Birth (mm/dd/yyyy) _____ City of Birth _____
Country of Birth _____ Sex Male ___ Female ___ Other ___
3. Mailing Address
Street Number and Name _____ Apt _____ City _____
State _____ Zip Code _____ Country _____
Is your current mailing address the same as your physical address? Yes ___ No ___
4. Physical Address
Street Number and Name _____ Apt _____ City _____
State _____ Zip Code _____ Country _____
Date from (mm/dd/yyyy) _____ Date to (mm/dd/yyyy) PRESENT
Physical Address 2
Street Number and Name _____ Apt _____ City _____
State _____ Zip Code _____ Country _____

Date from (mm/dd/yyyy) _____ Date to (mm/dd/yyyy) _____

5. Marital Status: Single Married Divorced Widowed

How many times have you been married? _____

Date of Current Marriage (mm/dd/yyyy) _____ City of Marriage _____

State of Marriage _____ Country of Marriage _____

6. Spouse Name (if any)

Current Spouse Last Name _____ First Name _____ Middle Name _____

Previous Spouse Last Name _____ First Name _____

Middle Name _____ Date Marriage Ended (mm/dd/yyyy) _____

7. Information about your parents

Parent 1

Last Name _____ First Name _____ Middle Name _____

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

Country of Birth _____ City of Birth _____

Country of Residence _____ City of Residence _____

Parent 2

Last Name _____ First Name _____ Middle Name _____

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

Country of Birth _____ City of Birth _____

Country of Residence _____ City of Residence _____

Part 3: Additional information about you

1. I am (select only one box): U.S. Citizen Lawful Permanent Resident (Green Card Holder) None

If you are a U.S Citizen, how was your citizenship acquired?

Birth in the United States Naturalization Parent

Naturalization Certification Number _____ Place of Issuance _____

Date of Issuance (mm/dd/yyyy) _____

If Lawful Permanent Resident, Class of Admission _____ Place of Admission _____

State of Admission _____ Date of Admission (mm/dd/yyyy) _____

Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

Yes No

Employment History

Employer 1

Name of Employer/company _____ Your Occupation _____
Street number and Name _____ Apt Number _____
City _____ State _____ Zip Code _____ Country _____
Date From(mm/dd/yyyy) _____ to Present.

Employer 2

Name of Employer/company _____ Your Occupation _____
Street number and Name _____ Apt Number _____
City _____ State _____ Zip Code _____ Country _____
Date From(mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Part 3: Biographic information

Race _____ Height(ft.) _____ Weight (lbs.) _____ Hair Color _____ Eye Color _____
Mobile Telephone Number _____ Home Telephone Number _____
Email Address _____

Part 5: Information about Beneficiary

1. A- Number A _____ USCIS Online Account Number _____
Social Security Number _____
Last Name _____ First Name _____ Middle Name _____
Other name used
Last Name _____ First Name _____ Middle Name _____
Date of Birth (mm/dd/yyyy) _____ City of Birth _____
Country of Birth _____ Sex Male ___ Female ___ Other ___
Has anyone else ever filed a petition for the beneficiary? Yes ___ No ___ Unknown ___

2. Beneficiary Physical Address

Street Number and Name _____ Apt _____ City _____
State _____ Zip Code _____ Country _____
Is this the address where the beneficiary would like to live ? Yes ___ No ___
If not, Street Number and Name _____ Apt _____ City _____
State _____ Zip Code _____ Country _____
Daytime Telephone Number _____ Mobile Telephone Number _____
Email Address _____

3. Beneficiary Marital Information

Marital Status: Single __ Married __ Divorced __ Widowed __

How many times have you been married? _____

Date of Current Marriage (mm/dd/yyyy) _____ City of Marriage _____

State of Marriage _____ Country of Marriage _____

Beneficiary Spouse Name (if any)

Current Spouse Last Name _____ First Name _____ Middle Name _____

Previous Spouse Last Name _____ First Name _____ Middle Name _____

Date Marriage Ended (mm/dd/yyyy) _____

4. Information about Beneficiary's Family

	Full Name (Last Name, First Name, Middle Name)	Relationship (Spouse/Children)	Date of Birth (mm/dd/yyyy)	Country of Birth
Person 1				
Person 2				
Person 3				
Person 4				

5. Beneficiary Entry Information

Was the beneficiary ever in the US? Yes __ No __

Class of Admission _____ Form I-94 Number _____

Date of arrival (mm/dd/yyyy) _____ End Date/ Duration Status (mm/dd/yyyy) _____

Document type

__ Passport Number _____ __ Travel Document Number _____

Country of Issuance _____ Date of Issuance(mm/dd/yyyy) _____

Expiration Date(mm/dd/yyyy) _____

6. Beneficiary Employment Information

Name of Employer/company _____

Street number and Name _____ Apt Number _____ City _____

State _____ Zip Code _____ Country _____

Date From(mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

Part 6: Additional Question

Have you ever previously filed a petition for this beneficiary or any other alien? Yes ___ No ___

Other comments or instructions:

By signing below, I do give authorization to Abesha Business Services to assist me in filling my naturalization application.

Please sign your name _____ Date: (mm/dd/yyyy) _____