

CPCS Immigration Impact Unit Intake Form

Name of person requesting assistance: _____ Phone #/email: _____

Background Information of Immigrant

Full name: _____ Date of birth: _____

Alien number (eight or nine digit number – sometimes called a USCIS or File # - that is on green cards and any documents issued by immigration): _____ Place of birth: _____

Immigration Status History

Date 1st entered U.S.: _____ Immigration status when 1st entered U.S. [visa (identify type), green card, entered unlawfully, refugee, etc.]: _____

[Juveniles only] Entered U.S. with whom (name and contact information): _____

Current immigration status [permanent resident (green card), visa (identify type), TPS, asylum, etc.]: _____

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

Does client have any pending applications with immigration? Yes ___ No ___ If yes, what kind of application: _____

Has defendant left U.S. since first entry: Yes ___ No ___

If yes, list all dates left and returned: _____

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

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? If yes, why? _____

Does client suffer from any life-threatening illnesses or significant mental health problems? _____

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 from an immigration judge? Yes ___ No ___

If yes, please provide date and location of order: _____

Additional Information

Is client in custody? Yes____ No____ If yes, where? _____ If in immigration detention, date placed in custody:

Does client have an immigration detainer? Yes____ No____ If yes, please attach copy if available. Does client have an immigration attorney? If yes, name and contact info:

By what date do you need to discuss this matter? _____

****PLEASE SEND THE FOLLOWING DOCUMENTS BY FAX, EMAIL OR REGULAR MAIL****

- **Updated CORI. List on attached sheet all out-of-state offenses that are not on CORI. If unable to send CORI, complete attached sheet, including all CWOs and dismissals (use additional pages if necessary);**
- **Complaints or indictments for pending case(s). If unavailable, complete attached sheet (use additional pages if necessary);**
- **Any available immigration documents (including detainer and any documents regarding client's status, such as green card, work permit or visa).**

COMPLETED FORMS AND DOCUMENTS SHOULD BE SENT TO:

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

