

NEW HOPE INTAKE FORM # _____
IMMIGRATION LEGAL SERVICES Date ____/____/201____

Time IN: _____ Intake _____ Scanner _____

Docs returned by _____ Legal Rep _____ Time OUT _____

Next appointment _____ Type: *Intake Initial Consultation Follow up*

Summary of consultation: _____

↓ Begin here _____

Last Name First Name Middle Name

(_____) _____

Cell # Email Social Security #

Current Residence Apt # City State Zip Code

Mailing address is the same

Gender _____

Male Female Country of Birth / Country of Citizenship Date of Birth

Birth

1. _____ 2. _____

Other Names Used: Last First Middle Last First Middle

Alien # (A#) I-94# I-94 Expires

English-speaker with client Yes No Needed next appt.

Best Language

IMMIGRATION STATUS / Entry / Visa / Passport / Green Card (I-551)

Current Immigration Status in the U.S.: (Circle) *LPR / Refugee / USC / Conditional Resident / TPS /*

Asylee or Applicant / SIJS / none

Visa # _____ Expires _____ Status since _____

Current Nonimmigrant Status: *Visitor B-2* *Student J* Visa Expires _____ (oval stamp)

When did you **first** enter U.S.? _____ What was your immigration status then? _____

Did you enter at a port-of-entry? Yes No

Where did you **first** enter the U.S.? _____

Airport/ City State

Passport Current Yes No

Client Name: _____ [Case # _____]

Was your passport stamped upon entry to U.S.? Yes No

Passport # Country Issuing Passport

Passport Issue Date _____ Passport Expiration Date _____

----- *Financial Information is for Legal Rep to complete* -----

Household Total _____ / Adults: _____ / Children under 18: _____ / # of Adults Employed: _____
Household Income \$ _____ (circle) weekly monthly annually

----- **Intake Continues Below** ----- Financial category: _____

ETHNICITY AND BIO Height: _____ feet _____ inches Weight: _____ pounds/kgs

Latino or Hispanic Not Latino or Hispanic

Race (Check) Hair Color: _____ Eye Color: _____

- White
- Asian
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

MARRIAGE STATUS Single (Never Married) Married Widowed Divorced

Number of Marriages _____

Date of 1st Marriage City Province/State Country

Current Spouse Gender: Male Female A# _____

Last Name First Name Middle or Maiden Name

Date of Birth (mm/dd/yyyy) Location of Birth: City Province/State Country

Living with you? Yes No U.S. Citizen? Yes No

S.S.# _____

Current Residence: Street/ City State/Province Zip Code/Country

1st Marriage ended: Death Divorce Not applicable

Date Marriage Ended Location: City Province/State Country

Former Spouse Gender: Male Female A# _____

Client Name: _____ [Case # _____]

Last Name First Name Middle Name

Date of Birth (mm/dd/yyyy) Location of Birth: City Province/State Country

For further spouses and marriage information: Write the information on the back of this page

CURRENT EMPLOYMENT OR SCHOOL

Name of Current Employer Job Description

Address City State Zip Code

From (mm/dd/yyyy) Present To For Employment History: See Page 5

TRAVEL OUTSIDE THE U.S. List trips outside the U.S. within the **past 5 years** (see passport)

Date of Departure	Date of Return	Country Visited	Number of Days Gone

Total Number of Days Outside U.S. in the past 5 years: _____

Did any trip last 6 months or more? Yes No If yes, how long? _____

Were you inspected at a port of entry **each time** upon return? Yes No [See stamps in passport]

What was your immigration status for the **final** entry? _____ Were you admitted? Yes No

Port of arrival of **final** entry: _____ Date of **final** entry: _____
City State (mm/dd/yyyy)

FAMILY MEMBERS List all family members, including adult children not living with you

Parents Did any of your grandparents live in the United States? Yes No [Explain on back of page]

Client Name: _____ [Case # _____]

Father: Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Place of Birth: City _____ Province _____ Country _____

Current Address: Street/ City _____ State/Province _____ Zip Code/Country _____

Father: Living with you? Yes No U.S. Citizen? Yes No
A# _____

Mother: Last Name _____ First Name _____ Maiden or Middle Name _____ Date of Birth _____

