

CONSULTATION REQUEST FORM

ICS (Immigration Counseling Service) • 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.
- 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:
What language(s) do they speak? (check all that apply): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 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)? _____	
When does their green card expire? _____	
If No, what is their current immigration status? <input type="checkbox"/> None <input type="checkbox"/> Visa <input type="checkbox"/> Work Permit <input type="checkbox"/> 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):	
Military Service: Do they have a spouse or child in the U.S. military?	
	YES 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? (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 _____
Have they ever been forced to do work or another activity against their will?		YES NO
(If Yes, please explain)		
*** 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		Consult Date:
Notes:		Due: