

**LAWYERS PROFESSIONAL LIABILITY
IMMIGRATION SUPPLEMENT**

Full Name of Applicant Firm: _____

1. Please describe your firm's immigration practice:

2. Please describe how your firm markets its immigration practice:

3. Please enter the approximate percentage of gross firm revenues for each of the following that describes your immigration practice for the last 12 months. **The total must equal 100%.**

a.	_____ %	EB -1(a)
b.	_____ %	EB -1(b)
c.	_____ %	EB -1(c)
d.	_____ %	EB - 2
e.	_____ %	EB - 5
f.	_____ %	E-1 / E-2
g.	_____ %	E-21 / E-22
h.	_____ %	H -1B
i.	_____ %	J - 1
j.	_____ %	L - 1
k.	_____ %	Other – Describe: _____
	_____ %	TOTAL

4. Has your firm accepted compensation on a commission basis? Yes No
If yes, please provide an explanation.

5. Does your firm's immigration clients include EB – 5 Investors? Yes No

If yes, how many EB-5 Investors has the firm represented in the last three years? _____

6. Does your firm assist EB – 5 Investor clients:

a.	By identifying commercial enterprises in which to invest?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b.	In business formation or acquisition?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c.	By performing due diligence services with respect to potential investments?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d.	By referring them to other firm clients?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If yes to 6.a - d, please provide an explanation:

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Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date