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|--|--------------------------------------|---|---|--|---|---|--|
| DATE (M/D/Y): | | INTAKE @: | | RESP. DETAINED@: | | INTERVIEWER: | |
| Ⓐ INITIALLY: Do you have ATTY? <input type="checkbox"/> YES* <input type="checkbox"/> NO <input type="checkbox"/> Informed I'm here to explain rights & legal process & to help <u>today only</u> <input type="checkbox"/> Explained I don't work for the gov't & won't share your info w/ gov't without your consent [*Atty <u>appearing today</u> or <u>need contin to bring atty?</u>] <input type="checkbox"/> Obtained consent to share info w/collaborating nonprofits+volunteers (required) | | | | | | | |
| RESPONDENT'S NAME (LAST NAME[S], First, Middle) | | | | Alias | | A# | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | <input type="checkbox"/> TRANS _____ | DOB | CITIZENSHIP (& POB, if different) | | ETHNICITY: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White (non-Hisp.) <input type="checkbox"/> Other/Unknown | | |
| U.S. HOME ZIP CODE (OR City & State) | | LANGUAGE(S) | | (circle best) | | VETERAN? <input type="checkbox"/> Y <input type="checkbox"/> N | DISABLED? <input type="checkbox"/> Y <input type="checkbox"/> N |
| Ⓑ HOW DID YOU ASSIST RESPONDENT TODAY? <input type="checkbox"/> No Full Intake because: <u>no time / not interested / has or getting ATTY / language</u> | | | | | | | |
| 1.a. ALL INTAKES: Advice to Respondent <input type="checkbox"/> Explained right to hire atty (& req. contin.) or to self-rep.: <input type="checkbox"/> Reviewed NTA: <input type="checkbox"/> Eligibility for <u>Bond / Parole</u> : <input type="checkbox"/> Relief Eligibility (must complete side 2!): <input type="checkbox"/> Arguments to contest removability: <input type="checkbox"/> Wants <i>pro bono</i> atty (but warned very unlikely!) <input type="checkbox"/> Other (e.g. <i>Franco</i>): | | | | 2. AOD ONLY: Assistance Before the Court <input type="checkbox"/> <u>Not assisted</u> because <u>R's counsel appeared OR no time</u> <input type="checkbox"/> Continuance Req'd for Atty or: <input type="checkbox"/> Pleadings: <input type="checkbox"/> Assistance to leave U.S. (see 1.b!) <u>Outcome:</u> <u>(Requested:</u> <input type="checkbox"/> Other: | | | |
| <input type="checkbox"/> Already suggested to contact: | | <input type="checkbox"/> Already Provided: | | <input type="checkbox"/> ALREADY PLACED with: | | | |
| 1.b. If Resp. wants to leave U.S.: <input type="checkbox"/> Reviewed NTA <input type="checkbox"/> Right to req. VD & illegal reentry conseq. [<u>wants VD / today only / maybe ineligible</u>] <input type="checkbox"/> Explained right to file I-589 if has fear <input type="checkbox"/> If applicable, checked for acq./deriv. citizenship <input type="checkbox"/> Explained right to appeal: <u>waives / reserves</u> | | | | | | | |
| Ⓒ REMOVAL CASE Who is IJ? AODs: Today's hearing? MCH / BH: | | Any prior hearings? BH: _____ MCH / ICH : | | Upcoming Hearings: BH: _____ MCH / ICH : | | | |
| Date Detained: | NTA Service Date: | NTA Charge(s): | <input type="checkbox"/> ARR <input type="checkbox"/> EWI <input type="checkbox"/> ADM <input type="checkbox"/> IJ Referral (RFI) | | | | |
| Ⓓ NEXT STEPS? (OR, <u>not needed because:</u> <input type="checkbox"/> :Not Fighting <input type="checkbox"/> :Order of Removal or V/D <input type="checkbox"/> :Has/getting Atty <input type="checkbox"/> :B/O soon <input type="checkbox"/> : | | | | | | | |
| <input type="checkbox"/> Intaker doing Follow Up (specify): | | | | | | | |
| <input type="checkbox"/> NCCIJ Coordinator Suggested Follow up | | | | <input type="checkbox"/> SEND DOCS: <input type="checkbox"/> Call: | | | |
| <input type="checkbox"/> Possible <i>Franco</i> ? <input type="checkbox"/> Y <input type="checkbox"/> N | | | | <input type="checkbox"/> SEND PRO SE MAT'LS: <input type="checkbox"/> Needs Referral <input type="checkbox"/> Bond (CARECEN) <input type="checkbox"/> AILA Asylum <input type="checkbox"/> Parole (Centro) <input type="checkbox"/> ACILEP (Alameda) <input type="checkbox"/> CRLAF (Sacramento) <input type="checkbox"/> _____ | | | |
| OUTSIDE CONTACT(S) | | Relationship | Legal Status | Language(s) | Telephone and/or email | Consent | |
| NOTES: | | | | | | | |

| ⓔ ELIGIBILITY FOR RELIEF | | | | | | |
|--|-----------------------------------|---|--|--|---|----------------------|
| U.S. ENTRIES | 1 st entry date: _____ | Manner: <input type="checkbox"/> EWI <input type="checkbox"/> _____ | Absences from the US (dates, duration) | | | |
