## Sample Intake Form

## **INITIAL CLIENT INTAKE FORM**

The information you are providing on this form is confidential and is only used for our office purposes. The initial consultation cost is \$ 30. If you are unable to pay, please speak to the immigration specialist who will assist you today.

Part A.						Today's dat	e:			
Last Name (use complete name)				First Name (use complete name)						
			 					<u> </u>		
Address				City			State			Zip code
() Telephone Numbe	r: Home				(	) Telephone I	Number: Ce			
Are you employed	? (yes	or no)	Currer	nt employer's	nam	ne			\$ Month	ly Income
	() Their Telephone Number: Home									
Emergency Contac	t Person				( 1	() Their Telephone Number: Cell				
	mber				<u>A-</u> Imm	nigration "A"	Number			
Do you read and w	vrite in En	glish?	Spanis	sh?			Other?			
Date of Birth (mor	Date of Birth (month-day-year) Country of Birth									
Marital Status: (Check one)SingleMarried					Divorced					
					Widow(er)					
Race:	Hispanio		Africa	an-American				Othe		
(Check one)	Caucasi	an 🗌	Nativ	/e American				Othe	er 🗌	

Current Immigration Status: (Check one)	Permanent resident □		Without legal status □	
Current ininigration Status. (Check one)	U.S. citizen		Refugee	

Date of ALL entries into the United States: Banging with the most recent one	Port of entry	Did you enter with inspection?
		🗆 Yes 🗆 No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes 🗆 No

To better serve you, please describe why you are here today and what kind of assistance you need?				

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Please check off the boxes that apply to you:				
	Applying for a family member?			
	Is a family member applying for you?			
	Interested in obtaining citizenship of this country for yourself?			
	Renewing your work permit?			
	Renewing or replacing your Legal Permanent Resident card?			
	Other			

Have you already consulted with another legal provider regarding your case?	Yes If your answer is 'yes," please answer who, when, and where:	🗆 No
Who:		
When:		
Where:		

	🗆 Yes	□ No	Court dates
Do you have any deadlines, such as:	🗆 Yes	□ No	Filing deadlines
	Yes	🗆 No	Other

Have you ever	been arrested or incarcerated for any kind of offense?	□ Yes □ No
If your answer long, and why	was "yes," then please explain below when, where, for how	
When:		
When.		
Where:		
For how long:		
Why:		

Part B.

List every address where you have <u>lived</u> for the last five years:

	Address	When did you <b>begin</b> living there?	When did you <b>leave</b> ?
1.			
2.			
3.			
4.			
5.			

List the last address outside the	List the last address outside the United States where you lived for more than one year:				
Address	When did you <b>begin</b> living there?	When did you leave?			

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Name of your parents:	Father	
	Mother	

		Date of Birth	Place of Birth
Parent's date and place of birth:	Father		
	Mother		

Where do your parents live right now?	Father	
	Mother	

Current spouse's name:

Date of Marriage:		
Place of Marriage:		
Spouse's date and place of	Date of Birth	Place of Birth
birth:		
Name of ex-spouse:		

Date of Marriage:	
Place of Marriage:	
Date of divorce termination:	
Place of divorce termination:	

Ex-spouse's date and place of birth:	Date of Birth	Place of Birth				

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Names of your children	Date of Birth	Place of Birth

	🗆 Yes 🗆 No
Have you sponsored or helped to sponsor someone else?	If your answer is 'yes," please give the name and date
	of sponsorship (below):
Name of person sponsorship:	
Date of sponsorship:	

## Part C. This part is only for naturalization applicants. If you are <u>not</u> applying for naturalization, please go to <u>"Part D</u>" to sign.

What is your spouse's status? Please check the box that applies:		
	Legal Permanent Resident	
	U.S. Citizen	
	Without documents	
	Other	

If your spouse is a U.S. citizen, did he or she obtain citizenship through a U.S. citizen spouse?	<ul><li>Yes</li><li>No</li></ul>
When did your spouse obtain the status?	Date:
Where did your spouse obtain status	City, State:
Is your spouse or ex-spouse a <u>U.S. Citizen</u> ?	🗆 Yes 🗆 No
Is your spouse or ex-spouse a Legal Permanent Resident?	🗆 Yes 🗆 No
If you answered 'yes' to the above question, did you receive <u>Legal</u> <u>Permanent Residency</u> thru your spouse or ex-spouse?	🗆 Yes 🔹 No

 Please list each and every trip you made outside of the USA since becoming a permanent resident:

 When did you leave?
 When did you return?
 Where did you go?
 How many days were you outside of the U.S.?

 Image: Comparison of the USA since becoming a permanent resident:
 Image: Comparison of the U.S.?
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What is your height?	What is your weight?	
What is your eye color?	What is your hair color?	

Part D.	How did you learn about us?	Friend		Walk-in		Other	
Have you utiliz	zed other services at Juan Diego Cente	er?		Yes		10	
		Domestic viol	ence?		Yes		No
Would you like information on the following?		Food assistar	nce?		Yes		No
		Counseling?			Yes		No

I authorize the Immigration Specialist and/or attorney at Catholic Charities along with their staff and consultants, to assist me in completing this form so that they may determine whether or not they will accept my case.

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**Client Signature** 

Date