Place of Birth: City _____ Province _____ Country _____

Current Address: Street/ City _____ State/Province _____ Zip Code/Country _____

Mother: Living with you? Yes No U.S. Citizen? Yes No
A# _____

Children

Child 1: Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Place of Birth: City _____ Province _____ Country _____

Living with you? Yes No USC? Yes No A# _____

Current Address: Street/ City _____ State/Province _____ Zip Code/Country _____

Child 2: Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Place of Birth: City _____ Province _____ Country _____

Living with you? Yes No USC? Yes No A# _____

Current Address: Street/ City _____ State/Province _____ Zip Code/Country _____

Child 3: Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Place of Birth: City _____ Province _____ Country _____

Living with you? Yes No USC? Yes No A# _____

Client Name: _____ [Case # _____]
Current Address: Street/ City _____ State/Province _____ Zip Code/Country _____

Child 4: Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Place of Birth: City _____ Province _____ Country _____

Living with you? Yes No USC? Yes No A# _____

Current Address: Street/ City _____ State/Province _____ Zip Code/Country _____

Child 5: Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Place of Birth: City _____ Province _____ Country _____

Living with you? Yes No USC? Yes No A# _____

Current Address: Street/ City _____ State/Province _____ Zip Code/Country _____

If there are additional children, write the information on the reverse of this page

EMPLOYMENT HISTORY (list jobs for the past 5 years)

1. Name of Employer _____ Job Description _____

Address _____ City _____ State _____ Zip Code _____

From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

2. Name of Employer _____ Job Description _____

Address _____ City _____ State _____ Zip Code _____

From (mm/dd/yyyy) _____ To (mm/dd/yyyy) _____

To enter additional employment within the past 5 years, write it on the back of this page.

OTHER ADDRESSES (list addresses for the past 5 years and foreign address where last resided)

Client Name:

[Case #]

Address Abroad: Street Apt # City Province Country

From (mm/dd/yyyy) To (mm/dd/yyyy)

1. Former U.S. Address Apt # City State Zip Code

From (mm/dd/yyyy) To (mm/dd/yyyy)

2. Former Address Apt # City State Zip Code

From (mm/dd/yyyy) To (mm/dd/yyyy)

3. Former Address Apt # City State Zip Code

From (mm/dd/yyyy) To (mm/dd/yyyy) *For further former addresses within the past 5 years, write below.*

CRIMINAL HISTORY

Have you ever committed a crime or offense for which you were not arrested?

Yes No

Have you ever been arrested, cited or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason?

Yes No

Have you ever been charged with committing any crime or offense?

Yes No

Have you ever been convicted of a crime or offense?

Yes No

Have you ever been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?

Client Name:

[Case #]

Yes No

Have you ever received a suspended sentence, been placed on probation, or been paroled?

Yes No

Have you ever been in jail or prison?

Yes No

If you answered "Yes" to any of the above questions, click "Add" to provide an explanation for each question you answered "Yes" to. Your explanation should (1) explain why your answer was "Yes", and (2) provide any additional information that helps to explain your answer.

OTHER QUESTIONS

When you first arrived, what immigration status did you have? _____

Have you ever been in the removal process (deportation)? Yes No

Have you ever been in Immigration Court? Yes No When? _____

Has anyone helped you fill out any immigration forms? Yes No

If yes, what was the form for? _____

Who helped you? _____ Location _____

Contact information: _____

Documents	Intake: Check if had	Name on Document (if other than Client)	Needed (Legal Rep)
Client I-94			
Client Refugee Letter (U.S. Dept. of State)			
Client Passport with Visa			
Client Green Card			
Client Birth Certificate			
Client BC English			
Client Employment Card (EAD)			

Client Name:

[Case #]

Client Marriage Certificate			
Client MC English			
Birth Certificates of children (list first names)			
Client Social Security Card			
I-797C Notice of Action from USCIS			
I-94, Spouse or Other			
Passport, Spouse or Other			
Green Card, Spouse or Other			
Birth Certificate, Spouse or Other			
BC English, Spouse or Other			
Employment Card, Spouse or Other			
Social Security Card, Spouse or Other			
2017 IRS Federal Tax Return for each adult Joint? Individual?			
Payroll information for each adult (list names)			

Legal Rep

Fees types explained Fee Reduction Policy explained

Retainer given and explained Retainer signed

Date to have Retainer signed _____ Invoice given _____

NOTES