

CONSULTATION REQUEST FORM

ICS - A Not-for-profit Immigration Law Firm

Return completed form by: **email:** consult@ics-law.org, **fax:** (503) 221-3063 or
mail: ICS - P.O. Box 40248 - Portland, OR 97240

- 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.
- Please know that 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:

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

Your Name:

Phone Number:

PART 2:

The following questions are about THE PERSON NEEDING IMMIGRATION HELP

Full Name (of the person needing help):

Have they ever been a client of our office? (circle one):

YES

NO

Date of birth: Month:

Day:

Year:

Country of birth:

Mailing Address:

Phone Number:

Email Address:

Please check their preferred method of contact:

Email

Mail

What language(s) do they speak? (check all that apply):

English

Spanish

Other _____

Are they a lawful permanent resident (green card holder)? (circle one):

YES

NO

If Yes, what is the date they became a permanent resident (obtained their green card)

If No, what is their current immigration status? None Visa Work Permit Other

Are they currently required to go to immigration court? (circle one)

YES

NO

Were they ever in a shelter for unaccompanied children? (circle one)

YES

NO

Do they fear returning to their home country? (circle one):

YES

NO

(If Yes, please explain):

(Questions continued on reverse side)

PART 3: (These questions are also about the PERSON NEEDING IMMIGRATION HELP)

Have they been arrested anywhere in the world? (circle one): YES NO (If Yes, please explain below):		
Date of Arrest:	City/Country where arrested:	Why were they arrested?
Have they ever been stopped OR detained by immigration (ICE or CBP/Border patrol)? YES NO		
Entries/Exits: <ul style="list-style-type: none"> • What is the date of their first entry? _____ • How many times have they left and returned to the U.S since they first arrived? _____ • What is the date of their last entry? _____ • 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		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 suffered abuse or domestic violence? (circle one)		YES	NO
If yes, where did it happen: _____			
Who is the abuser: Name? _____		Date of Birth _____	
Have they ever called 911? (circle one)		YES	NO
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 _____	

***** PLEASE NOTE: Filling out this form DOES NOT guarantee that you will get a consultation nor does it mean that our office represents you in any way*****

FOR ICS USE ONLY – DO NOT WRITE BELOW THIS LINE

Consultation set with: DG JB SDR JE MB DR	Consult Date:
Notes:	Due: