

CONSULTATION REQUEST FORM

ICS (Immigration Counseling Service) - A Not-for-profit Immigration Law Firm

Return completed form by: email: borozco@ics-law.org, fax: (541) 399-8030 or

mail: ICS - P.O. Box 1910 - Hood River, OR 97031

- Please fill out this form completely. **If you do not know the answer to a question, please write "I don't know."**
- Return the completed form to ICS for review.
- ICS will contact you to let you know whether your request for a consultation has been accepted or declined.
- A consultation is just a first step for us to decide whether we can assist you with your case.
- All of your information is confidential and will not be shared with anyone, including immigration.
- If we do not accept you for a consultation, this form will be destroyed.

PART 1:

Is someone helping you fill out this form: YES NO

If Yes, please list their:

Name _____ Number _____

Relationship to the Requestor _____

PART 2: The following questions are about THE PERSON NEEDING IMMIGRATION HELP

Please describe your immigration question or problem (an answer to this question is required):

Full Name (of the person needing help):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Have they ever been a client or consulted with our office? (check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		
Date of birth: Month: _____ Day: _____ Year: _____	Age: _____	Country of birth: _____
Mailing Address:	Phone Number:	Email Address:
Spoken Languages? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Race/Ethnicity? <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> other _____	
What is their current legal status?		
<input type="checkbox"/> Green Card holder <input type="checkbox"/> DACA <input type="checkbox"/> US Citizen <input type="checkbox"/> Visa <input type="checkbox"/> Work permit <input type="checkbox"/> Other _____		
When does their card expire? _____		
Are they currently required to go to immigration court? (circle one)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Were they ever in a shelter for unaccompanied children? (circle one)		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do they fear returning to their home country? (circle one): (If Yes, please explain):		<input type="checkbox"/> YES <input type="checkbox"/> NO
Military Service: Do they have a spouse or child in the U.S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do they identify as LGBTQ+? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have they ever been stopped OR detained by immigration (ICE or CBP/Border patrol)?		<input type="checkbox"/> YES <input type="checkbox"/> NO

(Questions continued on reverse side)

PART 3: (This page is also about the PERSON NEEDING IMMIGRATION HELP)

Have they been arrested anywhere in the world? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Date or Year of Arrest:	City / Country where arrested:	Why were they arrested?		
Do you have records of the arrest(s) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes and you are offered a consult, please bring the records)				
Entries/Exits:				
What is the date of their first entry? _____ What is the date of their last entry? _____				
How many times have they left and returned to the U.S since they first arrived? _____				
How did they last enter the U.S. (By plane, boat, walking, etc.): _____				
Have they ever entered the U.S. with a Visa? _____				
Are they (circle one): Single Legally Married Divorced Separated Widowed				
Full Name	Gender	Date of Birth	Country of Birth	Immigration Status
Name of Spouse/Partner:				
Child's Name: 1.				
Child's Name: 2.				
Child's Name: 3.				
Child's Name: 4.				
PLEASE LIST ADDITIONAL CHILDREN ON A SEPARATE SHEET OF PAPER				

PART 4:

Have they ever called 911? (circle one)	YES	NO
Have they ever suffered abuse or domestic violence? (circle one)	YES	NO
If yes, where did it happen: _____		
Who was the abuser? Name: _____ Date of Birth _____		
Have they ever spoken with police or law enforcement about a crime? (circle one)	YES	NO
If yes, who was the victim of the crime? Name: _____ Date of Birth _____		
Who was the perpetrator of the crime? Name: _____ Date of Birth _____		
Have they ever been forced to do work or another activity against their will? (If Yes, please explain)	YES	NO

PART 5:

How many people live in their household (including the applicant)? : _____
What is the total yearly income of everyone in the household? : _____
How did you find out about ICS? _____