

FOR NWIRP USE:

Review with client before starting intake:

- NWIRP is a non-profit legal services organization serving low-income immigrants. We are NOT the Immigration and Naturalization Service.
- Everything you tell me will be kept completely confidential. I cannot talk to anyone about your case without your permission.
- We will go through this series of questions which we will use to evaluate your case, and afterwards we will be able to tell you what kind of case you have and whether or not we can accept your case in our office.

ICAP REFERRAL FORM

Name of person doing intake _____ Date _____

Interpreter needed? No ___ Yes ___ Language _____

Name of interpreter _____ Relationship to Client _____

Is there a caseworker involved? No ___ Yes ___ Information about the caseworker

Who referred the juvenile? _____

PERSONAL INFORMATION

Full name (as it appears on any formal documents) _____

Other names used _____

Date of birth: _____ City and country of birth: _____

Sex: ___ Age: _____

Country of current citizenship: _____

Birth certificate or Proof of age: _____

Lives with: _____ Since _____

At _____

Telephone No. _____

Ok to call? ___ Yes ___ No

Safe to leave messages? ___ Yes ___ No

Caller I.D.? ___ Yes ___ No

Do you attend school? If yes, where and what grade? _____

Do you know if anyone in your family or your parents family received help from NWIRP? If yes, please give details: _____

INFORMATION REGARDING JUVENILE’S FAMILY

When was the last time you had/are you still in contact with your parents? _____

Mother’s name _____ Country of Birth _____

Mother’s immigration status: USC LPR UNDOC UNKN OTHER

Mother’s current address _____

Father’s name _____ Country of Birth _____

Father’s Immigration status: USC LPR UNDOC UNKN OTHER

Father’s current address _____

Other relatives in the United States:

Name	Relationship	Contact information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other relatives in home country:

Name	Relationship	Contact information
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you able to live with your parents? ___Yes ___No. If no, then why not?

Are you afraid of returning to your country of birth? ___Yes ___No. If yes, then why?

Ever reported abuse, neglect, or abandonment to police or other officials? ___ Yes ___ No. If yes, explain (e.g. dates) _____

IMMIGRATION-RELATED QUESTIONS

Do you know when you entered into the United States? _____

Do you know where (which city/state) you entered? _____

Did you have a passport? ___ No ___ Yes If yes, did you have a visa? ___ What for? _____

All Entries to the United States:

Date:	Place:	Manner:	With Whom:	Visa/Passport:

Alien # (if any) _____

Have you ever been detained by the INS? ___ Yes ___ No If so, where? _____

When? _____ What happened? _____

Has anyone applied for immigration papers for you? ___ No ___ Yes

If so, please explain: _____

What immigration documents do you have? (list all) _____

(if possible, copy all documents including passport pages and immigration notices)

Juvenile's current immigration status: USC LPR CLPR UNDOC UNKNOWN OTHER _____

If CLPR, when does your conditional residence expire? _____

Social Security Number: SS# _____ Work authorization? _____

Have you had any other contact with the INS? ___ No ___ Yes

If yes, please give details (dates, names, what happened, where) _____

Have you had any immigration hearings before an Immigration Judge? ___ No ___ Yes

If yes, please explain: _____

PERSONAL CRIMINAL HISTORY

Have you ever had any contact with the police (in any country)? ___ No ___ Yes

If yes, give details (where, arrested?, date, place, convicted?, sentence)_____

Have you ever been the victim of a crime that was reported to the police or another official?

___ Yes ___ No. If yes, please give details _____

INFORMATION REGARDING DEPENDENCY

(If juvenile is dependent, complete information below—available from caseworker or dependency attorney)

Date dependency established _____

Name of dependency attorney _____

Supervising agency _____

Type of placement: FOSTER CARE GROUP CARE RELATIVE PLACEMENT OTHER _____

Next hearing type and date _____

Is the dependency based on abuse, abandonment and/or neglect (RCW 13.34.010 (a) or (b))?

___ Yes ___ No

Does the dependency order state that it is not in the juvenile's best interest to return to her/his home country? ___ Yes ___ No

Any other relevant information regarding the dependency _____

INFORMATION REGARDING OTHER CASEWORKERS/ATTORNEYS

Name	Agency	Contact information
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_____	_____	_____
_____	_____	_____
_____	_____	_____