

<b>Date:</b> _____ AM PM (circle one)		<b>Judge:</b> _____		<b>AOD Name:</b> _____	
<b>Docket:</b> <input type="checkbox"/> Adult/family docket <input type="checkbox"/> Juvenile docket		<b>MCH #:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Reset, MCH# _____		<b>Expedited case?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> <b>Informed:</b> I am a volunteer attorney. I am here to help you before the Judge for today only. I do not work for the government. I will not share any information with the DHS or Court without your consent. I will share this intake with the organization that runs this volunteer program, the Justice & Diversity Center, who will keep your information confidential.					
<input type="checkbox"/> <b>If designated "Unaccompanied Alien Child" (UAC)</b> or under age 21, please screen for asylum, SIJS, T and U visas.			<input type="checkbox"/> <b>If a Santa Clara County resident</b> , please screen for criminal history (make notes on p.2) and provide <i>JDC Resource Packet</i> .		
<b>NAME:</b> _____		<b>A#:</b> _____	<b>GENDER:</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<b>AGE/DOB:</b> _____
<b># derivatives in ct case:</b> _____		<b>COUNTRY OF ORIGIN:</b> _____		<b>ETHNICITY:</b> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
<b>Age of each person:</b> _____					
<b>BEST LANGUAGE:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		<b>DISABLED:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>U.S. VETERAN:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>PHONE #:</b> _____	
<b>ADDRESS:</b> _____			<b>CITY, STATE:</b> _____		<b>ZIP CODE:</b> _____
<b>PERMISSION TO SHARE INFORMATION</b>					
<i>I give permission for the Justice and Diversity Center to share my information with other attorneys who may be able to assist me for free or low cost.</i>					
Signature: _____			Date: _____		
<b>FOR AODs: How did you assist the respondent today? Check all that apply.</b>					
<b><u>Assistance before the Court</u></b>			<b><u>Advisals and info provided to respondent</u></b>		
<input type="checkbox"/> Cont. to find counsel <input type="checkbox"/> Change of venue <input type="checkbox"/> Change of address <input type="checkbox"/> Consolidate case w/ family members <input type="checkbox"/> Request docs from court/gov (e.g. NTA, I-770, I-213, conviction docs) <input type="checkbox"/> Request time to review docs filed/rec'd in court (e.g. NTA, crim docs) <input type="checkbox"/> Assist leaving US:    ___ Motion to w/draw admission ___ Vol departure ___ Termination of Case ___ Removal Order <input type="checkbox"/> Submit application for relief to the Court <input type="checkbox"/> Lodge asylum application with the Court Clerk <input type="checkbox"/> Other: _____			<input type="checkbox"/> <b>Change of address obligations and extra Form E-33 (required)</b> <input type="checkbox"/> <b>Consequences of failure to appear (required)</b> <input type="checkbox"/> <b>Court pro bono list (required) and JDC &amp; ICWC Packets</b> <input type="checkbox"/> Change of venue <input type="checkbox"/> Consolidation <input type="checkbox"/> Removability arg <input type="checkbox"/> Pleadings <input type="checkbox"/> How to obtain EAD; EAD eligibility <input type="checkbox"/> How to leave U.S. <input type="checkbox"/> ISAP conditions, gave <i>ISAP packet</i> <input type="checkbox"/> Imm consequences of criminal acts or post-conviction relief <input type="checkbox"/> Relief options or advice re submitting applications for relief <input type="checkbox"/> Gave <i>Pro Se Asylum Guide</i> or assisted w/ lodging asylum app <input type="checkbox"/> Other: _____		
<b>*AODs should not submit pleadings on behalf of pro se respondents.</b>					
<b>Next hearing date and time:</b> _____ <input type="checkbox"/> Master <input type="checkbox"/> Individual					
<b>NOTES (TO DO, ADVICE GIVEN, NEXT STEPS)</b>					

**PROCEDURAL HISTORY** NTA: Charge(s): \_\_\_\_\_  ARR  EWI  ADM  Proper service of all initiating docs?  
 Consolidation of family members' cases needed? What are their A#'s? \_\_\_\_\_  
 Contacted attys? (Note names/type of contact below)  Circumstances prevented you from finding atty (illness, etc.)?  
 Submitted docs to Court/ filed application/lodged asylum app?  Applications pending before other agencies?  
 Pleadings already taken?  Has gov't submitted any docs in court?

**CURRENT IMM. STATUS:** \_\_\_\_\_ **PRIOR IMM. CONTACTS:**  Y  N If yes, explain: \_\_\_\_\_  
**US ENTRY:** # of entries to US: \_\_\_\_ Latest entry: \_\_\_\_\_ 1<sup>st</sup> entry date: \_\_\_\_\_  
Manner:  EWI  Inspected/waived through  Other: \_\_\_\_\_ Absences from US (dates, length): \_\_\_\_\_

**CRIMINAL CONVICTIONS:** If ever arrested/convicted of crimes in US, explain:

YEAR	COUNTY / STATE	ARREST / CHARGE (OFFENSE)	PLEA / STATUS	SENTENCE / SERVED	IMM. CONSEQ.
		<input type="checkbox"/> Misdm <input type="checkbox"/> Felony			
		<input type="checkbox"/> Misdm <input type="checkbox"/> Felony			
		<input type="checkbox"/> Misdm <input type="checkbox"/> Felony			

**U.S. FAMILY TIES** **MARITAL STATUS** (incl same-sex)  single  married  divorced  separated  engaged  partner  
**Spouse:** US status? \_\_\_\_\_ **Children?** Total #: \_\_\_\_ Child ages/status: \_\_\_\_\_  
Current Country: \_\_\_\_\_  
**Parents:**  USC  LPR  No status  Other: \_\_\_\_\_ **Siblings:**  USC  LPR  No Status  Other: \_\_\_\_\_  
**Grandparents**  USC  LPR  No Status  Other: \_\_\_\_\_

**IMMIGRANT PETITIONS FILED FOR YOU/spouse/parent?**  None  Yes  Possible 245(i)  
Petitioner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Filed Date: \_\_\_\_\_  Pending  Approved  Denied

**Have you/spouse/child/child's sibling been a VICTIM of CRIME or DV in the US?**  Y  N If Y, was it reported?  Y  N

<p><b>Asylum eligibility</b>  <input type="checkbox"/> Y <input type="checkbox"/> N Fear of return? <input type="checkbox"/> Advised re: 1-yr. deadline and lodging  <input type="checkbox"/> Y <input type="checkbox"/> N LGBTQI? <input type="checkbox"/> Advised re: exceptions to 1-yr. deadline  <input type="checkbox"/> Y <input type="checkbox"/> N DV? FGM? <input type="checkbox"/> Advised re withholding/CAT eligibility  <input type="checkbox"/> Y <input type="checkbox"/> N DV? _____</p>	<p><b>SIJS eligibility:</b> <i>May apply to persons &lt;21 living with one or neither parent.</i>  <input type="checkbox"/> Y <input type="checkbox"/> N Do you live with both parents? If no, explain.  <input type="checkbox"/> Y <input type="checkbox"/> N Do children have good relationship with each parent?  If no, describe:</p>
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**T-Visa eligibility**  
 Y  N During journey to US /since arriving, have you been harmed, threatened, forced to do anything (including sex)?  
 Y  N Did anyone promise you work in the US?  
 Y  N Did you/family incur any debt by coming to US? If so, how are you paying it?  
 Y  N Are you currently working for anyone WITHOUT being paid for that work?

**Mental health issues?**  Y  N *Ever diagnosed with a disorder? Taken medications? Found incompetent to stand trial?*  
**Illness or disability?**  Y  N **Other factors?** *E.g. Pregnant? Family in U.S. military?* \_\_\_\_\_

**How were you put in proceedings?** Arrest by ICE/CBP? (note location and circumstances)  Advised re potential suppression claim

**ALL RELIEF IDENTIFIED**

<input type="checkbox"/> AOS _____	<input type="checkbox"/> Citz Claim	<input type="checkbox"/> SIJS	<input type="checkbox"/> U-Visa	<input type="checkbox"/> 212(i)	<input type="checkbox"/> VAWA COR
<input type="checkbox"/> ASY	<input type="checkbox"/> LPR COR	<input type="checkbox"/> TPS	<input type="checkbox"/> WOR	<input type="checkbox"/> 212(h)	<input type="checkbox"/> VAWA I-360 Self-Petition
<input type="checkbox"/> CAT	<input type="checkbox"/> Non-LPR COR	<input type="checkbox"/> T-Visa	<input type="checkbox"/> 212(c)	<input type="checkbox"/> 237(a)(1)(H)	<input type="checkbox"/> Other: