


DATE (MM/DD/YY):		INTAKE AT:		DET. FACILITY:		INTERVIEWER:		
INITIAL INFO: <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  <p style="font-size: 0.8em;">California Collaborative for Immigrant Justice Colaborativo de California de Justicia para Inmigrantes</p> </div> <div style="flex: 3;"> <p>Do you have an immigration attorney? <input type="checkbox"/> NO <input type="checkbox"/> YES: _____</p> <p><input type="checkbox"/> Informed: I'll explain your rights, the legal process, and help you <u>with a consultation only</u></p> <p><input type="checkbox"/> Explained: I don't work for the government and I won't share your information with the government w/o approval</p> <p><input type="checkbox"/> OBTAINED CONSENT to share info with collaborating nonprofits + volunteers (REQUIRED) <input type="checkbox"/> Consent not given</p> <p>Signed Consent (if possible):X _____</p> </div> </div>								
LAST NAME [S], First Name Middle				Alias		A#		
GENDER IDENTITY		DOB (MM/DD/YY)		CITIZENSHIP		ETHNICITY		
U.S. HOME ZIP CODE (City or County)			LANGUAGE(S)		VETERAN? <input type="checkbox"/> Y <input type="checkbox"/> N		DISABLED? <input type="checkbox"/> Y <input type="checkbox"/> N	
Outside Contact(s)		Relationship	Legal Status	Language(s)	Tel. and/or Email		Consent	
							<input type="checkbox"/> Y <input type="checkbox"/> N	
							<input type="checkbox"/> Y <input type="checkbox"/> N	
Imm. Detention Date:			Immigration Arrest Circumstances:			Current Immigration Status:		
Detained by:						Category (if applicable):		
Where exactly:						Date Obtained:		
EOIR CASE			<input type="checkbox"/> Bond or <input type="checkbox"/> Parole Granted		Bond or Parole set by:		Any prior hearings?	
Immigration Judge: _____			Amount: \$		<input type="checkbox"/> ICE or <input type="checkbox"/> IJ		<input type="checkbox"/> MCH <input type="checkbox"/> ICH <input type="checkbox"/> Bond	
BIA Appeals?			<input type="checkbox"/> Unable to pay amount		Appeal Reserved? <input type="checkbox"/> Y <input type="checkbox"/> N		Date:	
NTA Service Date		NTA Charge(s): NTA TYPE: <input type="checkbox"/> Arriving <input type="checkbox"/> Present w/o Admission <input type="checkbox"/> Admitted <input type="checkbox"/> IJ Referral (e.g. WOR only)						
IMMIGRATION HISTORY			Have you ever been in immigration proceedings, been deported, taken a voluntary departure or been turned away at the border? Explain:		Have you ever had a different immigration status than your current one? Or have you ever applied for any relief/benefits before? Explain:			
First Entry Date		Manner of Entry		Details:				
Last Entry Date		Manner of Entry						Total Entries:
CRIMINAL HISTORY PCR=Post-Conviction Relief								
Year	County/State	Crime	Outcome	Sentence/Served	Attorney	Needs PCR?		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N		
Crim. Notes:								

FAMILY	Marital Status (include same-sex):	<input type="checkbox"/> Spouse or <input type="checkbox"/> Partner Status:
Children	Total #: _____ Total USC#: _____	Total LPR#: _____ Age of oldest USC child: _____
Status of Parents?	Mother: _____ Date Obtained: _____ Father: _____ Date Obtained: _____	<input type="checkbox"/> possible 245(i) w/ details:
Grandparents?	Mat.: _____ Notes: _____ Pat.: _____ Notes: _____	Petitioner: _____ Type: _____ Beneficiary: _____ Date Filed: _____
Other USC family in the U.S.? (Or additional family notes)	<input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
RELIEF SCREENING	Are you afraid to return to your home country? Did you suffer past harm? Do you fear future harm? <input type="checkbox"/> Y <input type="checkbox"/> N Explain: 	
Fear based on: <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Political Opinion <input type="checkbox"/> Nationality <input type="checkbox"/> PSG _____ <input type="checkbox"/> FGM <input type="checkbox"/> Torture <input type="checkbox"/> DV <input type="checkbox"/> L G B T Q I <input type="checkbox"/> Other: _____		
Any mental health issues? <input type="checkbox"/> Y <input type="checkbox"/> N Ever been diagnosed with a disorder? Taken medications? Been found incompetent to stand trial? 		
Possible Franco? <input type="checkbox"/> Y <input type="checkbox"/> N		
Victim of domestic violence or crime (including immediate family) in the U.S.? <input type="checkbox"/> Y <input type="checkbox"/> N Any forced labor or sex acts? <input type="checkbox"/> Y <input type="checkbox"/> N If yes for either of the above, note date and location of crime(s), perpetrator(s), police/DA involvement, etc.:		
For family victims, specify if R. is: <input type="checkbox"/> Spouse of victim <input type="checkbox"/> Parent of child victim under 21 <input type="checkbox"/> Child under 21 of a parent-victim or sibling-victim		
Is there any discretion or are there any other issues identified? Please explain below: 		
Possible Issues: <input type="checkbox"/> Detention Conditions <input type="checkbox"/> SB 54 Violation <input type="checkbox"/> Use of Force ICE/CBP <input type="checkbox"/> Personal Health Issues <input type="checkbox"/> Hardship to USC/LPR Family <input type="checkbox"/> DACA <input type="checkbox"/> Other: _____		

LEGAL ADVICE PROVIDED (Attorney Initials _____)		A# _____	
No Full Intake because: <input type="checkbox"/> no time <input type="checkbox"/> not interested <input type="checkbox"/> has or getting attorney <input type="checkbox"/> language <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Explained right to hire attorney and request continuance or to self-represent (if applicable) <input type="checkbox"/> Wants <i>pro bono</i> attorney (but warned that it is very unlikely)			
<input type="checkbox"/> Reviewed NTA:			
<input type="checkbox"/> Explained If: <input type="checkbox"/> Bond or <input type="checkbox"/> Parole Eligible or <input type="checkbox"/> NEITHER		Notes:	
BOND: Mandatory Custody Likely If:		3.B. Did ICE apprehend directly from custody for one of the following? <input type="checkbox"/> CIMT inadmissibility, if EWI or ARRIVING (not petty offense) <input type="checkbox"/> CIMT removability, if ADMITTED (committed w/in 5 yrs. of admission and 1+ yr. sentence imposed; or 2+ convictions) <input type="checkbox"/> Drug offense (IF ADMITTED, only >30g if mj possession) <input type="checkbox"/> Deportable firearms offense, if ADMITTED <input type="checkbox"/> Aggravated felony, if ADMITTED	
<input type="checkbox"/> 1. Arriving alien designation on NTA (approached officers at POE); <input type="checkbox"/> 2. Prior removal & subject to reinstatement or administrative removal ; or <input type="checkbox"/> 3.A. ICE apprehended after incarceration for a basis listed on the right →			
<input type="checkbox"/> Relief Explained: <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			
<input type="checkbox"/> Legal Advice (i.e. arguments to contest removability):			
<input type="checkbox"/> Other (e.g. <i>Franco</i>):			
IF RESPONDENT WANTS TO LEAVE THE U.S.: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Reviewed NTA <input type="checkbox"/> Explained right to request VD & warned of illegal reentry consequences <input type="checkbox"/> Explained right to file I-589 if they have fear </div> <div> <input type="checkbox"/> If applicable, checked for acquired or derived citizenship <input type="checkbox"/> Wants VD <input type="checkbox"/> Maybe ineligible <input type="checkbox"/> _____ <input type="checkbox"/> Explained right to appeal: <input type="checkbox"/> waives <input type="checkbox"/> reserves </div> </div>			
ATTORNEY OF THE DAY ONLY		Assistance before immigration judge:	
<input type="checkbox"/> Not assisted because:		Date:	
<input type="checkbox"/> Continuance Requested for Attorney or:			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Pleadings Entered <input type="checkbox"/> Pro Se <input type="checkbox"/> By AOD (4) (1) (5) (2) (6) (3) (7) </div> <div style="text-align: right;"> <input type="checkbox"/> Designate: <input type="checkbox"/> Decline </div> </div>			
<input type="checkbox"/> Assistance to leave the U.S (Complete Section "IF RESPONDENT WANTS TO LEAVE THE U.S." Above)			
Hearing Notes & Outcome:		VD Outcome: <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED Next Hearings (Date and Time): <input type="checkbox"/> MCH <input type="checkbox"/> BH <input type="checkbox"/> ICH <input type="checkbox"/> VD	
<input type="checkbox"/> Ordered Removed Appeal: <input type="checkbox"/> waived <input type="checkbox"/> reserved Appeal Due: _____			
FOLLOW UP		<input type="checkbox"/> JDC Suggested Follow-Up, or <input type="checkbox"/> _____ is Planning to Do Follow-Up	
		Follow-Up Not Needed: <input type="checkbox"/> :Not Fighting Case <input type="checkbox"/> :Has/getting Atty. <input type="checkbox"/> :Bond Out soon <input type="checkbox"/> :Other:	
Needs PB Referral: <input type="checkbox"/> Bond <input type="checkbox"/> AILA Asylum <input type="checkbox"/> Parole <input type="checkbox"/> Other: _____ Referral Date: _____		<input type="checkbox"/> Send Docs: <input type="checkbox"/> Call: <input type="checkbox"/> Send Pro Se Materials: <input type="checkbox"/> Other:	

Additional Notes: