

If you are a **Court-Appointed Attorney or CPCS-CAFL staff attorney** and would like assistance analyzing or understanding an immigration issue relevant to a CAFL case, please fill out and submit our 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 not be shared.** This information gathering is only intended to assist the IIU provide guidance to attorneys about immigration issues relevant to a case.

Name of Attorney Requesting Assistance: _____

Attorney Phone: _____ Attorney Email _____

Date of Case Assignment: _____ By what date do you need a response? _____

Docket No. _____ County: _____

For the purpose of conflict checks, please list the names of counsel representing other parties:

Type of case C&P CRA PYA Probate

Client is the Mother Father Child Legal Guardian Young Adult

Child is in the legal custody of Mother Father DCF Other (please specify) _____

Completed Forms:

- Select **F**ile, **S**ave As, from the dropdown menu on the toolbar to save this form as a .pdf.
- Please submit any available immigration documents, including photo of green card, work permit, or visa, and any documents regarding client's immigration status
- Email completed form and supporting documents to: iiu@publiccounsel.net

For more resources, visit our website: <https://www.publiccounsel.net/iiu/>

Client Immigration History

Client's Full Name: _____ Date of Birth: _____

Alien Number : _____ Country of Birth: _____
[8-9 digits – sometimes called a USCIS or File # on green cards and documents issued by immigration]

Date first entered U.S.: _____ Immigration Status when first entered: _____
[Visa (specify type), green card, refugee, no status, etc.]

If entered as juvenile, entered U.S. with whom: _____

Date Obtained _____ Current Immigration Status: _____
Current Status: _____ [Exact date, if known] [Visa, green card, TPS, DACA, asylum, no status, etc.]

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

Is the client afraid to return to home country? Yes No If yes, why? _____

Does client have a life-threatening illness or significant mental health condition? Yes No If yes, describe: _____

Has client ever come into contact with U.S. immigration? Yes No If yes, dates and description of contact: _____

Does the client have an immigration attorney? Yes No Attorney's name and contact info: _____

Does client consent to IIU contacting immigration attorney? Yes No

For children in DCF custody,
what is status of referral to DCF
contract immigration attorney?

Family in U.S., include only 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: _____

Does the client have an adult or
juvenile criminal record or
pending charges? Yes No * If yes, please fill out and submit attached chart

Is client in custody? Criminal Custody ICE Custody Not in Custody

If yes, provide location: _____

If in ICE custody, provide date placed in custody: _____

Please briefly describe case posture and immigration issues or advice sought:

If applicable, please describe the status of any motion for special findings for special immigrant juvenile
status (SIJ):

If applicable, please submit client’s CORI or complete below charts:

Adult or Juvenile Prior Criminal History

| Date | State | Charge and statutory section | Length and type of sentence (including CWOs, fines, fees, costs, restitution, and probation) |
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Adult or Juvenile Pending Charges

| Date of offense | State | Charge and statutory section | Upcoming deadlines |
|-----------------|-------|------------------------------|--------------------|
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