| Total #: _____ | Latest entry: _____ | Manner: <input type="checkbox"/> EWI <input type="checkbox"/> _____ | | | | |
| CURRENT IMM. STATUS/DATE: | | PRIOR IMMIGRATION CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes, explain) | | | | |
| CRIMINAL HISTORY | | | | | | |
| Year | County / State | Arrest / Charge / Conviction | Plea / Status | Sentence / Served | Atty Contact | Imm. Conseq. |
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| U.S. FAMILY TIES | | | | | | |
| MARITAL STATUS <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widow[er] (including same-sex) <input type="checkbox"/> separated <input type="checkbox"/> engaged <input type="checkbox"/> partner | | | Spouse/Partner: <input type="checkbox"/> Has status: _____ <input type="checkbox"/> No status Spouse/Partner's country of residence? _____ | | | |
| CHILDREN | Total #: _____ | Any with U.S. status? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, complete fields to the right) | | Child's Age | Child's Status | Child now lives with |
| * ARE PARENTS USC or LPR? <input type="checkbox"/> :USC <input type="checkbox"/> :LPR <input type="checkbox"/> :No Status <input type="checkbox"/> : | | | | | | |
| * ARE G-PARENTS USC or LPR? <input type="checkbox"/> USC <input type="checkbox"/> LPR <input type="checkbox"/> No Status | | | | | | |
| Other family ties in U.S.? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Status: | | | | | | |
| IMMIGRANT PETITIONS FILED FOR YOU (OR YOUR SPOUSE OR PARENT) <input type="checkbox"/> NO <input type="checkbox"/> YES [<input type="checkbox"/> possible 245(i) w/ details: | | | | | | |
| Petitioner: | Beneficiary: | Type: | Date Filed: | <input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | |
| OTHER RELIEF | | | | | | |
| * FEAR OF RETURN? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, refer to add'l questions.) L G B T Q I? <input type="checkbox"/> Y <input type="checkbox"/> N FGM? <input type="checkbox"/> Y <input type="checkbox"/> N DV? <input type="checkbox"/> Y <input type="checkbox"/> N Why afraid? <u>Past harm</u> to you, family, or anyone you know? <u>Who harmed & why?</u> <u>Evidence?</u> Why face <u>future harm</u> ? Tried to get help from <u>police</u> ? | | | | | | |
| MENTAL HEALTH ISSUES? <input type="checkbox"/> Y <input type="checkbox"/> N (Have you ever been diagnosed with a disorder? Taken medications? Been found incompetent to stand trial? (Get outside contact info!) | | | | | | |
| VICTIM? (DV or crime in the US)? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, <u>type</u> , <u>date</u> and <u>location</u> of crime, <u>perpetrator(s)</u> , <u>police/DA involvement</u> , etc.) | | | | | | |
| Spouse of victim / Parent of child-victim < 21 / Child < 21 of a parent-victim or sibling-victim? <input type="checkbox"/> Y <input type="checkbox"/> N (possible derivative or indirect victim) | | | | | | |
| FORCED LABOR OR SEX ACTS? | | | | | | |
| SUPPRESSION ISSUES? Arrest by <u>ICE</u> / <u>CBP</u> / _____ (note location & circumstances): | | | | | | |
| If 10YR COR or waiver eligible, hardship to USC/LPR Relative? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (if yes, who, what?) | | | | | Potential DACA Eligibility? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| RELIEF Identified: <input type="checkbox"/> 10-yr COR; <input type="checkbox"/> 3-yr COR; <input type="checkbox"/> LPR COR; <input type="checkbox"/> ASY; <input type="checkbox"/> WOR; <input type="checkbox"/> CAT; <input type="checkbox"/> AOS _____; <input type="checkbox"/> 212(h); <input type="checkbox"/> 212(c); <input type="checkbox"/> 237(a)(1)(H); <input type="checkbox"/> U visa; <input type="checkbox"/> T visa; <input type="checkbox"/> VAWA I-360; <input type="checkbox"/> S visa; <input type="checkbox"/> MTT _____; <input type="checkbox"/> MTR _____; <input type="checkbox"/> _____; <input type="checkbox"/> Vol/Dep; <input type="checkbox"/> NONE | | | | | | |
| ⓔ BOND | | | | | | |
| Appears Bond / Parole ELIGIBLE? <input type="checkbox"/> Y <input type="checkbox"/> N | | | EOIR : IJ Decision: \$ _____ on ___/___/___ | | | |
| *Where did DHS Apprehend? | | | Appeal Reserved? <input type="checkbox"/> Y <input type="checkbox"/> N BH Judge: | | | |
| ICE Bond / Parole, if any: \$ _____ | | | Pending ICE <u>bond</u> / <u>parole</u> requests? <input type="checkbox"/> Y <input type="checkbox"/> N | | | |