



IMMIGRATION / CRIMINAL CLIENT INTAKE FORM

Personal Information

- 1. Name(s): _____
- 2. Date of Birth: _____
- 3. a. Country of Birth: _____ b. Country of Citizenship _____
- 4. Phone Number(s): _____
- 5. Driver's License Number: _____

Family Information

5. Please write the names, ages, places of birth, and dates of birth of any children:

Name	Age	Place of Birth

Civil Status

- 6. Are you married? Yes No
- 7. Are you divorced? Yes No
- 8. Are you a widow? Yes No

Immigration History:

- 9. What date did you first enter the U.S.? _____/_____/_____
- 10. Were you issued a visa to enter the U.S.? Yes No
- 11. Are you a permanent resident? "Green card" holder? Yes No
- 12. Has anyone ever filed an immigration petition on your behalf? Yes No
- 13. Have you ever been deported? Yes No

Criminal History:

14. What crimes have you been convicted of?

Crime:	Case Number:	Court:
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U Visa

- 15. Have you been the victim of a crime in the U.S.? Yes No

Political Asylum

- 16. Do you fear going back to your country? Yes No
- 17. Do you or your children have any Medical Problems? Yes No

If yes, what type of Medical Problems?
