



Immigration Case Management (ICM)

Power User Series

ICM is highly customizable and this extends to system default questionnaires. Questionnaires can be modified for each process type to better suit your organizational needs.

Note: The following may only be performed by a user with administrative privileges. If you are unable to proceed through the steps, please contact your administrator for assistance.

Customize Questionnaires for H-1B Process

To customize the default questionnaire:

1. Click on the username displayed in the upper right of the page and select **Administrative Settings** from the dropdown.
2. In the Firm Administration module, click the **Processes** tab.
3. Click the **Default Questionnaires** tab.
4. The left hand side of the page will display all of the Questionnaires that are available.
5. Click the dropdown arrow in the **Selected Process** section and select the H-1B process.
6. From the Questionnaires section, use the checkbox in the **Show** column to include or remove Questionnaires for the selected process. Below is our recommendation for the H-1B process.

Questionnaires	H-1B
Show	
Personal Information	
<input checked="" type="checkbox"/>	Personal Information
<input checked="" type="checkbox"/>	Employers
<input checked="" type="checkbox"/>	Education
<input checked="" type="checkbox"/>	Contacting You
Immediate Family	
<input type="checkbox"/>	Parent 1
<input type="checkbox"/>	Parent 2
<input checked="" type="checkbox"/>	Your Current Spouse
<input type="checkbox"/>	Former Spouse
<input checked="" type="checkbox"/>	Information About Your Children
Address Information	
<input checked="" type="checkbox"/>	Addresses Outside the United States
<input checked="" type="checkbox"/>	Residential Addresses
<input checked="" type="checkbox"/>	Current Mailing Address
Visa Passport and Travel	
<input checked="" type="checkbox"/>	Visa/Passport Status
<input checked="" type="checkbox"/>	Travel History Questionnaire (U.S. Entries/Departures)
<input type="checkbox"/>	Travel History Questionnaire (U.S. Departures>Returns)

7. Clicking the name of each questionnaire will display all of the questions associated with it. **See our recommendations** for the H-1B individual questionnaires on Pages 2 and 3.
8. Use the checkbox in the **Hide** column to hide the questions you don't want displayed.
9. Click **Update Info** to save changes.

SEE NEXT PAGE

Personal Information	Employers	Education
<p>HideEnglish Label</p> <p>Family Name(s):</p> <p><input type="checkbox"/> Family Name(s) (Correction):</p> <p>First Name:</p> <p><input type="checkbox"/> First Name (Correction):</p> <p><input type="checkbox"/> Middle Name(s):</p> <p><input type="checkbox"/> Maiden Name:</p> <p><input checked="" type="checkbox"/> Nickname:</p> <p><input type="checkbox"/> All Other Names:</p> <p><input type="checkbox"/> Gender:</p> <p><input type="checkbox"/> Date of Birth:</p> <p><input type="checkbox"/> Nationality(ies):</p> <p><input type="checkbox"/> Country(ies) of Citizenship:</p> <p><input type="checkbox"/> City or Town of Birth:</p> <p><input type="checkbox"/> Country of Birth:</p> <p><input type="checkbox"/> Birth State/Province:</p> <p><input type="checkbox"/> A-Number (if any):</p> <p><input type="checkbox"/> Current Visa or Immigration Status:</p> <p><input type="checkbox"/> U.S. Social Security Number:</p> <p><input type="checkbox"/> Date Status Expires:</p> <p><input checked="" type="checkbox"/> I-129S Expiration Date:</p> <p><input checked="" type="checkbox"/> Driver's License No:</p> <p><input checked="" type="checkbox"/> Driver's License Expiration Date:</p> <p><input type="checkbox"/> Marital Status:</p> <p><input checked="" type="checkbox"/> Long term domestic partner:</p> <p><input checked="" type="checkbox"/> Date of Marriage:</p> <p><input checked="" type="checkbox"/> Place of Marriage:</p> <p><input checked="" type="checkbox"/> Any additional information:</p> <p><input type="checkbox"/> Student and Exchange Visitor Information System (SEVIS) Number:</p> <p><input type="checkbox"/> Employment Authorization Document (EAD) Number:</p> <p><input checked="" type="checkbox"/> First Entry into the U.S.:</p> <p>I-94 Entry Date/Issue Date:</p> <p><input checked="" type="checkbox"/> I-94 Expiration Date:</p> <p><input checked="" type="checkbox"/> I-94 Number:</p> <p><input checked="" type="checkbox"/> I-94 Entry Status:</p> <p><input checked="" type="checkbox"/> Most Recent I-94 Record:</p> <p>I-94 Entry Date/Issue Date:</p> <p>I-94 Expiration Date:</p> <p>I-94 Number:</p> <p>I-94 Entry Status:</p> <p><input type="checkbox"/> Management Information:</p> <p><input checked="" type="checkbox"/> Work Address:</p> <p><input checked="" type="checkbox"/> Manager:</p> <p><input checked="" type="checkbox"/> Manager Phone #:</p> <p><input checked="" type="checkbox"/> Manager Email:</p> <p><input checked="" type="checkbox"/> Department:</p> <p><input checked="" type="checkbox"/> Department/Group:</p> <p><input checked="" type="checkbox"/> Department Number:</p> <p><input checked="" type="checkbox"/> Cost Center:</p> <p><input checked="" type="checkbox"/> Client Billing Code:</p> <p><input type="checkbox"/> Salary:</p> <p><input type="checkbox"/> Employee ID:</p> <p><input checked="" type="checkbox"/> Biographic Information</p> <p>Ethnicity:</p> <p>Race:</p> <p>Height:</p> <p>Weight:</p> <p>Eye Color:</p> <p>Hair Color:</p> <p>* - Fields are read-only due to being repeated</p>	<p>Hide English Label</p> <p>Company</p> <p><input type="checkbox"/> Street Number and Name:</p> <p><input type="checkbox"/> Address line 2:</p> <p><input type="checkbox"/> Number:</p> <p><input type="checkbox"/> Type:</p> <p>Apartment:</p> <p>Suite:</p> <p>Floor:</p> <p><input type="checkbox"/> City:</p> <p><input type="checkbox"/> Country:</p> <p><input type="checkbox"/> State/Province:</p> <p><input type="checkbox"/> Zip/Postal Code:</p> <p><input type="checkbox"/> Business Type:</p> <p>Job Title :</p> <p><input checked="" type="checkbox"/> Annual Salary:</p> <p><input type="checkbox"/> Hours Worked per Week :</p> <p><input type="checkbox"/> From:</p> <p><input type="checkbox"/> To:</p> <p><input type="checkbox"/> Employment Status:</p> <p><input type="checkbox"/> Internship?:</p> <p><input type="checkbox"/> In the US?:</p> <p><input type="checkbox"/> Employer Phone Number:</p> <p><input type="checkbox"/> Supervisor's Name:</p> <p><input checked="" type="checkbox"/> Job Duties:</p>	<p>HideEnglish Label</p> <p>School:</p> <p><input type="checkbox"/> In the US?:</p> <p>Street Number and Name:</p> <p><input type="checkbox"/> Address line 2:</p> <p><input type="checkbox"/> Type:</p> <p>Apartment:</p> <p>Suite:</p> <p>Floor:</p> <p><input type="checkbox"/> Number:</p> <p><input type="checkbox"/> City:</p> <p><input type="checkbox"/> Country:</p> <p><input type="checkbox"/> State/Province:</p> <p><input type="checkbox"/> Zip/Postal Code:</p> <p><input type="checkbox"/> Degree:</p> <p><input type="checkbox"/> Highest level of education:</p> <p><input type="checkbox"/> Field of Study:</p> <p><input checked="" type="checkbox"/> From:</p> <p><input checked="" type="checkbox"/> To:</p> <p><input checked="" type="checkbox"/> Date Graduated:</p> <p><input type="checkbox"/> Date Degree Awarded:</p>

