

Date: \_\_\_\_\_ ☐ AM ☐ PM Judge: \_\_\_\_\_ AOD Name: \_\_\_\_\_

Docket: ☐ Adult/family ☐ Dedicated ☐ FERM ☐ Juvenile docket MCH #: ☐ Initial ☐ Reset, MCH# ☐ Lead ☐ Rider

☐ **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 Other: _____		SEXUAL ORIENTATION: _____	COUNTRY OF ORIGIN:	ETHNICITY: <input type="checkbox"/> Black <input checked="" 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
EMAIL ADDRESS:	DISABLED? <input type="checkbox"/> Y <input type="checkbox"/> N TYPE: _____	VETERAN? <input type="checkbox"/> Y <input type="checkbox"/> N	PHONE NO.	
ADDRESS	APT. No	CITY:	STATE/ ZIP CODE	
EDUCATION LEVEL:			HH Size:	Annual HH Income:

**SFUSD Referral: Do you or does your child attend an SFUSD school?** ☐ Yes ☐ No

**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
- ☐ Motion to Reopen  
Asylum application 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 Riders; 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

☐ Advised: Potential Suppression Claim

Immigration Arrest Location: \_\_\_\_\_

Current Immigration Status: \_\_\_\_\_

### 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 (includes 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?) \_\_\_\_\_

**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, or intimidated you into doing something you were not comfortable doing, or forced you to work against your will?

### ALL RELIEF IDENTIFIED

<input type="checkbox"/> AOS	<input type="checkbox"/> Citiz 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: _____

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

Fear based on: ☐ Race ☐ Religion ☐ Political Op ☐ Nationality ☐ PSG \_\_\_\_\_ ☐ Torture

TPS Eligible? Check [USCIS](#) webpage for more information if pro se if from one of the following:

Afghanistan	Ethiopia	Nicaragua	South Sudan
Burma	Haiti	Syria	Ukraine
Cameroon	Honduras	Somalia	Venezuela
El Salvador	Nepal	Sudan	Yemen

**Circumvention of Lawful Pathways Rule:**

1. Did you use the CBP One App prior to entering the U.S.? ☐ Yes ☐ No

If No, and entered the U.S. after 5/11/23, then advise pro se about the [CLP Rule](#).

If Yes, check if has I-94, when it expires, and if still valid, advise pro se about auto-eligibility for EAD.

**Eligible for Deferred Action based on Labor Violation?**

**If 18 years or older:**

- Are you working? ☐ Yes ☐ No
- Has your employer paid you for all of the hours that you have worked? ☐ Yes ☐ No
- Were you ever sexually abused or harassed at work? ☐ Yes ☐ No
- Did you ever have to work in a condition that you felt was unsafe? ☐ Yes ☐ No

**If under 18 years of age:**

- Do you go to school? ☐ Yes ☐ No
- Are you also working? (I will not share this information with the court.) ☐ Yes ☐ No
- What type of work do you do? \_\_\_\_\_.
- Have you ever been injured at work? ☐ Yes ☐ No If yes,
- What happened? \_\_\_\_\_.

**Legal Advice Provided:**