

Date: _____ AM PM Judge: _____ AOD Name: _____

Docket: Adult/family docket Juvenile docket MCH #: Initial Reset, MCH# _____ Completion Date: _____

Informed: I am a volunteer attorney. 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.

LAST NAME, First:		A#	GENDER:	DOB:
BEST LANGUAGE: <input type="checkbox"/> ENG <input type="checkbox"/> SPA SEXUAL ORIENTATION:		COUNTRY OF ORIGIN:	ETHNICITY: <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (non-Hisp.) <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Other: _____				
EMAIL ADDRESS:	DISABLED? Y N TYPE: _____	VETERAN? Y N	PHONE NO.	
ADDRESS:	APT. NO.	No. in HH	Annual HH Income	
CITY; COUNTY:			STATE:	ZIP CODE:

FOR AODs: How did you assist the respondent today? Check all that apply.

Pro Se Assistance Needed

- Continuance to find counsel
- Change of venue
- Change of address
- Consolidate case with family members
- FOIA request: Agency: _____ (USCIS, EOIR, ICE, CBP)

Qualifies for:

- EAD Application; EAD Clock days: _____
- Ankle Monitor Removal
- Exception to One Year Filing Deadline
- Motion to Dismiss based on _____
- Motion to Reopen based on _____

Asylum application lodged or filed?

Advisals and info provided to respondent

- Change of address obligations and extra Form E-33 (required)
- Consequences of failure to appear (required)
- Court pro bono list (required) and JDC Packet
- Nature of Proceedings & Right to an Attorney
- Change of venue
- Consolidation
- Removability arg
- Pleadings
- How to obtain EAD; EAD eligibility
- How to leave U.S.
- ISAP conditions, gave ISAP packet
- Imm consequences of criminal acts or post-conviction relief

Yes _____ No _____ Date: _____

Next Hearing: Master Individual

Date: _____ Time: _____ AM PM

Name, DOB, A# of Derivatives; Initial Intake Notes:

FOLLOW-UP

ATTORNEY-SEARCH

 Contacted Attorneys? Y N Who? _____

Circumstances prevented you from finding atty (illness, etc.)? _____

 Y N Submitted docs to Court/ filed application/lodged asylum app? Which documents? _____

 Y N Pleadings already taken? Y N Applications pending before other agencies? Y N Has gov't submitted docs?

IMM. HISTORY

NTA Charge(s): _____

 TYPE: Arriving Alien Present w/o Admission

NTA Service Date: _____

 Admitted; Date Admitted: _____

 Placement in Proceedings by: ICE CBP

Immigration Arrest Location: _____

Current Immigration Status: _____

 Advised: Potential Suppression Claim

First Entry Date
 EWI Inspected/Waived Detained/
Released

Last Entry Date
 EWI Inspected/Waived Detained/
Released

Total Entries:

 Y N Entered with family member? Y N Consolidation of family members' cases needed? A #s: _____

Absences from the U.S.? Yes: _____ No: _____

If Yes: DOE and DOD Dates not above: _____

Prior Immigration Contacts? Y N If yes, explain: _____

CRIM. HISTORY
Have you ever been arrested by the police here in the U.S. or in your home country? Y N If yes:

YEAR	COUNTY / STATE	ARREST / CHARGE (OFFENSE)	CONVICTION CODE:	SENTENCE / SERVED	IMM. CONSEQ.
		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony			
		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony			
		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony			

FAMILY
Marital Status (include same-sex):
Spouse: Has status: No status Location? _____

Any Immigrant Petitions Filed for you? Y N
(Or for your spouse or parent)

 Possible 245(i) with details:

Petitioner: _____

Type: _____

Beneficiary: _____ Date

Filed: _____

 Pending Approved Denied

Children: Total #: _____ No. in U.S. _____ w/ USC status: _____ Ages: _____

Parents: USC LPR No status Other:

Grandparents: USC LPR No status Other:

Siblings: USC LPR No status Other:

RELIEF
U-Visa: 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

Has copy of police report? Y _____ No _____ Was Perpetrator found and charged? Y _____ No _____

Law Enforcement Agency: (Which Police Dept/Court?) _____

Alum/CAT/Withholding: Fear of Return? Y N

 Advised re: 1-yr. deadline and lodging

 Who are you afraid of? (Please provide brief details in attached page)

Informed: I understand that it's difficult to talk about traumatic events.

However, you should know that if someone in your household physically, emotionally, or sexually harmed you, it could be a basis for asylum. Also if severely discriminated against or harmed because of LGBT status.

SIJS: Eligible? Y N

 Y N Do you live with your mother?

 Y N Does she support you financially?

 Y N Do you live with your father?

 Y N Does he support you financially?

 Y N Are you in contact with your parents?

 Advised: Better to apply before turning 18 but qualify until 21

T-Visa Eligibility
 Y N Did the people who helped you to enter the U.S. trick, pressure, intimidate, or scare you into to do something you were not comfortable doing? (i.e. carry something across a border)

 Y N In the U.S. has anyone ever tricked, pressured, intimidated or scared you into doing something you were not comfortable doing? (including threatening to call immigration or the police?)

ALL RELIEF IDENTIFIED
 AOS

 Citiz Claim

 SIJS

 U-Visa

 212(i)

 VAWA COR

 ASY

 LPR COR

 TPS

 WOR

 212(h)

 VAWA I-360 Self-Petition

 CAT

 Non-LPR COR

 T-Visa

 212(c)

 237(a)(1)(H)

 Other: _____

ADDITIONAL DETAILS:

Reason/s for fear of return to Country of Origin:

Fear based on: Race Religion Political Op Nationality PSG _____ Torture

Other Assistance needed, including housing or mental health services:

Legal Advice Given: