

IMMIGRATION SERVICES INTAKE FORM

OFFICE USE ONLY:	Today's Date: _____
Case Type: _____	Deadlines: _____

How did you hear about our office?	<input type="checkbox"/> Friend <input type="checkbox"/> Centro Hispano <input type="checkbox"/> Voces de la Frontera	<input type="checkbox"/> Family <input type="checkbox"/> Internet _____ <input type="checkbox"/> Latina Resource Center	<input type="checkbox"/> Returning Client <input type="checkbox"/> Law Firm <input type="checkbox"/> Other
I give permission for the following person(s) to be present in my consultation:			

GENERAL INFORMATION

Legal Name (First/Middle/Last):			
Preferred Name (if different):			
Any Other Names Used:	Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mx.	Pronouns: <input type="checkbox"/> his <input type="checkbox"/> hers <input type="checkbox"/> theirs	
Date of Birth:		Country of Birth:	
Home Address:		Apt./Unit:	
City:	State:	Zip Code:	
Phone Number:		Alternative Number:	
Email Address:			
Best time to contact you: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Early Evening <input type="checkbox"/> Anytime			
I prefer to be contacted: <input type="checkbox"/> By Phone <input type="checkbox"/> By Email <input type="checkbox"/> By Mail			
Language Preference:			

If address above is unsafe, please provide a safe mailing address below.

Mailing Address:		Apt./Unit:
City:	State:	Zip Code:

INFORMATION ABOUT YOUR FAMILY

YOUR MARITAL STATUS

Current marital status: <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Number of ALL Marriages (in U.S. and elsewhere):

YOUR SPOUSE/FIANCE'S INFORMATION

Legal Name (First/Middle/Last):	
Country of Residence:	Immigration Status:
Date of Marriage:	Place of Marriage:
Number of ALL Marriages (in U.S. and elsewhere):	

YOUR CHILDREN'S INFORMATION

Total number of ALL children (in U.S. or elsewhere including step-children):

Legal Name (First/Middle/Last):	Date of Birth:	Country of Residence:	Immigration Status:	Relationship:	
				Birth	Step Child/Adoption
				Birth	Step Child/Adoption
				Birth	Step Child/Adoption
				Birth	Step Child/Adoption

YOUR PARENTS' INFORMATION

Father's Legal Name (First/Middle/Last):

Country of Residence:

Immigration Status:

Mother's Legal Name (First/Middle/Last):

Country of Residence:

Immigration Status:

PETITIONER INFORMATION

(Complete if Applicable)

Legal Name (First/Middle/Last):

Date of Birth:

Country of Birth:

Mailing Address:

Apt./Unit:

City:

State:

Zip Code:

Phone Number:

Alternative Number:

Legal Status:

US Citizen

Legal Permanent Resident

Email Address:

By signing below, I hereby certify all the information I have given on this form and will give during the consultation is true, complete, and correct to the best of my knowledge. I understand any fee paid for the initial consultation does not include any work beyond the initial consultation. I understand no additional work can or will be done on my case until I sign a contract for legal services and make an agreed upon initial payment.

I wish to have a copy of this document made for my records. ☐ Yes ☐ No

Note: If the applicant is under age 18, a parent or legal guardian must sign on the applicant's behalf.

Signature

Date