

## Immigration Client Intake Packet

To apply for our services, you must go through an intake interview. This interview **is not for you to meet with an attorney**, it is **only** to apply for representation.

### WALK-IN INTAKE SCHEDULE Monday thru Thursday 9:00 a.m. to 4:00 p.m.

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**You MUST bring the following or you will not be interviewed:**

1. Proof of **ALL** household income (2 latest pay stubs, SSI, SSD, Food Stamp, TANF, letter from unemployment). If you don't have income **YOU MUST** provide a letter from the person(s) who are paying for your food and giving you a place to stay including their monthly income. If you are in a Shelter a letter from them. **PLEASE BE AWARE THAT YOUR CASE CANNOT BE REVIEWED WITHOUT INCOME VERIFICATION.**
2. Current Identification (preferably a passport);
3. Completed Questionnaire.

Please look at the following page for additional documents you may need specific to your case.

**You MUST bring the attached documents filled out completely to your interview.**

Once you have all of the required documents, you may come in for an interview during walk-in hours. **This interview is not for you to meet with an attorney, it is only to gather your documentation.** You will receive a letter in the mail informing you of whether we have accepted or rejected your application.

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**LEGAL AID CENTER**  
 ■ ■ ■ ■ of Southern Nevada

**Legal Name:** First: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Commonly used name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Spc No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Alternate Address: \_\_\_\_\_ Cell No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work No: \_\_\_\_\_

**Preferred contact method for official communication**  Email  Postal Mail

Email Address: \_\_\_\_\_ **(Do NOT use email if any safety issues exist)**

<p>Date of Birth: _____</p> <p>Gender: _____</p> <p>Social Security No. (Last 4 Digits): _____</p> <p><b><input type="checkbox"/> Hispanic and/or the following:</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaskan Native/White</p> <p><input type="checkbox"/> Asian/White</p> <p><input type="checkbox"/> African American/White</p> <p><input type="checkbox"/> American Indian/Alaskan Native/African American</p> <p><input type="checkbox"/> Other/Multi Racial</p> <p><input type="checkbox"/> Unknown</p> <p>Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____</p>	<p>Female Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Client Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Client Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is Client a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;"><b>How did you find out about Legal Aid Center?</b></p> <p><input type="checkbox"/> Bar Association <input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Court <input type="checkbox"/> Relative/Friend/Neighbor</p> <p><input type="checkbox"/> D.A. <input type="checkbox"/> Safenest/Safehouse</p> <p><input type="checkbox"/> DFS <input type="checkbox"/> School</p> <p><input type="checkbox"/> Internet <input type="checkbox"/> Self Help Center - Civil</p> <p><input type="checkbox"/> Medical Provider <input type="checkbox"/> Self Help Center - Family</p> <p><input type="checkbox"/> Military <input type="checkbox"/> State, County, Law Enforcement</p> <p><input type="checkbox"/> Nevada Legal Services or Non-Profit Agency</p> <p><input type="checkbox"/> Previous Client</p> <p><input type="checkbox"/> Other (specify) _____</p>
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**Legal Problem:**

- |                                       |  |   |  |   |
|---------------------------------------|--|---|--|---|
| <input type="checkbox"/> Divorce      | <input type="checkbox"/> Special Education | <input type="checkbox"/> Bankruptcy     | <input type="checkbox"/> Foreclosure       | <input type="checkbox"/> Auto Purchase/Repair |
| <input type="checkbox"/> Custody      | <input type="checkbox"/> Garnishment       | <input type="checkbox"/> Identity Theft | <input type="checkbox"/> Real Estate       | <input type="checkbox"/> Auto Repossession    |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Debt Collection   | <input type="checkbox"/> Student Loan   | <input type="checkbox"/> Landlord/Tenant   | <input type="checkbox"/> Social Security      |
| <input type="checkbox"/> Being Sued   | <input type="checkbox"/> Payday/Title Loan | <input type="checkbox"/> Small Claims   | <input type="checkbox"/> Homeowners Assoc. | <input type="checkbox"/> Other: _____         |

