

JOHN JAY LEGAL SERVICES, INC.
 IMMIGRATION JUSTICE CLINIC SCREENING
 PACE UNIVERSITY SCHOOL OF LAW

Date of Inquiry	Type of Inquiry Call Letter E-mail Walk-in	Staff completing inquiry record
Name of the Inquirer	Telephone	E-mail
Relationship to person in need of assistance: Self Friend Professional Family _____ <small>If family, note specific relationship</small>		
If Inquirer is spouse/ parent/ adult child of person needing assistance, is the inquirer? U.S. citizen LPR		
Referred to JJLS by (agency, attorney, website) _____		
PERSON IN NEED OF ASSISTANCE		
Name	Age	Language spoken
Country (ies) of origin/citizenship _____		
Year of the most recent entry to U.S.	Status of last entry (i.e. Visa, EWD)	Current immigration status
If applicable, must file for asylum before: Is a court hearing or agency appointment scheduled? Yes No If yes, date _____ and time _____ Name and address of agency/court where appointment/ hearing is scheduled _____		
A# of person in need of assistance (note: this I.D. number appears on any letters/ documents received from immigration after a person is processed, or when a notice ("NTA") is issued, or when a hearing date is provided) A# _____		
Ever been detained by any law enforcement authority? Yes No When _____ Where _____ Immigration detention? Yes No Where _____ Currently serving time for a crime? Yes No Location _____ DIN# Crime Date Place of conviction Sentence imposed		
Type of legal assistance needed		
Have any attorneys been previously consulted/hired about this problem? Yes No Name of the attorney(s) and other information about prior attorney(s) _____ When or what stage of the process was the attorney(s) consulted? _____ Private Pro bono Non-profit legal service provider, if paid, how much? _____ Please provide name and other information, if there is an attorney/ legal representative currently providing representation		

Current employment Full-time Part-time, approximately how many hours a week _____

Other significant sources of income? _____

How much, if anything, could you afford to pay?

(a) An initial consultation _____

(b) Full representation (may affect referral) other sources of representation _____

What is the highest level of education completed? _____

Currently enrolled in school or educational program Yes No

If yes, please describe _____

Contact information for person in need

Home address _____

Telephone _____

Second telephone number where could be reached _____

E-mail _____

Information Provided to Inquirer

Cannot provide additional information/response

Request additional information and if received, will proceed further

Will contact after review with supervisor

List referrals provided, _____

Follow-up/review by _____

Date of inquiry opened _____

Date of inquiry closed _____

Assigned to _____

Additional information about the person's immigration situation