



Client Data Sheet

Date: _____

CLIENT INFORMATION PAGE					
Family Name (Last name)		Given Name (First name)		Middle Name	
Home Street Address	Apt/Ste/Flr.	City	State/Province	Zip Code	Country
Home Phone	Cell Phone	Fax	Email		
Name(s) of family members			Relationship		
			<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child		
Name(s) of family members			Relationship		
			<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child		
Name(s) of family members			Relationship		
			<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child		
Your current Immigration Status					
Referred by:					
<input type="checkbox"/> Friend <input type="checkbox"/> Attorney <input type="checkbox"/> Website <input type="checkbox"/> Radio <input type="checkbox"/> Other (_____)					



PRELIMINARY ELIGIBILITY ASSESSMENT:

Not eligible for immigration relief at this time

Asylum

Well-founded fear of persecution based on:

- Race Religion Nationality Gender political opinion sexuality or gender identity
- Membership in a particular social group Female genital mutilation (past, possible future)
- Forced marriage (past, possible Future) Other _____

Less than a year since you:

- Arrived in U.S. Turned (18) Turned (21)

If NOT:

- Changed circumstances Exceptional circumstances

VAWA

- Domestic violence (physical or mental abuse) USC or LPR Spouse
- Legally married (or within last 2 years divorced or spouse died) USC or LPR parent or step-parent
- USC or LPR spouse/parent or step-parent lost status due to domestic violence w/in last 2 years

Provisional Waiver

- Spouse of USC/LPR Parent of USC (who is over 21)
- Child of USC/LPR Hardship to qualifying LPR/USC/ (spouse/parent only)

Removal Proceedings

- Currently on docket
- Next court date: _____ Relief available: _____
- Change of Venue? _____
- Non-LPR cancellation? _____ LPR cancellation? _____

Admin closure

Motion to Terminate

Motion to Reopen

Ordered removed? Date: _____

U Non-Immigrant Status/T Non-Immigrant Status

Attendee (or their parent(s), spouse or children) were the victim of criminal activity in the U.S.

Yes No

Crime: _____

• Reported to an enforcement or prosecuting entity? Yes No

To the police Any District Attorney's office

Any Family Court Any other government entity

• Fully cooperated? Yes No

Attendee was the victim of a form of trafficking

Form of trafficking: _____

• Assisted with investigation/prosecution? Yes No

• Extreme hardship? Yes No

Citizenship

Family Petition

TPS: Country: _____

Need FOIA: CBP ICE USCIS EOIR DOS

Needs Change Of Address

Needs Fingerprints/Background Check

Other: _____



Attorney Notes:

[Large empty rectangular box for attorney notes]

Fee Estimate (s) Discussed:

- \$ _____
- \$ _____
- \$ _____