



AFGHAN LEGAL SERVICES PROJECT



Client Name: _____

Referring Organization: _____

I-589 Supplemental Information Form

Biographic Information

1. What city in Afghanistan were you born in? _____
2. What date did you leave Afghanistan? _____
3. Are you a part of an ethnic minority? If so, which one? (E.g., Tajik, Hazara) _____
4. Do you speak a second language? If yes, are you fluent in it?

Other Names Used

5. Please list all other names used. If your family member has used a different name, please provide their other names as well.

| Person | Name Used |
|--------|-----------|
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Marital History

6. If you are married or have ever been married, please provide the date and location of your marriage and date of divorce (if applicable). *If you are married, please provide your marriage license. If you have been divorced, please provide your divorce decree.*

| Name of Spouse | Date of Marriage | Location of Marriage | Date of Divorce | Location of Divorce |
|----------------|------------------|----------------------|-----------------|---------------------|
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Residences

7. Please provide information about your residences during the past 5 years. List your present address first.

| Number and Street | City/Town | Department, Province, or State | Country | Date Started (Mo/Yr) | Date Ended (Mo/Yr) |
|-------------------|-----------|--------------------------------|---------|----------------------|--------------------|
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Employment

8. Please provide your employment history during the past 5 years. List your present employment first. If none, please indicate.

| Name of Employer | Address of Employer | Your Occupation | Date Started (Mo/Yr) | Date Ended (Mo/Yr) |
|------------------|---------------------|-----------------|----------------------|--------------------|
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Education

9. Please provide your education history, beginning with the most recent school that you attended.

| Name of School | Type of School (Elementary, High School, College) | Address (Required: Street Address, City/District, State/Province, Zip Code/Postal Code, Country) | Date Started (Mo/Yr) | Date Ended (Mo/Yr) |
|----------------|---|--|----------------------|--------------------|
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Family History

10. Please provide full name, city/town and country of birth, and current location of parents and all siblings (also indicating if any are deceased):

| | Full Name | City/Town and Country of Birth | Current Location (City/Country) | Deceased? (yes/no) |
|-----------------------|------------------|---------------------------------------|--|---------------------------|
| <i>Mother</i> | | | | |
| <i>Father</i> | | | | |
| <i>Sibling</i> | | | | |
| <i>Sibling</i> | | | | |
| <i>Sibling</i> | | | | |
| <i>Sibling</i> | | | | |
| <i>Sibling</i> | | | | |
| <i>Sibling</i> | | | | |

Children

11. Please provide full name, date of birth, and city of birth for any children you have (if applicable).

| First Name | Last Name | Date of Birth | City of Birth | In the US? |
|-------------------|------------------|----------------------|----------------------|-------------------|
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