



## **IMMIGRATION LEGAL SERVICES SCREENING TOOL**

### **March 2025**

This screening tool is designed to provide sample questions your program may consider when screening individuals for immigration legal relief. It should not be construed as legal advice, nor should it serve as a substitute for legal knowledge or analysis. Because immigration law and policy can change often, this tool will need to be updated as those changes occur. Your program should review these questions and select those most appropriate for your program and interviewees. Not every question is necessary for every individual. You should adapt the questions to the needs of your organization, considering the clients you serve and their personal experience, the capabilities of your program, your grant requirements, etc. A comprehensive screening tool can assist you in case selection, referral procedures, and program planning. Legal service practitioners must independently analyze facts and laws to assess whether an individual might qualify for a particular benefit. Importantly, a trauma-informed approach is critical when screening individuals. Generally, consider the following best practices when conducting screening:

- Complete a preliminary conflict check prior to meeting with the interviewee and then continue to screen for conflicts if you discover adverse parties.
- Allow the interviewee to choose where they are most comfortable sitting.
- Offer snacks and/or drinks and show the interviewee where the restroom is located.
- Clearly explain whether your screening is a consultation-only or limited consultation services interaction.
- Discuss confidentiality and remove individuals from the room before screening.
- Discuss state laws applicable to your practice regarding mandatory reporting.
- Let the interviewee know that you will be asking many questions, some of which will cover personal or difficult topics. Note that all the questions you ask are intended to help you determine eligibility for immigration relief. The more detailed information they can provide, the better. Limited information may limit the ability to provide full and accurate advice.
- Conduct the screening in the client's preferred language, utilizing an interpreter if necessary.
- Follow the interviewee's lead, including tone, volume, and speed. For example, you may need to pause the interview if the client becomes overwhelmed.
- Consider social linguistics and use inclusive language that accommodates the interviewee's age, gender, culture, education, literacy, life experiences, etc.
- Use respectful, empathetic language. Do not be judgmental or use judgmental language.
- Respect personal space and refrain from touching.
- Be an active listener. If an interviewee answers a question before you have asked it, pay attention to their answer. Sometimes repeating questions is necessary for clarification. However, unnecessary repetition could lend itself to re-traumatization.
- Remain calm.
- Take your time. Do not rush.
- Practice cultural competency and appreciation.
- Read body language and facial expressions.
- Be prepared to respond to a trauma reaction (e.g., breathing exercises, frequent breaks, tissues available).

**PRELIMINARY INFORMATION**

Date of Screening:	Person Conducting Screening:
Language:	Interpreter (if applicable):
Referred by:	
Have you used our organization's services in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you now have or have you ever had an attorney or other type of immigration practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of immigration practitioner:	
Are you seeking immigration legal assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CONTACT AND BIOGRAPHIC INFORMATION**

First Name:	M.I.	Last Name:
Preferred Name:	Gender Identity:	
Alias(es) or other names used:	A#:	
Date of Birth:	Country of Birth:	Race/Ethnicity:
Home Address:		
Email Address:	Phone Number:	
Preferred Language:	Preferred Method of Contact:	Best Time to Contact:

**INCOME INFORMATION**

Total Household Income: \$	Household Size:
Is anyone in your home receiving a means-tested benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, type:	

**CITIZENSHIP/DERIVATION/ACQUISITION INFORMATION**

Were you born in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, when you were born, were your parents or grandparents U.S. citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a lawful permanent resident (LPR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you become a lawful permanent resident before you turned 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are your parents U.S. citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were they U.S. citizens when you became a lawful permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did you reside with them when you became a lawful permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NATURALIZATION INFORMATION**

Are you a lawful permanent resident? (if no, skip to "IMMIGRATION INFORMATION")	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of admission:	Class of admission:
Do you currently owe any overdue local, state, or federal taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever failed to file taxes when you should have?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any minor children who do not live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you provide financial support for that child/those children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been married to more than one person at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever helped anyone to enter the U.S. without permission, including a child or other family who entered with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever claimed to be a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever registered to vote or voted in a U.S. election?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever made any misrepresentation to obtain any public benefit in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lied to any U.S. government official(s) to gain entry or admission into the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lied to any U.S. government official(s) to gain any immigration benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever given any U.S. government official(s) any information or documentation that was false, fraudulent, or misleading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak, read, and write in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, do you have a physical or developmental disability or mental impairment preventing you from learning English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____	
Since becoming an LPR, have you ever resided outside of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, include where and dates of residence: _____ _____	
Since becoming an LPR, have you ever spent more than six months outside of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, explain when, where, and why: _____ _____	
Since becoming an LPR, have you ever spent a year or more outside of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, explain when, where, and why: _____ _____	
If you are male, did you reside in the U.S. between your 18th and 26th birthdays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, did you ever register with the Selective Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, explain: _____ _____	
Have you ever been in removal proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____	
Have you filed a family-based application for anyone who has not yet been granted LPR status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____	

**IMMIGRATION INFORMATION**

Have you ever applied for an immigration benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what did you file, when did you file it, and what was the result? _____ _____	
Has an attorney or anyone else ever filed an immigration petition or application on your behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what did they file, when did they file it, and what was the result? _____ _____	
Are you aware of any deadlines you have?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____	

**IMMIGRATION COURT INFORMATION**

Have you ever been to an immigration court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been deported or ordered removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been granted voluntary departure by a judge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a hearing scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when:
Have you or anyone else filed anything on your behalf with an immigration court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____	

\*Call EOIR Hotline at 1-800-898-7180 to check for upcoming hearing dates or check status on the EOIR case status page.

**INFORMATION REGARDING ENTRIES AND EXITS**

Do you have a passport? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>								
If yes, complete the table, below, with information in the individual's passport(s) and continue to ask for information in the event the passport(s) does not include all travel history.								
Date of Most Recent Entry:			Place of Most Recent Entry:			Age at Entry:		
Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No			Status at Entry:			Date of Expiration of Authorized Stay:		
Have you entered the U.S. more than once? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>								
If yes, provide the information on the following table.								
Date of Entry	Place of Entry	Age at Entry	Inspected	Prints	Photos	Status at Entry	Expiration of Authorized Stay	Date of Exit
Did you ever attempt to enter at the border and were returned? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>								
If yes, explain: _____ _____								
Did you ever use fake or borrowed documents to enter the U.S.? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>								
If yes, explain: _____ _____								
Did you ever tell immigration officers you were a U.S. citizen while attempting to enter the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, explain: _____ _____								

**FAMILY INFORMATION**

What is your Marital Status? <span style="float: right;"><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</span>		
If you are currently married, provide the following information regarding your spouse:		
Spouse's First Name:	M.I.:	Last Name:
Preferred Name:	Date of Birth:	
Spouse's Immigration Status:		
Place of Marriage:	Date of Marriage:	

If your spouse is an LPR, when and how did your spouse acquire LPR status (including class of admission)?				
Does your spouse have any significant health concerns? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, explain: _____ _____				
Were you previously married? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, please provide the following information:				
Prior Spouse's First Name:		M.I.:	Last Name:	
Preferred Name:		Date of Birth:		
Place of Marriage			Date of Marriage:	
Date Marriage Ended:			How Marriage Ended:	
Was your spouse previously married? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, please provide the following information:				
Spouse's Prior Spouse's First Name:		M.I.:	Last Name:	
Preferred Name:		Date of Birth:		
Place of Marriage			Date of Marriage:	
Date Marriage Ended:			How Marriage Ended:	
Do you have children? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, please provide the following information:				
Name	Date of Birth	Place of Birth	Immigration Status	Country of Residence
Has anyone filed an I-130 petition on your behalf or on behalf of your spouse or parent? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, when was the I-130 filed? _____				
If yes, what was the result? _____ _____ _____				

**MILITARY INFORMATION**

Do you have a spouse, parent, or child (living or deceased) who served in U.S. armed forces? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
If yes, please provide the following information:				
Name	Relationship	Branch	Rank	Active, Reserve, or Veteran

**ASYLUM INFORMATION**

Have you ever applied for asylum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was your asylum application denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Adjustment/Family Reunification</i>	
If your asylum application was granted, have you applied for lawful permanent residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your asylum application was granted, have you ever traveled outside the U.S.? If so, did you use a refugee travel document?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list countries, dates, and reasons for travel: _____ _____	
Was your asylee status ever terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for naturalization/citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your spouse and unmarried children under 21 years of age in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they are in the U.S., have they acquired permanent residence status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you include them on your Form I-589? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Did the relationship exist prior to your grant of asylum?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have documentation to prove your relationship to your spouse? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Do you have documentation to prove your relationship to your child(ren)? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Were you the Principal Applicant (AS6) on your refugee case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you the Derivative Spouse (AS7) or Child (AS8) on your refugee case? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

*Asylum Eligibility*

Are you scared to return to your home country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever told an immigration officer you are scared to return to your home country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you leave your home country? _____ _____	
Has anyone physically hurt or threatened to hurt you in your home country? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Has anyone physically hurt or threatened to hurt any friends or family in your home country? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Did you ever report harm or threats of harm to the police in your home country? If yes, what happened? If not, why not? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Have you ever lived outside of your home country? If so, explain (including where, how long, and whether you applied for immigration status/residency): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Has anyone ever harmed or threatened to harm you because of your religion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, explain: _____ _____	
Has anyone ever harmed or threatened to harm you because of your political opinion? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever harmed or threatened to harm you because of your race? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever harmed or threatened to harm you because you belong to any particular group (e.g., political, school, religious, sports, etc. group)? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever harmed or threatened to harm you because you dated or liked someone (e.g., you liked someone who is the same sex as you)? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received or been offered a permanent immigration status, like refugee status or permanent residence, in any other country? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you received any threats since you left? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there places you can live in your home country without fear of harm? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever move to a different part of your home country to avoid harm from happening again? If yes, what happened after you moved? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the situation in your home country become better since you left? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would the police/government protect you if you returned to your home country? Explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have family in your home country who could protect and/or take care of you if you return? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REFUGEE INFORMATION**

Were you admitted into the U.S. as a refugee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your refugee status been terminated? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you acquired permanent residence status in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you been physically present in the U.S. for at least one year? *Refer to Entries and Exit chart above	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you admitted to the U.S. more than two years ago? *Refer to Entries and Exit chart above	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your spouse and unmarried children under 21 years of age in the U.S.? If not, did the relationship exist prior to your arrival to the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you include them on your Form I-590? If no, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have documentation to prove your relationship to your spouse? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have documentation to prove your relationship to your child(ren)? Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If they are in the U.S., have they acquired permanent residence status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has their refugee status been terminated? If yes, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you the Principal Applicant (RE6) on your refugee case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you the Derivative Spouse (RE7) or Child (RE8) on your refugee case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for naturalization/citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### VAWA INFORMATION

*\*Remember to add adverse party information in case management system and perform a supplemental conflict check.*

Do you have a parent and/or child who is a U.S. citizen or lawful permanent resident? If yes, who is the individual and what is their relation to you? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is their immigration status? _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident
Have you ever been married to someone who is or was a U.S. citizen or lawful permanent resident? If yes, who is the individual: _____ Dates of marriage: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is their immigration status? _____	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Permanent Resident
Do you reside or have you resided in the past with this family member? If yes, dates of cohabitation: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did any of the family members listed above ever abuse or otherwise harm you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did they cause or threaten physical harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of harm? <input type="checkbox"/> Hitting <input type="checkbox"/> Shoving <input type="checkbox"/> Pulling Hair <input type="checkbox"/> Choking <input type="checkbox"/> Kicking <input type="checkbox"/> Scratching <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Use of Weapons <input type="checkbox"/> Harm to Children, Family, or Pets <input type="checkbox"/> Other Explain: _____	
Did they cause emotional harm or otherwise engage in mental cruelty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of harm? <input type="checkbox"/> Isolation <input type="checkbox"/> Possessiveness <input type="checkbox"/> Economic Control <input type="checkbox"/> Humiliation <input type="checkbox"/> Manipulation <input type="checkbox"/> Intimidation <input type="checkbox"/> Threats of Physical Harm <input type="checkbox"/> Other	



Explain: _____ _____	
If yes, what was the first instance of harm? _____ _____	
If yes, what was the worst instance of harm? _____ _____	
How often did/does the harm occur? _____	
Did/does the harm occur in front of others? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, in front of whom: _____	
Did you report the harm to the police? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, what was the result? _____	
Have you ever petitioned for a restraining order or a protection order related to a person identified in this section? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, explain why you sought a restraining or protection order: _____	
Were you granted an order of protection? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If so, is the order still valid? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If not, when did the protection order expire? _____	
Did you ever seek revocation of a protection order or application for protection order? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, explain: _____	
Has your parent or child been abused by a USC or LPR? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, explain: _____	
What is the safest way to contact you? _____ _____	

**U VISA INFORMATION**

\*Review list of crimes on [Form I-918 Supplement B, U Nonimmigrant Status Certification](#)

\*Remember to add adverse party information in case management system and perform a supplemental conflict check.

Has anyone ever harmed and/or threatened you or your family member in the U.S.? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, who harmed or threatened to harm you? _____ How old were you? _____ Explain what happened, including when and where it happened: _____ _____	
Have you or your family member ever been a victim of a crime in the U.S.? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, who committed the crime against you? _____ Explain what happened, including when and where it happened: _____ _____	
Have you or your family ever experienced domestic violence (including physical, verbal, or emotional abuse) in the U.S.? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

Explain what happened, including when and where it happened: \_\_\_\_\_

Have you been mistreated or the victim of a crime in the workplace?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever witnessed a crime in the U.S.?  Yes  No

If yes, explain what happened and where it happened: \_\_\_\_\_

Have you ever reported the crime, harm, or threat of harm to any law enforcement agency, such as the police, the sheriff, the court, child protective services, or the Department of Labor?  Yes  No

If not, explain: \_\_\_\_\_

If not, did another individual do so, such as an adult if you were a minor, on your behalf?  Yes  No

If yes, what was the name of the agency where you reported the crime, harm or threat of harm? \_\_\_\_\_

Date of report: \_\_\_\_\_

What was the result? \_\_\_\_\_

Did the agency ask you to do anything (e.g., answer questions, go to court, testify in a hearing, etc.) after you reported the crime, harm, or threat of harm?  Yes  No

If yes, did you do what they asked?  Yes  No

Explain: \_\_\_\_\_

Was there anything they asked you to do that you did not do?  Yes  No

If yes, explain: \_\_\_\_\_

Have you ever gone to court to seek out an order of protection?  Yes  No

If yes, tell me about why you sought a protection order: \_\_\_\_\_

Were you granted an order of protection?  Yes  No

If so, is the order still valid?  Yes  No

If not, when did the protection order expire? \_\_\_\_\_

Did you ever seek revocation of a protection order or application for protection order?  Yes  No

If not, explain: \_\_\_\_\_

If you or your family member have ever experienced domestic violence or abuse, been the victim of a crime, or been harmed or threatened with harm and you haven't reported it to the police, would you be willing to report the harm or threat of harm to the police?  Yes  No

Explain: \_\_\_\_\_

Do you ever see a therapist, counselor, psychologist, psychiatrist, social worker, or any other mental health professional(s), or a case worker, social worker, or other employee at an agency that helps survivors of crime and/or domestic violence?  Yes  No

Explain: \_\_\_\_\_

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Did you go see a doctor or get help from an ambulance due to any harm or threat of harm caused to you by criminal activity?  Yes  No

Explain: \_\_\_\_\_

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Do you have any photos of physical injuries caused by criminal activity?  Yes  No

If you have experienced harm, abuse, crime, or threats of harm, abuse, or crime, or witnessed harm, abuse, or crime, how has that impacted your life? \_\_\_\_\_

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Is your abuser here in the United States?  Yes  No

Would you have access to the protections of the courts and law enforcement in your country if your abuser was to follow you or find you?  Yes  No

If no, explain: \_\_\_\_\_

**T VISA INFORMATION**

*\*Remember to add adverse party information in case management system and perform a supplemental conflict check.*

Do you work?  Yes  No

If yes, please provide the following information:

Name of Employer	Date of Hire	Hours Worked	Pay

*Labor Trafficking (All the questions below are about any current or past work/jobs/employers.)*

Did you come to the U.S. because of a specific job opportunity?  Yes  No

If yes, explain: \_\_\_\_\_

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Did anyone recruit you in your home country to work in the U.S.?  Yes  No

If yes, explain: \_\_\_\_\_

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Did anyone arrange travel for you to come to the U.S. for work?  Yes  No

If yes, explain: \_\_\_\_\_

---

Do you or does your family owe anyone money for helping you come to the U.S.?  Yes  No

If yes, explain: \_\_\_\_\_

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Have you ever been pressured to do anything to pay someone back for your travel to the U.S.?  Yes  No

If yes, explain: \_\_\_\_\_

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Has anyone ever forced you to work against your will or otherwise made you do work that you did not want to do? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or has anyone you work(ed) with been abused at the workplace? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any employer ever threatened you with harm (physical, psychological, financial, reputational, etc.)? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever felt that you were unable to leave a job even though you wanted to leave? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have to ask permission to eat, sleep, take a break, or use the restroom? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your employer prevent you from contacting family or friends? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an employer ever withheld access to your immigration documents? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been held prisoner or had your liberty restrained by an employer? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work where you live? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your work or home have locks on the door that prevent you from leaving? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever hired you to do a job, and the job was not what you were promised? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever hired you to do work and never paid you or paid you less than you expected? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever hired you and paid you very little? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did anyone ever pay someone else for work you did instead of paying you? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had to give all or part of the money you earned through working to someone else? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your employer for a place to stay, transportation, a phone, or anything else? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have to cash your paychecks with your employer? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you were removed from the U.S., how might that affect you (personal factors, retaliation, re-trafficking, loss of access to medical/mental health services, loss of access to U.S. court system, threat to safety, stigmatization)? _____ _____	
Other information: _____ _____ _____	

*Sex Trafficking*

Has anyone ever pressured you to engage in any sexual acts that made you uncomfortable? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever asked you to engage in sex for money? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever offered you food, water, or a place to sleep for sex? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever asked, threatened, or otherwise forced you to do some sexual act in public (e.g., dance at a bar or a strip club)? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone ever forced you to take a photo or video with which you were uncomfortable? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you were removed from the U.S., how might that affect you (personal factors, retaliation, re-trafficking, loss of access to medical/mental health services, loss of access to U.S. court system, threat to safety, stigmatization)? _____ _____	
Other information: _____ _____ _____	

**SPECIAL IMMIGRANT JUVENILE STATUS INFORMATION**

*\*Remember to add adverse party information in case management system and perform a supplemental conflict check.*

Tell me about (country of nationality). What were your favorite and least favorite parts? _____ _____	
Tell me about why you came to the U.S.: _____ _____	
How did you get to the U.S.? _____ _____	
When did you leave? _____	
Who are your biological parents? _____	
Did your parents come to the U.S. with you? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, did your parents know you were leaving? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did anyone else come to the U.S. with you? _____ If yes, who came to the U.S. with you? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were they related to you? _____ If yes, what was their relation to you? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you know them before the trip to the U.S.? _____ If yes, how did you know them? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know if anyone was paid to assist you with entering the U.S.? _____ If yes, will you explain please (who paid whom, how much, details of the arrangement, etc.)? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long did the trip take? _____	
Did you talk to any police/immigration? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you taken anywhere? _____ If yes, where were you taken? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever have to live in a shelter in the U.S. with other immigrant children? _____ If yes, do you remember being assigned a caseworker or social worker there? _____ If yes, what was their name? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you given any paperwork? _____ Do you have a copy I can look at please? _____ What was it like there (school, time, doctors, safety)? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Are both of your biological parents listed on your birth certificate? _____ If not, do you know why not? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have adoptive parents? _____ If yes, what are their names? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your parents living? _____ If not, who is deceased and what are the circumstances surrounding their death? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Where were your parents born? _____	
Were they ever married? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were they married when you were born? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are they married now? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have your parents ever divorced? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where do they live? _____	
Whom do you live with right now? _____	
When was the last time you saw your parent? _____	
When was the last time you saw your other parent? _____	
When was the last time you spoke to your parent? _____	
When was the last time you spoke to your other parent? _____	
Does your parent support you (money, clothes, food, shelter, etc.)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how do they support you? _____	
Does your other parent support you? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how do they support you? _____	
Who takes care of you? _____	
Before you came to the U.S., how many people lived in your home? _____	
Who lived with you? _____	
How many rooms were there in your home? _____	
Tell me about where you slept and with whom you slept: _____ _____	
Did the home have a bathroom? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How about a shower? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have a kitchen? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, where did you store food? _____	
Before you came to the U.S., did you ever have days where you went without food or water? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was there anyone in the home that made you feel unsafe, afraid, sad, or mad? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was it about that person that made you feel unsafe, afraid, sad, or mad? _____ _____	
Did anyone ever hurt or try to hurt you? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you tell me about that? _____ _____	
Did your parents ever hurt or try to hurt you? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you tell me about that? _____ _____	
Have you ever disappointed or made your parents mad? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did they react? _____	

Were you ever disciplined or punished? Will you tell me about that (by whom, how, and with what frequency)? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your parents ever say mean things to you or call you names you didn't like? Will you tell me what they said or what names they called you? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your parents ever get into disagreements? Will you tell me about that? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your parents fight in front of you? Will you tell me about that? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did anyone ever touch you in a way you didn't like? Will you tell me about that? _____ How did your parents respond? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How about your siblings? Were they ever harmed, or did they experience any of these things? If so, will you tell me about that? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did your parents respond? _____	
How about anyone else? Was anyone in your home ever hurt by other people in the home? If so, who hurt them and how were they hurt? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did your parents respond? _____	
Did anyone in your home ever use drugs or alcohol? If so, will you tell me about how they behaved when they did? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
What about outside your home? When you left home, did you feel safe? If not, what were some things or people you saw that made you feel unsafe? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever experience harm outside of your home? If so, will you tell me about that? _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did your parents respond? _____	
Did you ever have any injuries or illnesses that needed medical attention? What happened? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you see a doctor? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Before you came to the U.S., did you go to school? If not, can you tell me why? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can you tell me about your experience (grade, school supplies, how you got there, danger to and from school, fear/harm at school)? _____ _____	



Did you work before you came to the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what did you do for work? _____	
Why did you start working? _____	
Were you paid for your work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you keep the money or give it to someone else? _____	
If you were paid, what was the money spent on? _____	
How often did you work (days per week/hours per day)? _____	
Did you ever experience any harm or injuries at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you share what happened? _____	
If so, did you see a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why not? _____	
Whom do you live with now? _____	
What is their relationship to you (e.g. parent, sibling, aunt/uncle, family friend)? _____	
Do you like it in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What do you like about the U.S.? _____	
What do you not like about the U.S.? _____	
Do you feel safe in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what feels unsafe? _____	
Tell me about school here: _____	
Do you want to stay in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### DACA RENEWAL INFORMATION

Have you ever been granted deferred action under the Deferred Action for Childhood Arrivals (DACA) program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when does your DACA expire? _____	
Have you been arrested, charged, or convicted of a misdemeanor or felony offense (including tickets, juvenile arrests, or even cases that were dismissed) since your initial DACA was approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, insert information into the Criminal History Information Section, below.	
Did you have any contact with police that happened <i>before</i> you got DACA but that you did not disclose on your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, insert information into the Criminal History Information Section, below.	
Since your initial DACA was approved, have you had contact with ICE or been placed in removal proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, insert information into the Immigration Court Information Section, above.	
Since your initial DACA was approved, have you traveled outside of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, insert information in the Entries and Exits Section, above.	

#### TPS INFORMATION

Are you from any of the countries <a href="#">currently designated</a> for Temporary Protected Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, check registration or re-registration period.	
Have you been continuously physically present in the U.S. since the effective date of the most recent designation date of your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been continuously residing in the U.S. since the date specified for your country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever lived in any other countries prior to your arrival in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been arrested, charged, or convicted of a misdemeanor or felony offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, insert information into the Criminal History Information Section, below.

**SIV INFORMATION**

Did you ever work in Afghanistan for or on behalf of the U.S. Government? If yes, what type of work? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the name of the agency/organization/company? _____ Dates of employ: _____	
Did you ever work for the International Security Assistance Force (ISAF) or successor mission as an interpreter or translator for U.S. military personnel while traveling off-base, with U.S. military personnel stationed at ISAF, or to perform activities for the U.S. military personnel stationed at ISAF? If yes, dates of employ: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for the Special Immigrant Visa Program? If yes, what happened to the petition (pending, approved, denied)? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an immigrant visa application (DS-260) with the U.S. Department of State? If yes, were you ever scheduled for an interview at a U.S. consulate or Embassy? If yes, when and where? _____ If yes, what happened? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you filed an application to adjust status (Form I-485)? If yes, when and what happened? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have not applied for the SIV program, have you obtained a chief of mission approval letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a human resource letter verifying you were employed by, or on behalf of, the U.S. government or the ISAF in Afghanistan between Oct. 7, 2001, and Dec. 31, 2023, for at least one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a letter of recommendation from a supervisor at your U.S. government or ISAF place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do not have these letters, do you have contact information for your former supervisor and former employer to request these letters?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NACARA INFORMATION**

Are you from Guatemala?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you first enter the U.S. on or before Oct. 1, 1990?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you register for ABC benefits on or before Dec. 31, 1991?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you apply for asylum on or before Jan. 3, 1995?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you apprehended at any time of entry after Dec. 19, 1990?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you file an application for asylum on or before Apr. 1, 1990, and never receive a final decision on your asylum application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you from El Salvador?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you first enter the U.S. on or before Sept. 19, 1990?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you register for ABC benefits on or before Oct. 31, 1991 (either directly or by applying for Temporary Protected Status)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you apply for asylum on or before Febr. 16, 1996?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you apprehended at any time of entry after Dec. 19, 1990?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you file an application for asylum on or before Apr. 1, 1990, and never receive a final decision on your	

asylum application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you from the Soviet Union, Russia, any republic of the former Soviet Union, Latvia, Lithuania, Estonia, Albania, Bulgaria, Czechoslovakia, East Germany, Hungary, Poland, Romania, Yugoslavia, or any state of the former Yugoslavia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you enter the U.S. on or before Dec. 31, 1990?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you apply for asylum on or before Dec. 31, 1991?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CANCELLATION OF REMOVAL INFORMATION**

*LPR Cancellation*

Have you been lawfully admitted for permanent residence for no less than 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you resided in the U.S. continuously for 7 years after admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Non-LPR Cancellation*

Have you maintained continuous physical presence in the U.S. for 10 years or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. citizen or LPR spouse, parent, or child who would experience hardship if you were removed from the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____ _____	

**INFORMATION REGARDING CRIMINAL HISTORY**

Have you, either as an adult or juvenile, ever:					
Had any contact with law enforcement?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Been arrested, detained, or confined by a law enforcement, military, or immigration official?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Been cited, or given a ticket (other than traffic ticket)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Been charged with a crime or offense?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a crime or offense?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a crime and that conviction was later expunged or dismissed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
List <b>all</b> interactions with law enforcement officials in the U.S. and any other country:					
Crime or offense	Date of conduct	Date of Conviction/Plea	Place of Crime or Offense	Result or Disposition	Sentence
Other information: _____ _____ _____					

**INFORMATION REGARDING POTENTIAL BARS TO RELIEF**

Have you ever been accused of or been arrested for being in a gang or any gang-related activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____	
Have you ever been accused of trafficking drugs or people to the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain: _____ _____	

Have you ever claimed you are a citizen of the U.S.? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used false documents or another person's identity documents? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been accused or been involved with espionage, terrorism or related activities, or the communist party? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a male, did you register for the Selective Service between the ages of 18 to 26? If no, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the military, police, or other law enforcement organization(s)? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever supported a group that advocated violent means to overthrow a government? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever provided money, food, housing, or other support to a person or group involved in terrorist activities? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever received public benefits for yourself or your children? If yes, explain and indicate the type of benefit received: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever voted in the United States? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you in any way ever helped someone to enter the U.S. illegally? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been married to more than one person at the same time? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been engaged in or accused of being engaged in prostitution? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been engaged in or accused of being engaged in illegal gambling? If yes, explain: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other information: _____ _____ _____	

**CONCLUDING INFORMATION**

Is there anything else you want to tell me that I have not asked?

Yes  No

If, yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_