Date:	: 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:						GENDER:		DOB:				
BEST LANGUAGE:	col	JNTRY OF ORIGIN	N:	ETHNICITY: DBlack DHispanic Asian DPacific Islander DWhite (non- Hisp.) Other DUnknown								
EMAIL ADDRESS:		DISABLED? Y N	VETE	RAN? Y N								
ADDRESS: Apt. No.												
CITY; COUNTY:						STATE:	ZIP	CODE:				
FOR AODs: How did you assist the respondent today? Check all that apply.												
Pro Se Assistance Needed Advisals and info provided to respondent												
-	e to find counsel	<u></u>		☐ Change of address obligations and extra Form E-33 (required)								
□ Change of v				□ Consequences of failure to appear (required)								
□ Change of address				□ Court pro bono list (required) and <i>JDC Packet</i>								
Consolidate	Consolidate case with family members					□ Nature of Proceedings & Right to an Attorney						
FOIA reques	t: Agency:	(USCIS, EOIR, ICE,	CBP)	□ Change of ver	nue							
		 □ Consolidation □ Removability arg 										
Qualifies for: 🛛 🗆 EAD Application; EAD Clock days			Pleadings									
	□ Ankle Monitor	Removal		☐ How to obtain EAD; EADeligibility								
	Mendez-Rojas class notice (ends 4/22)			2) \Box How to leave U.S.								
	Motion to Dismiss based on			 ISAP conditions, gave ISAP packet Imm consequences of criminal acts or post-conviction re 								
	□ Motion to Reopen based on				ence		n post-coi	Infiction relief				
	Asylum applicatio	n lodged or filed?		□ Yes No)	Date:						
Next Hearing	🗆 Master 🗆 Indi	-	Dat				IAM □PN	1				
Name, DOB, A# of				<u> </u>		<u></u>		1				

FOLLOW-UP												
ATTORNEY-SEARCH Contacted Attorneys? Y D N D 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? NTA Charge(s): TYPE: □Arriving Alien □Present w/o Admission											
IMM.	IMM. HISTORY NTA Service Date:											
Placement in Proceedings by: \Box ICE \Box CBP Immigration Arrest Locati					est Location:	· · · · · · · · · · · · · · · · · · ·					gration Status:	
Advised: Potential Suppression Claim												
EWI I Inspected/Waived Detained/ Released							Total Entries:					
$Y \square N \square$ Entered with family member? $Y \square N \square$ Consolidation of family members' cases needed? A #s:												
Absend	ces fro	om the U	.S.? Ye	s: No:		Prior Immigrat	tion Conta	cts? □Y [⊐N If yes, expl	ain:		
If Yes:	DOE a	and DOD	Dates	not above:								
CRIM	1 .		Have	you ever been arre	ested by the police	here in the U.S	. or in vou	r home co	untry? Y 🗆 N	⊡ lfv	es:	
HIST	ORY			you ere: been une	stea by the police		, or in you		-	-		
YEAR	COL	JNTY / ST	ΓΑΤΕ	ARREST / CHARGE		CONVICTION (CODE:		SENTENCE /	SERVED	IMM	. CONSEQ.
				Misdmeanor] Felony							
				□ Misdmeanor □] Felony							
			Misdmeanor Felony									
FAMIL	FAMILY Marital Status (include same-sex): Any Immigrant Petitions Filed for you? Y N (Or for your spouse or parent) (Or for your spouse or parent) (Or for your spouse or parent)											
	9	Spouse	: □ŀ	Has status: [□No status Loo	cation?						
Childr	Children: Total #:No. in U.Sw/ USC status:Ages:											
Parents: 🛛 USC 🗆 LPR 🗆 No status 🗆 Other:								Petitioner: Type:				
Grandparents: USC LPR No status Other:						Beneficiary: Filed:			_ Dat	e		
Siblings: USC LPR No status Other:					□Pending □Ap			proved Denied				
RELIEF		U-Visa	: Have	you/spouse/child/c	hild's sibling been	a VICTIM of CRI	ME or DV i	n the US?	□ Y □ N If Y, w	vas it repo	orted?	⊐ Y □ N
				No Was		and charged? Y	No					
		ent Ager Withhol		hich Police Dept/Co Fear of Return?			SIJS:	Eligible?				
							S <u>IJS</u> : Eligible? □ Y □ N □ Y □ N Do you live with your mother?					
							□ N Does she support you financially?					
Informed: I understand that it's difficult to talk about traumatic events.												
							N Does he support you financially? N Are you in contact with your parents?					
severely discriminated against or harmed because of LGBT status					☐ Advised: Better to apply before turning 18 but qual					qualify until 21		
<u>T-Visa</u>												
□Υ□				io helped you to en			ate, or sca	re you into	o to do somethi	ng you we	ere 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												
							. ,		× / × / × · · /			

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: