

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 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? <input type="checkbox"/> Y <input type="checkbox"/> N	VETERAN? <input type="checkbox"/> Y <input type="checkbox"/> N	PHONE NO.
	TYPE: _____		

ADDRESS	APT. No	CITY:	STATE/ ZIP CODE
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EDUCATION LEVEL:	HH Size:	Annual HH Income:
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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:

Large empty box for 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 #: _____

 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? 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

 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: _____

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:

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

If under 18 years of age:

1. Do you go to school? Yes No
2. Are you also working? (I will not share this information with the court.) Yes No
3. What type of work do you do? _____.
4. Have you ever been injured at work? Yes No If yes, _____.
5. What happened? _____.

Legal Advice Provided: