

## CPCS - IIU Intake Form for Post-Conviction Panel

If you are a Court-Appointed Attorney or CPCS staff attorney doing a post-conviction screening for a noncitizen client and would like assistance analyzing or understanding an immigration issue, please fill out and submit this intake form.

**Please fill out as much of the form as possible.** A completed form will allow us to provide more complete, accurate, and timely advice.

Because clients may be apprehensive about discussing their immigration history, it may be helpful to advise them when filling out the form that **all the information provided is confidential and will only be shared with the IIU for expert assistance.** This information gathering is critical for the IIU to provide guidance to attorneys about immigration issues relevant to a case.

**Name of Requesting/Screening Attorney:**

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**Phone # and email:**

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**CPCS – Staff** \_\_\_\_ **Court-Appointed** \_\_\_\_ **Docket No.** \_\_\_\_\_ **County** \_\_\_\_\_

**By what date do you need to discuss this matter?** \_\_\_\_\_

**Please attach the following documents to your request:**

- ✓ Updated CORI. Please list all out-of-state offenses that are not on the CORI below.
- ✓ Court docket for case resulting in conviction that is being screened for post-conviction relief.
- ✓ Any available immigration documents (including ICE detainer and photo/scan of any documents regarding client's status, such as green card, work permit, or visa).

**Completed Forms and Documents should be sent by Email, Fax or Regular Mail to:**

CPCS  
Immigration Impact Unit  
21 McGrath Highway  
Somerville, MA 02143  
Phone: 617-623-0591  
Fax: 617-623-0936  
[iiu@publiccounsel.net](mailto:iiu@publiccounsel.net)

## Background Immigration Information

**Client's Full Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Alien Number:** \_\_\_\_\_

The Alien No is an 8-9 digit number starting with A, printed on most immigration cards and documents.

**Date 1<sup>st</sup> entered U.S.:** \_\_\_\_\_

**Has defendant left U.S. since first entry:** Yes \_\_\_ No \_\_\_

If yes, list all dates left and returned:

**Immigration status when 1<sup>st</sup> entered U.S.:** \_\_\_\_\_

May include visa (identify type), green card, entered unlawfully, refugee, etc.

**Current immigration status:** \_\_\_\_\_

May include permanent resident (green card), visa (identify type), TPS, asylum, no status, etc.

Date obtained current status (exact date, if known): \_\_\_\_\_

**Is your client facing an immigration consequence as a result of a conviction?**

Yes \_\_\_ No \_\_\_ I don't know and request an analysis of immigration consequences \_\_\_

If yes, what consequence:

**If any parents are U.S. citizens, how old was client when parent became citizen:** \_\_\_\_\_

**List any grandparents who are U.S. citizens:** \_\_\_\_\_

**Is client afraid to return to home country?** Yes \_\_\_ No \_\_\_

Why?

**Does client have a life-threatening illness or significant mental health problem?** Yes \_\_\_ No \_\_\_

**Family in U.S., including parents, spouses, children, siblings, or fiancé(e)** (please list relationship to client, age, and immigration status):

**Has client ever come into contact with U.S. immigration:** Yes \_\_\_ No \_\_\_

Date(s) and description of contact:

**Does client have a final order of removal (deportation order)?** Yes \_\_\_ No \_\_\_

Date and location of order:

**Does client have an immigration attorney?** Yes \_\_\_ No \_\_\_

Name and contact info:

### Additional Information

**Is defendant in custody?** Yes \_\_\_ No \_\_\_

If yes, where?

**If defendant is in custody, is there an immigration detainer?** Yes \_\_\_ No \_\_\_

\*If yes, please attach copy if available.\*

**Does the defendant have any out-of-state record?** Yes \_\_\_ No \_\_\_

If yes, please list:

**Has any prior post-conviction motion been filed?** Yes \_\_\_ No \_\_\_

If yes, please describe:

**Have you spoken to trial counsel?** Yes \_\_\_ No \_\_\_

**Please check off the immigration grounds for post-conviction relief you plan to pursue or are exploring (check all that apply):**

\_\_\_\_\_ R. 29 Motion to Revise or Revoke Sentence

\_\_\_\_\_ R. 30 Motion for a New Trial/Vacate Plea, based on

\_\_\_\_\_ Padilla/ineffective assistance of counsel

\_\_\_\_\_ Court's failure to give statutory immigration warning per M.G.L. c 278 § 29D

\_\_\_\_\_ Involuntary/unintelligent plea

\_\_\_\_\_ Appeal of Post-Conviction motion

\_\_\_\_\_ Undetermined

**NOTE:** this Intake Form is for immigration-related assistance only. **All CPCS post-conviction screening assignments require screening for all possible avenues of post-conviction relief.** Immigration-related motions should not be the only area explored.

**Please briefly describe immigration issues or advice sought:**