

# CONSULTATION REQUEST FORM

- 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:**

<b>Why do you want a consultation with ICS?</b>	
<b>Your Name:</b>	<b>Phone Number:</b>

**PART 2:**

<b>The following questions are about THE PERSON NEEDING IMMIGRATION HELP. It may be you or it may be someone else.</b>		
<b>Name</b> (of the person needing help):		
<b>Have they ever been a client of our office?</b> (circle one):		YES      NO
<b>Date of birth:</b>	<b>Country of birth:</b>	
<b>Are they a lawful permanent resident (green card holder)?</b> (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? <input type="checkbox"/> None <input type="checkbox"/> Visa <input type="checkbox"/> Work Permit <input type="checkbox"/> Other		
<b>Mailing Address:</b>		
<b>Phone Number:</b>		
<b>Are they currently in removal/deportation proceedings?</b> (circle one):		YES      NO
<b>Do they fear returning to their home country?</b> (circle one):		YES      NO
(If Yes, please explain):		
<b>Have they been arrested anywhere in the world?</b> (circle one):		YES      NO
(If Yes, please explain below):		
Date of Arrest:	City/Country where arrested:	Why were they arrested?

**PART 3:**

<b>What language(s) do they speak?</b> (check all that apply): <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
<b>How many times have they left and come back to the U.S.?</b> Date of last entry: _____		
<b>How did they last enter the U.S.?</b> (By plane, boat, walking, etc.): _____		
<b>Have they ever entered the U.S. with a visa?</b>		
<b>Are they</b> (circle one):      Single      Legally Married      Divorced      Separated      Widowed		
<b>Family Name(s)</b>	<b>Date of Birth</b>	<b>Country of Birth &amp; Immigration Status</b>
Name of Spouse/Partner: _____		
Child's Name: 1. _____		
Child's Name: 2. _____		
Child's Name: 3. _____		
Child's Name: 4. _____		
<b>IF THERE ARE ADDITIONAL CHILDREN PLEASE LIST ON A SEPARATE SHEET OF PAPER</b>		

**PART 4:**

<b>Have they ever suffered abuse or domestic violence?</b> (circle one)	YES	NO
If the answer is "Yes": Where did it happen: _____		
What is the abuser's full name: _____		
What is the abuser's date of birth: _____		
<b>Have they ever called 911?</b> (circle one)	YES	NO
<b>Have they ever spoken with police or law enforcement about a crime?</b> (circle one)	YES	NO
If yes, who as the victim of the crime? Name: _____		
Victim's date of birth: _____		
Who was the perpetrator of the crime? Name: _____		
Perpetrator's date of birth: _____		
<b>*** 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***</b>		

**FOR ICS USE ONLY – DO NOT WRITE BELOW THIS LINE**

Consultation set with:      AX      KW      PP      SDR	Consult Date: _____
Notes:     	