**Name of people and/or companies involved with this problem:** \_\_\_\_\_

**Briefly describe your legal problem:** \_\_\_\_\_

What are you hoping Legal Aid Center of Southern Nevada can do to help you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ALL CLIENT INCOME & EXPENSES**

Number of Adults in Household: \_\_\_\_\_ Children: \_\_\_\_\_

Are you currently employed?  Yes  No      Where? \_\_\_\_\_

**TOTAL HOUSEHOLD MONTHLY INCOME** (Income before taxes and other deductions)

**Your Income:**

Employment Income      \$ \_\_\_\_\_  
Social Security/Disability      \$ \_\_\_\_\_  
TANF/Food Stamps      \$ \_\_\_\_\_  
Unemployment Income      \$ \_\_\_\_\_  
Child Support      \$ \_\_\_\_\_  
Pension or Other Income      \$ \_\_\_\_\_

**Other Household Income:**

Employment Income      \$ \_\_\_\_\_  
Social Security/Disability      \$ \_\_\_\_\_  
TANF/Food Stamps      \$ \_\_\_\_\_  
Unemployment Income      \$ \_\_\_\_\_  
Child Support      \$ \_\_\_\_\_  
Pension or Other Income      \$ \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME** \$ \_\_\_\_\_

**HOUSEHOLD ASSETS**

Cash on Hand (or in bank)      \$ \_\_\_\_\_  
Tools/Equipment/Other Asset      \$ \_\_\_\_\_  
Home Equity      \$ \_\_\_\_\_  
Real Property      \$ \_\_\_\_\_  
Auto Equity      \$ \_\_\_\_\_  
**Total Assets**      \$ \_\_\_\_\_

**MONTHLY HOUSEHOLD EXPENSES**

Mortgage or Rent Expenses      \$ \_\_\_\_\_  
Utilities      \$ \_\_\_\_\_  
Child Care/Transportation      \$ \_\_\_\_\_  
Child Support Expenses      \$ \_\_\_\_\_  
Debt Payments      \$ \_\_\_\_\_  
Medical Expenses      \$ \_\_\_\_\_  
Other      \$ \_\_\_\_\_  
**Total Monthly Expenses**      \$ \_\_\_\_\_

I have read the information above and attest that it is correct to the best of my knowledge, information and belief. By signing below, you understand that no legal advice or information will be provided during your initial intake interview. Completing this intake does not establish an attorney/client relationship. Legal Aid Center of Southern Nevada is not offering or agreeing to represent you in any legal matter. Assistance is based only on a brief review of the disclosed facts. Legal Aid Center of Southern Nevada is not responsible for the outcome of your case. It is recommended that you consult with a private attorney prior to the filing of any documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are dissatisfied with the services provided to you by Legal Aid Center of Southern Nevada, or by the denial of services, you may file a written grievance. You may obtain a copy of the grievance procedure from the receptionist.**

## Pro Bono Project Guidelines

*Please Read Carefully*

### APPLICATION

You will need to fill out some paperwork so that our staff can determine if you qualify for our services under our income guidelines. This paperwork must be filled out *accurately* and *completely*.

Our staff will consider several factors in determining if you qualify for our program. First, your income must meet our eligibility guidelines. Second, we will consider whether or not you have a legal issue requiring the assistance of an attorney. We will also examine the merits of your case and other factors.

If you qualify, and our caseload permits, we will notify you in writing that your case has been accepted into the pro bono program. We will then begin to try to find an attorney to represent you at no charge. Our attorneys are volunteers, they do not work for Legal Aid Center of Southern Nevada. Therefore, we cannot guarantee that we will find an attorney with the necessary expertise and time to assist you. Unfortunately, there are times when it is impossible to place a particular case. If your case cannot be placed after 90 days, you will be contacted and your case with us may need to be closed. In the meantime, if you decide to proceed by other means, it is imperative that you notify our office immediately, as we have many other applicants waiting for representation.

### RELEASE OF INFORMATION

In order to place your case with a pro bono attorney, we will need to release some information about your case to potential pro bono attorneys and all of the information you have provided to us to the pro bono attorney who ultimately accepts your case. By applying for our services and seeking a pro bono attorney, you are agreeing that we may release such information to a pro bono attorney and potential pro bono attorneys as necessary.

### SERVICES TO OPPOSING PARTY

Because we are one of the only organizations in Clark County providing pro bono legal services, it is possible that the other individual(s) in your case may come to us seeking assistance. Please be aware that we may talk to the other party/parties in your case, review their applications, and even accept their case for placement with a pro bono attorney. However, be assured that all information collected from one party in a case will be kept separate and confidential from the other party in the case. A pro bono attorney for one party will not have access to any information gathered from the other party.

### ATTORNEY FEES

If you are accepted for attorney representation, your assigned attorney will represent you without charge unless awarded attorney's fees from the opposing party. If a court awards your pro bono attorney fees from the opposing party, the attorney is authorized to keep such fees.

### COPIES OF DOCUMENTS

Any documents you provide to our office will not be returned to you. Accordingly, please do not leave any original documents with us. We can make copies for you if necessary. Please note, copies provided to us will remain part of your file in this office, regardless of whether or not we are able to provide you with services.

### CLIENT RESPONSIBILITIES

**Filing Fees and Costs:** The court will normally, but not always, waive the filing fees for individuals who qualify for our services. The notable exception is the bankruptcy petition filing fee which is rarely waived. In the event the fees in your case cannot be waived, you will need to be prepared to pay the appropriate filing fee if necessary.

**Filing fees are as follows:**

*\*Filing fees are subject to change without notice\**

Complaint (Annulment)	\$269	Answer or Appearance (Divorce/Annulment)	\$217
Complaint (Custody)	\$259	Answer or Appearance (Custody)	\$212
Complaint (Divorce)	\$299	Answer or Appearance (Civil/District)	\$223
Complaint (Civil/District Court)	\$270	Answer or Appearance (Civil/Justice)	\$71+
Complaint (Civil/Justice Court)	\$74-\$274	Probate/Guardianship: Estate < \$2,500	\$0
Adoption Proceeding	\$238	Estate in between \$2,500 - \$20,000	\$185.50
Bankruptcy Chapter 7	\$335	Estate >20,000 but less than 200,000	\$284.50
		Estate > \$200,000	\$537.50
Bankruptcy Chapter 13	\$310	Objection to Guardianship	\$80

While volunteer attorneys with our program agree to handle cases without charging the clients fees for their work, they are not necessarily agreeing to spend their own money to cover the costs in those cases. The clients are ultimately responsible for all costs associated with their cases which cannot be waived. Accordingly, if you are assigned a pro bono attorney, it is very important that you talk with that attorney in your first meeting about potential costs that may arise in your case.

COOPERATION WITH YOUR PRO BONO ATTORNEY

If you are placed with an attorney, you must cooperate with him/her in prosecuting and/or defending your case. You must keep all scheduled appointments and be prompt, courteous and prepared. Please leave small children with a competent sitter.

Do not report anything about your case to any “social media” sites you may belong to, or send any information about your case through texting or e-mail, etc. (except to the attorney assigned to your case, since that is privileged information). Opposing parties, their attorneys, and representatives routinely monitor such sites and seek e-mail and text addresses of claimants to obtain information, and can subpoena such information direct from the service providers. Not only could you damage your case, but any “friend” on your site could be forced to become a witness and discuss all conversations they ever had with you. *Please take this warning seriously.*

When your case is completed, your attorney will withdraw from further representation and will not appeal a court decision on a pro bono basis.

**An attorney assigned to you is strictly a volunteer and is not obligated by rule of law to represent you without charge. The attorney has agreed to provide you with a consultation but there is no guarantee that he or she will negotiate or litigate your matter to conclusion; that decision is left to the attorney’s professional judgment. The attorney is not employed by or otherwise associated with the Pro Bono Project, other than volunteering to assist you with your legal problem without charge.**

**PLEASE NOTE: WE WILL CLOSE YOUR CASE IMMEDIATELY,** if: 1) You misrepresent information in your application; 2) You fail to show for scheduled appointments; or 3) You don’t cooperate with your attorney. Failure to cooperate is grounds for your attorney to withdraw from your case and you will no longer be eligible for further assistance.

REPORTING NEW INFORMATION

If you change your address or telephone number, you must notify our office and your attorney immediately. If we cannot locate you because you moved and/or changed your telephone number and did not notify us, we will have to close your case.

If you are accepted into our Program, while awaiting placement with a pro bono attorney, you must keep our office updated regarding significant developments in your case (i.e. if you are served with a motion or find out something has been scheduled in your case).

While your case is open, you must inform the Pro Bono Project in writing if your income changes from what it was at the time of your first interview. If your new income exceeds our guidelines, you will be declared ineligible for pro bono services and your attorney may be permitted to charge his/her normal hourly rate, starting when you became ineligible. We reserve the right to inquire into your financial situation.

I hereby acknowledge that I have read and understand the above policies and have received a copy of the same.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

# Immigration Questionnaire

## *Cuestionario Migratorio*

### **Part 1: Biographical Information**

#### ***Parte 1: Información Biográfica***

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
*Nombre Segundo Nombre Apellido*

Other names you have used (include maiden/nicknames): \_\_\_\_\_  
*Otros nombres que haya usado (incluyendo otros apellidos y apodos):*

Gender Identification: \_\_\_\_\_ Preferred Gender Pronoun: \_\_\_\_\_  
*Género de Identificación Pronombre de Género Preferido*

Do you identify with the LGBTQ community?  Yes  No  Prefer not answer  
*¿Se identifica con la comunidad LGBTQ? Si No Prefiero no responder*

Marital Status:  Single  Married  Divorced  Widowed  
*Estado Civil Soltero/a Casado/a Divorciado/a Viudo/a*

Date of Birth: \_\_\_\_\_ City and Country of Birth: \_\_\_\_\_  
*Fecha de Nacimiento Ciudad y País de Nacimiento*

What language(s) do you speak/read/write? \_\_\_\_\_  
*¿Que idiomas(s) habla, escribe y/o lee?*

Social Security # (if any): \_\_\_\_\_ ITIN # (if any): \_\_\_\_\_  
*Número de Seguro Social (si tiene) Número de Indentificación Personal del Contribuyente del Servicio de Impuestos Internos (si tiene)*

A# (if any): \_\_\_\_\_ Passport # (if any): \_\_\_\_\_  
*Número A (si tiene) Número de Pasaporte (si tiene)*

### **Part 2: Contact Information**

#### ***Parte 2: Información de Contacto***

Address: \_\_\_\_\_  
*Dirección donde reside*

Mailing Address if different from physical address: \_\_\_\_\_  
*Dirección de correo si es diferente a la dirección donde reside*

Email: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*Correo electrónico Número de teléfono*

Preferred Method of Contact:  
*Método de Contacto Preferido*

Telephone  
*Teléfono*

Email  
*Correo Electrónico*

Mail  
*Correo*

**Part 3: Family Information**  
***Parte 3: Información Familiar***

Name <i>Nombre</i>	Relationship <i>Relación a usted</i>	Age <i>Edad</i>	Immigration Status <i>Estatus Migratorio</i>	Current Location <i>Donde viven actualmente</i>
	Spouse <i>Esposo/a</i>			
	Mother <i>Madre</i>			
	Father <i>Padre</i>			
	Child <i>Hijo/a</i>			
	Child <i>Hijo/a</i>			
	Child <i>Hijo/a</i>			

**Part 4: Immigration History**  
***Parte 4: Historial Migratorio***

Date of last entry into U.S.: \_\_\_\_\_  
*Fecha en la que entró a los Estados Unidos la última vez*

Place of last entry: \_\_\_\_\_  
*Lugar por donde entró a los Estados Unidos la última vez*

How did you enter?  
*¿Como entró a los Estados Unidos?*

Visa  
*Visa*

Without Inspection  
*Sin Inspección*

Other: \_\_\_\_\_  
*De otra manera*

List all prior entries to the United States:  
*Anote todas las previas entradas a los Estados Unidos:*

Date of Entry <i>Fecha de Entrada</i>	Place of Entry <i>Lugar de Entrada</i>	Did you enter with a visa, by parole or without inspection? <i>¿Entro usted con visa, sin inspección, o de otra manera?</i>	Date of Exit <i>Fecha de Salida</i>

Have you ever been ordered removed or deported from the U.S.?  Yes  No  
*¿Alguna vez le han dado una orden de remoción o deportación de los Estados Unidos?* Si No

Have you ever been in immigration court?  Yes  No  
*¿Alguna vez ha estado en la corte de inmigración?* Si No

Have you ever been stopped by immigration officials?  Yes  No  
*¿Alguna vez ha sido parado por oficiales de inmigración?* Si No

Have you ever claimed to be a U.S. citizen?  Yes  No  
*¿Alguna vez a proclamado ser ciudadano/a Americano/a?* Si No

Have you ever been denied a visa?  Yes  No  
*¿Alguna vez le han negado una visa?* Si No

Have you ever used another name for immigration purposes?  Yes  No  
*¿Alguna vez a usado otro nombre por causas de migratorias?* Si No

Have you ever worked using a social security number that belonged to someone else?  Yes  No  
*¿Alguna vez a trabajado con el número de seguro social de otra persona?* Si No

Have you ever applied for any type of immigration benefit?  Yes  No  
*¿Alguna vez ha aplicado por un beneficio migratorio?* Si No

If so, what type of immigration benefit did you apply for and what was the result?  
*¿Si ha aplicado para un beneficio migratorio, que tipo de beneficio fue y cual fue el resultado de su aplicación?*

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**Part 5: Criminal History and Other Misconduct**  
**Parte 5: Historial Criminal u otro tipo de Mala Conducta**

Have you ever been cited, arrested or convicted of a crime in the U.S.?  Yes  No  
*¿Alguna vez ha sido multado, arrestado, o declarado culpable de un crimen en los Estados Unidos?* Si No

If so, please state the crime, the date, and the outcome of the case.  
*Si la respuesta anterior es si, por favor anote el crimen, la fecha, y el resultado del caso*



Have you ever failed to pay a financial obligation such as taxes, child support or alimony?  Yes  No  
*¿Alguna vez ha dejado de pagar una obligación financiera como impuestos, o manutención para hijos o esposos/as?* Si No

Have you abused alcohol or drugs?  Yes  No  
*¿Alguna vez ha abusado del alcohol o las drogas?* Si No

Have you ever used recreational marijuana?  Yes  No  
*¿Alguna vez ha consumido drogas recreativas como la marihuana?* Si No

Have you ever been involved with gangs?  Yes  No  
*¿Alguna vez ha estado involucrado/a con pandillas?* Si No

**IF YOU ARE RENEWING OR REPLACING YOUR EMPLOYMENT AUTHORIZATION CARD OR LAWFUL PERMANENT RESIDENT CARD, SKIP TO PART 7**

***SI QUIERE RENOVAR OR REMPLAZAR SU PERMISO DE TRABAJO O SU TARJETA DE RESIDENCIA PERMANENTE, SALTE A LA PARTE 7***

**IF NOT, ONLY ANSWER THE PORTIONS OF PART 6 THAT APPLY AND PROCEED TO PART 7**

***SI NO, POR FAVOR CONTESTE LAS SECCIONES DE LA PARTE 6 QUE LE CORRESPONDAN, Y PROCEDA A LA PARTE 7***

***Part 6: Immigration Status Options***

***Parte 6: Opciones para obtener Estatus Migratorio***

Asylum:

*Asilo*

Are you afraid that you will be harmed if you return to your country due to your race, religion, nationality, membership in a particular social group or political beliefs?  Yes  No  
*¿Tiene miedo de ser maltratado si regresa a su país natal por razones relacionadas a su raza, religión, nacionalidad, membresía en algún grupo social, o por sus creencias políticas?* Si No

If yes, please describe what events have happened to you and why you fear future harm.

*Si la respuesta anterior es si, por favor describa los eventos que le pasarón y por que teme de maltrato en el futuro.*

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Are you currently attending hearings at Immigration Court?  Yes  No  
*¿En este momento, esta usted atendiendo audiencias en la Corte de Inmigración?* Si No

If so, when and where is your next court date? \_\_\_\_\_  
*Si la respuesta anterior es si, ¿cuando y donde es su proxima audiencia en la corte?*

Family Petition:  
*Solicitud Familiar*

Do you have a spouse, parent, child at least 21 year old or sibling who is a U.S. citizen that would be willing to help you gain immigration status?  Yes  No  
*¿Tiene un esposo/a, padres, o hijos/as mayores de 21 años, o hermanos/as que son ciudadanos americanos que estarian dispuestos ayudarle a obtener estatus migratorio?* Si No

Do you have a spouse, parent, or child at least 21 year old who is a lawful permanent resident that would be willing to help you gain immigration status?  Yes  No  
*¿Tiene un esposo/a, padres, o hijos/as mayores de 21 años, que son residentes permanentes que estarian dispuestos ayudarle a obtener estatus migratorio?* Si No

Does that family member have the financial means to provide for your basic necessities?  Yes  No  
*Si tiene un miembro de su familia que estaría dispuesto ayudarle, ¿sabe si ese miembro tiene la manera financiera para proveer por sus necesidades básicas?* Si No

Special Immigrant Juvenile Visa:  
*Visa Especial para Jóvenes Inmigrantes*

Are you under 21 years old and have been abused, abandoned or neglected by at least one parent?  Yes  No  
*¿Tiene menos de 21 años y ha sufrido abuso, abandono o negligencia por parte de uno de sus padres?* Si No

When did you start residing in Clark County, Nevada? \_\_\_\_\_  
*¿Cuando comenzó a vivir en Clark County, Nevada?*

Who are you residing with and what is their relationship to you?  
*¿Con quién vive y cual es su relación con esa persona?*

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When is the last time you had contact with the parent (s) who abused, abandoned or neglected you?  
*¿Cuándo fue la última vez que tuvo contacto con el padre que lo abusó, abandonó, o que comitió negligencia contra usted?*

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Who did you reside with prior to coming to the United States? \_\_\_\_\_  
*¿Con quién vivió antes de venir a los Estados Unidos?*

Why did you come to the United States?  
*¿Por que vino a los Estados Unidos?*

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Have you received a Notice to Appear in Immigration Court?  Yes  No  
*¿Alguna vez ha recibido una Notificación para que se presente en la Corte de Inmigración?* Si No

If so, when and where is your next court date? \_\_\_\_\_  
*Si la respuesta anterior es si, ¿donde y cuando es su próxima audiencia en la corte?*

T Visa:  
*Visa T*

Have you ever been a victim of human trafficking?  Yes  No  
*¿Alguna vez ha sido víctima de la trata humana?* Si No

Were you recruited to come work in the United States?  Yes  No  
*¿Fue reclutado para venir a trabajar a los Estados Unidos?* Si No

Were you forced to work in poor work conditions or without pay?  Yes  No  
*¿Fue forzado a trabajar en malas condiciones o sin pago?* Si No

Were you recruited to work a particular job and your employer changed the job to include performing sex acts or other things you weren't comfortable doing (i.e inappropriate touching and photos)?  Yes  No  
Si No

*¿Fue reclutado para un trabajo en particular y después su patrón/a le cambió los requisitos para incluir actos de sexo o otras cosas que usted no quería hacer (i.e. tocarlo/a de manera inadecuada o tomar fotos personales)?*

Did you report the above-described activity to the police or other law enforcement agency?  Yes  No  
*¿Reportó la situación anotada en la pregunta anterior a la policía u otra agencia de ley? Si No*

How were you harmed?  
*¿Como fue dañado/a?*

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U-Visas  
*Visa U*

Have you ever been the victim of a crime in the United States?  Yes  No  
*¿Alguna vez ha sido víctima de un crimen en los Estados Unidos? Si No*

Has your U.S. child ever been the victim of a crime in the U.S.?  Yes  No  
*¿Alguna vez ha sido su hijo/a, víctima de un crimen en los Estados Unidos? (Solamente aplica si su hijo/a es ciudadano/a Americano/a) Si No*

If so, did you report the crime to the police or another agency?  Yes  No  
*Si la respuesta de las preguntas anteriores son si, ¿reportó usted el crimen a la policía u otra agencia de ley? Si No*

Do you have a police report?  Yes  No  
*¿Tiene algún informe de policía? Si No*

When did the crime happen? \_\_\_\_\_  
*¿Cuándo sucedió el crimen?*

Describe what happened to you or your child?  
*¿Describa lo que le sucedió a usted o a su hijo/a?*

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Was the perpetrator arrested?  Yes  No  
*¿Arrestaron al autor u autores del crimen? Si No*

Was there a criminal case filed?  Yes  No  
*¿Se abrió u archivó un caso penal?* Si No

What agency brought the criminal case? \_\_\_\_\_  
*¿Que agencia de ley abrió u archivó el caso penal?*

Did you have to go to court to testify?  Yes  No  
*¿Tuvo que testificar en la corte?* Si No

How were you harmed? \_\_\_\_\_  
*¿Como fue dañado/a?*

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Did you seek medical treatment or therapy?  Yes  No  
*¿Obtuvo tratamiento médico o terapia?* Si No

VAWA:  
*Visa para Víctimas de Maltrato*

Have you been a victim of abuse by your U.S. citizen spouse, child, or parent?  Yes  No  
*¿Ha sido víctima de abuso por parte de su esposo/a, hijos, o padres?* Si No  
*(Solamente aplica si su esposo/a, hijos, o padres son ciudadanos Americanos)*

Have you been the victim of abuse by your lawful permanent resident spouse or parent?  Yes  No  
*¿Ha sido víctima de abuso por parte de su esposo/a o padres?* Si No  
*(Solamente aplica si su esposo/a o padres son residentes permanentes)*

Was your abuser born in the U.S.?  Yes  No  
*¿Nació su abusador en los Estados Unidos?* Si No

Is your abuser a naturalized citizen?  Yes  No  
*¿Es su abusador ciudadano Americano naturalizado?* Si No

Do you know your abuser's A#?  Yes  No  
*¿Sabe el número A de su abusador?* Si No

If yes, what is the A#? \_\_\_\_\_  
*Si lo sabe, ¿cual es ese número?*

Do you have evidence of your abuser's status?  Yes  No  
*¿Tiene evidencia del estatus migratorio de su abusador?* Si No

Were you residing with your abuser when the abuse occurred?  Yes  No  
*¿Estaba viviendo con su abusador cuando el abuso ocurrió?* Si No

Please list the timeframe you resided with your abuser. \_\_\_\_\_  
*Por favor anote el tiempo que vivió con su abusador.*

Please list the last address you resided at with your abuser.  
*Por favor anote la última dirección donde vivió con su abusador.*

Was the abuse reported?  Yes  No  
*¿El abuso fue reportado a las autoridades?* Si No

Describe the abuse that you suffered.  
*Describa el abuso que usted sufrió.*

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Do you have any of the following?  
*¿Tiene alguno de los siguientes documentos?*

Police Report  Protection Order  Medical Records  
*Informe de Policía Orden de Protección Historial Médico*

Statements from 3<sup>rd</sup> parties  Pictures  Text messages  
*Declaraciones de otras personas Fotos Mensajes de texto*

Adjustment of Status  
*Ajuste de Estatus*

Do you have an approved immigration petition that allows you to adjust status?  Yes  No  
*¿Tiene usted una petición de inmigración aprobada que le permite ajustar su estatus migratorio?* Si No

If so, what type of approved immigration petition do you have?  
*Si la respuesta anterior es si, ¿que tipo de petición tiene?*

When was that immigration petition approved? \_\_\_\_\_  
*¿Cuándo le aprobaron la petición de inmigración?*

Have you ever applied for adjustment of status before?  Yes  No  
*¿Ha usted aplicado para un ajuste de estatus anteriormente?* Si No

Citizenship  
Ciudadania

Have you had your Lawful Permanent residence card for five (5) years?  Yes  No  
 ¿Ha tenido su tarjeta de residencia permanente por cinco (5) años? Si No

Have you had your Lawful Permanent residence card for three (3) years but obtained it through marriage to a U.S. citizen?  Yes  No  
 ¿Ha tenido su tarjeta de residencia permanente por tres años(3) pero la obtuvo por medio de un matrimonio con una persona que es ciudadana Americana? Si No

Did either of your parents become a U. S. citizen while you were under the age of 18?  Yes  No  
 ¿Alguno de sus padres se convirtió en ciudadano Americano cuando usted tenía menos de 18 años? Si No

Do you have a medical disability that would prevent you from taking the English and/or civics test?  Yes  No  
 ¿Tiene alguna discapacidad médica que le previniera hacer el examen de Inglés y/o cívica? Si No

Have you taken any trips outside of the U. S. that lasted more than six (6) months?  Yes  No  
 ¿Ha echo algun viaje afuera de los Estados Unidos en los ultimos seis (6) meses? Si No

If so, for each trip, list the following:  
 Si ha echo algun viaje, anote los siguientes detalles sobre esos viajes:

Date you left the U.S. <i>Día que se fue de los Estados Unidos</i>	Date You returned to the U.S. <i>Día que regresó a los Estados Unidos</i>	Country you traveled to <i>País al que viajó</i>	Did the trip last more than 6 months? Y or N <i>El viaje duró mas de 6 meses? Si o No</i>

Deferred Action for Childhood Arrivals (DACA):  
 Consideración de Acción Diferida para los Llegados en la Infancia

Have you applied for DACA previously?  Yes  No  
 ¿Ha usted aplicado para DACA anteriormente? Si No

If so, when was your DACA approved? \_\_\_\_\_  
 Si aplicó para DACA, ¿cuando fue aprobada su solicitud?

**Part 7: Employment Authorization and Lawful Permanent Residence Card Renewals and/or Replacements**

**Parte 7: Renovación o Reemplazó de su permiso de trabajo o su tarjeta de residencia permanente**

When does your current EAD or LPR card expire?

¿Cuándo se expira su permiso de trabajo o su tarjeta de residencia permanente?

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Have you ever renewed your EAD or LPR card before?

Alguna vez a renovado su permiso de trabajo o su tarjeta de residencia permanente?

Yes  No

Si No

If so, did you renew it at our office?

Si los ha renovado anteriormente, los renovó con esta oficina?

Yes  No

What is the basis for your EAD?

Cual es la base por la que le otorgaron su permiso de trabajo?

VAWA  U Visa  T Visa  TPS  DACA  Other \_\_\_\_\_  
VAWA Visa U Visa T TPS DACA Otra Manera

***I certify that all of the information contained in this form is true and correct to the best of my knowledge.***

*Certifico que toda la información en este formulario es verdadera y correcta a mi legal saber y entender.*

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Signature

Firma

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Date

Fecha