

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 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:

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:

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

Asylum application filed? 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

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:

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

If Yes: DOE and DOD Dates not above: _____

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? Yes No Was Perpetrator found and charged? Yes 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
- How many hours do you work per day? _____ Per week? _____ (For the same employer)
- If you work more than 8hrs/day or more than 40hrs/week, do you get any additional pay in addition to your regular pay? Yes No
- Has your employer paid you for all of the hours that you have worked? Yes No
- Was there ever an instance where your employer did not pay you? Yes No
- Did your employer ever deny you permission to take leave in the case of pregnancy, childbirth, health condition, or caring for a relative with a serious health condition? Yes No (If no) Did you get paid? Yes No
- Did an employer ever threaten to report you to ICE? Yes No

If under 18 years of age:

- Do you go to school? Yes No If yes, what do you do after school? _____.
- If no, what do you during the day? _____.
- What do you on weekends? _____.
- (If no job mentioned) Do you work? Yes No
- What type of work do you do? _____.
- How many days per week do you work? _____.
- At what time do you start work and at what time do you finish working? _____.
- Have you ever been injured at work? Yes No If yes,
- What happened? _____.
- Have any others around your age been injured at work? Yes No

Legal Advice Provided: