

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?

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 If your answer is 'yes,' 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 begin living there?	When did you leave ?
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 begin living there?	When did you leave ?

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

Name and Address of Company	When did you begin working there?	When did you stop 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 If your answer is 'yes,' please give the name and date of sponsorship (below):
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Name of person sponsorship:

Date of sponsorship:

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

If your spouse is a U.S. citizen, did he or she obtain citizenship through a U.S. citizen spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse or ex-spouse a <u>Legal Permanent Resident</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered 'yes' to the above question, did you receive <u>Legal Permanent Residency</u> thru your spouse or ex-spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.?

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?	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other
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Have you utilized other services at Juan Diego Center?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Would you like information on the following?	Domestic violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Food assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

X

Client Signature

Date