Contacting You	Visa/Passport Status	Travel History Questionnaire
<p>Hide English Label</p> <p><input type="checkbox"/> By E-mail E-mail:</p> <p>By Telephone</p> <p><input type="checkbox"/> Home Telephone:</p> <p><input type="checkbox"/> Work Telephone:</p> <p><input type="checkbox"/> Daytime Telephone:</p> <p><input type="checkbox"/> Cellular Telephone:</p> <p><input checked="" type="checkbox"/> Pager:</p> <p><input checked="" type="checkbox"/> Home Fax:</p> <p><input checked="" type="checkbox"/> Business Fax:</p>	<p>HideEnglish Label</p> <p><input type="checkbox"/> Foreign Passport Information</p> <p><input type="checkbox"/> Date of Issuance:</p> <p><input type="checkbox"/> Passport Expiration Date:</p> <p>Passport Number:</p> <p>Issuing Country:</p> <p><input type="checkbox"/> City Issued in:</p> <p><input type="checkbox"/> State/Province Issued in:</p> <p><input type="checkbox"/> Country Issued in:</p> <p><input type="checkbox"/> U.S. Passport Information</p> <p>U.S. Passport Number:</p> <p><input type="checkbox"/> Place Issued:</p> <p><input type="checkbox"/> Date Issued:</p> <p><input type="checkbox"/> U.S. Passport Expiration:</p> <p><input checked="" type="checkbox"/> Permanent Residence Status</p> <p><input checked="" type="checkbox"/> Date of Admission/Adjustment:</p> <p><input checked="" type="checkbox"/> Method of attaining Permanent Residency:</p> <p><input checked="" type="checkbox"/> Place of Admission or Adjustment:</p> <p><input type="checkbox"/> Visa Information</p> <p>Nonimmigrant Visa Number:</p> <p><input type="checkbox"/> Visa Issue Date:</p> <p><input type="checkbox"/> Visa Expiration Date:</p> <p><input type="checkbox"/> Consulate that issued Visa:</p> <p><input type="checkbox"/> Have you ever been in J-1/J-2 status, and subject to a two-year foreign residence requirement?:</p> <p><input type="checkbox"/> Have you ever been granted a waiver of the two-year foreign residence requirement?:</p>	<p>Hide English Label</p> <p>Initial Entry to the United States</p> <p>First Entry Date:</p> <p><input type="checkbox"/> I-94 Number:</p> <p><input type="checkbox"/> Name as printed on I-94:</p> <p><input type="checkbox"/> I-94 Expiration Date:</p> <p><input checked="" type="checkbox"/> Location Stayed:</p> <p><input type="checkbox"/> U.S. Port of Entry (City/State):</p> <p><input checked="" type="checkbox"/> By means of:</p> <p><input type="checkbox"/> Entry Status:</p> <p><input checked="" type="checkbox"/> Inspected by U.S. Immigration Officer?:</p> <p><input checked="" type="checkbox"/> Admitted to the US?:</p> <p><input type="checkbox"/> U.S. Entries/Departures</p> <p><input type="checkbox"/> Beneficiary's Entry Information</p> <p><input type="checkbox"/> Departure Information</p> <p><input type="checkbox"/> U.S. Entry Date</p> <p><input checked="" type="checkbox"/> **EOS/COS Issuance Date</p> <p>I-94 Number:</p> <p>I-94 Expiration Date:</p> <p>Entry Status:</p> <p><input checked="" type="checkbox"/> Inspected Admitted Yes</p> <p>Inspected</p> <p>Admitted</p> <p>Location Stayed:</p> <p><input type="checkbox"/> U.S. Port of Entry</p> <p><input type="checkbox"/> U.S. Departure Date</p> <p><input checked="" type="checkbox"/> Destination</p> <p><input checked="" type="checkbox"/> Reason for Trip</p> <p><input checked="" type="checkbox"/> U.S. Port of Departure</p>