

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#	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Non-Binary	DOB:
A# of derivatives, if any: _____		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	
BEST LANGUAGE: <input type="checkbox"/> ENG <input type="checkbox"/> SPA <input type="checkbox"/> Other: _____	DISABLED? Y <input type="checkbox"/> N TYPE: _____	VETERAN? Y N	PHONE NO.	

EMAIL ADDRESS: _____

ADDRESS:	CITY, STATE:	ZIP CODE:
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FOR AODs: How did you assist the respondent today? Check all that apply.

Assistance before the court

Advisals and info provided to respondent

- | | |
|---|---|
| <input type="checkbox"/> Continuance to find counsel | <input type="checkbox"/> Change of address obligations and extra Form E-33 (required) |
| <input type="checkbox"/> Change of venue | <input type="checkbox"/> Consequences of failure to appear (required) |
| <input type="checkbox"/> Change of address | <input type="checkbox"/> Court pro bono list (required) and JDC Packet |
| <input type="checkbox"/> Consolidate case with family members | <input type="checkbox"/> Nature of Proceedings & Right to an Attorney |
| Request docs from court/gov (e.g. NTA, I-770, I-213, crime docs) | <input type="checkbox"/> Change of venue |
| <input type="checkbox"/> Request time to review docs filed/rec'd in court (e.g. NTA, crim rec.) | <input type="checkbox"/> Consolidation |
| <input type="checkbox"/> Assist leaving US: <input type="checkbox"/> Motion to withdraw admission | <input type="checkbox"/> Removability arg |
| <input type="checkbox"/> Voluntary departure | <input type="checkbox"/> Pleadings |
| <input type="checkbox"/> Termination of Case | <input type="checkbox"/> How to obtain EAD; EAD eligibility |
| <input type="checkbox"/> Removal Order | <input type="checkbox"/> How to leave U.S. |
| <input type="checkbox"/> Submit application for relief to the court | <input type="checkbox"/> ISAP conditions, gave ISAP packet |
| Y N Asylum application lodged? | <input type="checkbox"/> Imm consequences of criminal acts or post-conviction relief |
| Other: _____ | <input type="checkbox"/> Gave Pro Se Asylum Guide or assisted w/ lodging asylum app |
| | <input type="checkbox"/> Other: _____ |

Interpretation: Video Orientation Phone Interpreter In-Person Interpreter **Interpretation Issues:** Y (Note Below) N

Next Hearing: Master Individual Date: _____ Time: _____ AM PM

NOTES (NAME/DOB/A# OF DERIVATIVES, EAD CLOCK STATUS, ADVICE GIVEN, NEXT STEPS)

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 Present w/o Admission
 Admitted
NTA Service Date: ___/___/___ Proper service of all initiating docs? Y N

Placement in Proceedings by: ICE CBP Immigration Arrest Circumstances: _____ Current Immigration Status:
 Advised: Potential Suppression Claim

Absences from the U.S.? (dates, length): _____ Prior Immigration Contacts? Y N If yes, explain: _____

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: _____

CRIM. HISTORY

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

Table with 5 columns: YEAR, COUNTY / STATE, ARREST / CHARGE (OFFENSE), PLEA / STATUS, SENTENCE / SERVED, IMM. CONSEQ. Includes checkboxes for Misdemeanor and Felony.

FAMILY

Marital Status (include same-sex) single married _____
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

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

Additional Details (crime/victim/aid to police): _____

Asylum/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 Citz 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:

Brief reason/s for fear of return to Country of Origin:

Does Applicant need help with seeking housing, or enrolling children in school/MediCal/mental health counseling? Please provide details, including information provided and any referrals made:
