

# 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 date: \_\_\_\_\_

_____	_____
Last Name (use complete name)	First Name (use complete name)

_____	_____	_____	_____
Address	City	State	Zip code

(____) _____	(____) _____
Telephone Number: Home	Telephone Number: Cell

_____	_____	\$ _____
Are you employed ? (yes or no)	Current employer's name	Monthly Income

Emergency Contact Person _____	(____) _____
	Their Telephone Number: Home
	(____) _____
	Their Telephone Number: Cell

____-____-____	A- _____
Social Security Number	Immigration "A" Number

_____	_____	_____
Do you read and write in English?	Spanish?	Other?

_____	_____
Date of Birth (month-day-year)	Country of Birth

Marital Status: (Check one)	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>
	Married <input type="checkbox"/>	Widow(er) <input type="checkbox"/>

Race: (Check one)	Hispanic <input type="checkbox"/>	African-American <input type="checkbox"/>	Other <input type="checkbox"/>
	Caucasian <input type="checkbox"/>	Native American <input type="checkbox"/>	

Current Immigration Status: (Check one)	Permanent resident <input type="checkbox"/>	Without legal status <input type="checkbox"/>
	U.S. citizen <input type="checkbox"/>	Refugee <input type="checkbox"/>

Date of ALL entries into the United States: Banging with the most recent one	Port of entry	Did you enter with inspection?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> 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:

<input type="checkbox"/>	Applying for a family member?
<input type="checkbox"/>	Is a family member applying for you?
<input type="checkbox"/>	Interested in obtaining citizenship of this country for yourself?
<input type="checkbox"/>	Renewing your work permit?
<input type="checkbox"/>	Renewing or replacing your <u>Legal Permanent Resident</u> card?
<input type="checkbox"/>	Other

Have you already consulted with another legal provider regarding your case?	<input type="checkbox"/> Yes <b>If your answer is 'yes,'</b> please answer who, when, and where:	<input type="checkbox"/> No
Who:		
When:		
Where:		

Do you have any deadlines, such as:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court dates
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filing deadlines
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other _____

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

**Part B.**

List every address where you have lived 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 United States where you lived for more than one year:

Address	When did you <b>begin</b> living there?	When did you <b>leave</b> ?

List every place where you have worked for the last five years:

Name and Address of Company	When did you <b>begin</b> working there?	When did you <b>stop</b> working there?
1.		
2.		
3.		
4.		
5.		

Name of your parents:	Father
	Mother

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

Where do your parents live right now?	Father	
	Mother	

Current spouse's name:	
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Date of Marriage:	
Place of Marriage:	

Spouse's date and place of birth:	Date of Birth	Place of Birth

Name of ex-spouse:	
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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

Names of your children	Date of Birth	Place of Birth

Have you sponsored or helped to sponsor someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If your answer is 'yes,'</b> please give the name and date of sponsorship (below):
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Name of person sponsorship:
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Date of sponsorship:
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**Part C.**

**This part is only for naturalization applicants. If you are not applying for naturalization, please go to "Part D" to sign.**

What is your spouse's status? Please check the box that applies:	
<input type="checkbox"/>	Legal Permanent Resident
<input type="checkbox"/>	U.S. Citizen
<input type="checkbox"/>	Without documents
<input type="checkbox"/>	Other

