

IRIS Integrated Refugee and Immigrant Services

235 Nicoll St, 2nd Floor
New Haven, CT 06511
(p) 203-562-2095
(f) 203-562-1798

Date: _____

Name _____ Telephone: _____
 First Middle Last

Place of Birth: _____ Countries of Citizenship: _____

Date of Birth: _____ Languages spoken: _____

Immigration status in the U.S. _____ When obtained? _____

Alien number: A _____

Do you have any relatives in Canada? YES/NO

If yes, what is the relation? _____

IF YOU ARE IN REMOVAL PROCEEDINGS

Next court date: _____

Number of times you have been to court and what happened

Are you detained?

IMMIGRATION HISTORY

List all entry and departure dates, and methods of entry

1) _____

2) _____

3) _____
List other attorneys, notaries (“notarios”), or immigration specialists seen about immigration status and explain what was done by each.

List all applications filed with immigration by client or someone on his or her behalf including type of filing, date of filing, and result. Include receipt numbers, if available.

If applicant indicates “Yes” to any of the 7 Immigration questions on the short intake, follow up.

FAMILY INFORMATION

Parents

Provide names, dates of birth, places of birth, current location and United States immigration status for all parents and step-parents.

For each parent who is a naturalized U.S. citizen provide date and place of naturalization.

Spouses

Marital Status: MARRIED MARRIED & LIVING APART DIVORCED

For current spouse and each former spouse, list the following:

Spouse’s name: _____

Spouse’s date of birth: _____ Place of Birth/Citizenship: _____

Spouse’s A # _____

Spouse’s Immigration Status: _____ When acquired? _____

If divorced, when and where?

Children

How many children (including adopted and step-children) do you have? _____

For each child (including adopted and step-children), list the following:

Child's name _____

Child's date of birth _____ Place of birth/citizenship

Child's A number _____

Child born in wedlock? _____ If so, father's name.

Child's immigration status _____

If adopted, when and under what circumstances

If step-child, when and under what circumstances

CRIMINAL HISTORY

List every time you have been arrested, received a citation, or were required to attend court for any reason. For each criminal matter please provide the date of incident, the criminal charge, where it happened (City, State) and the final outcome including any punishment or fine and length of sentence.

1) _____

2) _____

3) _____

Asylum Claim Eligibility

Are you afraid to return to his or her home country or country of last residence? _____

If yes, explain why? _____

When did you leave that country?

Have you applied for asylum in any other country?

If yes, what was the result?

VAWA Claim Questions

Do you feel your spouse/partner treats you well? YES NO
Is there anything that goes on at home that makes you feel afraid? YES NO
Has your spouse/partner ever hit, pushed or hurt you? YES NO
Has your spouse/partner ever threatened to take your children away or harm you? YES NO
Has your husband/partner ever hurt your children? YES NO
Is there a police report concerning the abuse? _____ Any court proceedings? _____
Did the abuse require medical treatment _____?

U-Visa Claim Eligibility

Since you arrived in the U.S., have you ever been the victim of a crime? YES NO

If YES, explain: _____

If YES, did you cooperate with the police or the prosecuting attorneys in investigating or prosecuting the crime? YES NO

Income Qualifications

Please answer all questions as you would BEFORE you were detained. List the job that you did before you came to Immigration Detention.

Number of Persons in Household (Include self)_____ Under age 18_____ Over age 60_____

Employed? Yes/No Employer Name:_____

Do you own your home? Yes/No Amount of Monthly Rent/Mortgage payment_\$______

Do you own a car? Yes/No Amount of Monthly Car Payment_\$______

Total Liquid Assets_\$______ Savings Account_\$______

Checking Account_\$______ Other_\$______

Income Sources (**circle all that apply**): AFDC / Alimony / Food Stamps / Child Support / Interest / None / Other / Pension / Rental Income / SSI / Social Security / Unemployment Compensation / Veteran’s Benefits / Wages / Workman’s Compensation

Individual Total income per MONTH:_____

Total Family Income per MONTH:_____