

REFUGEE ADJUSTMENT WORKSHOP QUESTIONNAIRE

Full Name _____

City or Village of Birth _____ Country of Birth _____

How many times have you been married? _____

Are you currently married? [] Yes [] No If so, what is your date of marriage? _____

Where did the marriage take place? _____

What is the full name of your spouse? _____

What is your spouse's Date of Birth? _____ Where was your spouse born? _____

Is your spouse applying with you? [] Yes [] No

If you were married before, what is the name of your previous spouse? _____

Date of Birth of your previous Spouse? _____ Where was previous spouse born? _____

What date did you marry your previous Spouse? _____

What date did the marriage end? _____ Where did the previous marriage end? _____

How many TOTAL children do you have? _____

How many of your children were born in the United States? _____

PLEASE LIST ALL ADDRESSES WHERE YOU HAVE LIVED IN THE PAST 5 YEARS, STARTING WITH THE CURRENT ADDRESS. IF YOU WERE NOT IN THE U.S, PLEASE ALSO INCLUDE THOSE ADDRESSES

FULL ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)	DATE STARTED	DATE STOPPED

PLEASE LIST ALL THE PLACES OF EMPLOYMENT FOR THE PAST 5 YEARS. PLEASE ALSO INCLUDE PLACES OF EMPLOYMENT IF YOU WORKED OUTSIDE THE U.S.

NAME OF COMPANY	ADDRESS	YOUR TITLE	DATE STARTED	DATE STOPPED

PLEASE GIVE INFORMATION ABOUT YOUR PARENTS

LAST NAME	FIRST NAME	DATE OF BIRTH	CITY AND COUNTRY OF BIRTH	CURRENT RESIDENCE
Father				
Mother				