

# 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:**

**Is someone helping you fill out this form:**  YES  NO

**If Yes, please list their:**

Name \_\_\_\_\_ Number \_\_\_\_\_

Relationship to the Requestor \_\_\_\_\_

**PART 2: The following questions are about THE PERSON NEEDING IMMIGRATION HELP**

**Please describe your immigration question or problem (an answer to this question is required):**

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<b>Full Name</b> (of the person needing help):	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
<b>Have they ever been a client or consulted with our office?</b> (check one): <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>	
<b>Date of birth:</b> Month: _____ Day: _____ Year: _____	<b>Age:</b> _____
<b>Country of birth:</b> _____	
<b>Mailing Address:</b>	<b>Phone Number:</b>
<b>Email Address:</b>	
<b>Spoken Languages?</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<b>Race/Ethnicity?</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> African <input type="checkbox"/> Asian <input type="checkbox"/> other _____

**What is their current legal status?**

Green Card holder  DACA  US Citizen  Visa  Work permit  Other \_\_\_\_\_

When does their card expire? \_\_\_\_\_

**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):

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<b>Military Service:</b> Do they have a spouse or child in the U.S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Do they identify as LGBTQ+?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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**Have they ever been stopped OR detained by immigration (ICE or CBP/Border patrol)?**  YES  NO

(Questions continued on reverse side)

**PART 3: (This page is also about the PERSON NEEDING IMMIGRATION HELP)**

<b>Have they been arrested anywhere in the world?</b> <span style="float:right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>					
<b>Date or Year of Arrest:</b>	<b>City / Country where arrested:</b>	<b>Why were they arrested?</b>			
<b>Do you have records of the arrest(s)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes and you are offered a consult, please bring the records)					
<b>Entries/Exits:</b>					
What is the date of their first entry? _____ What is the date of their last entry? _____					
How many times have they left and returned to the U.S since they first arrived? _____					
How did they last enter the U.S. (By plane, boat, walking, etc.): _____					
Have they ever entered the U.S. with a Visa? _____					
<b>Are they</b> (circle one):    Single       Legally Married       Divorced       Separated       Widowed					
<b>Full Name</b>		<b>Gender</b>	<b>Date of Birth</b>	<b>Country of Birth</b>	<b>Immigration Status</b>
Name of Spouse/Partner:					
Child's Name: 1.					
Child's Name: 2.					
Child's Name: 3.					
Child's Name: 4.					
<b>PLEASE LIST ADDITIONAL CHILDREN ON A SEPARATE SHEET OF PAPER</b>					

**PART 4:**

<b>Have they ever called 911?</b> (circle one)	<b>YES</b>	<b>NO</b>
<b>Have they ever suffered abuse or domestic violence?</b> (circle one)	<b>YES</b>	<b>NO</b>
If yes, where did it happen: _____		
Who was the abuser? Name: _____ Date of Birth _____		
<b>Have they ever spoken with police or law enforcement about a crime?</b> (circle one)	<b>YES</b>	<b>NO</b>
If yes, who was the victim of the crime? Name: _____ Date of Birth _____		
Who was the perpetrator of the crime? Name: _____ Date of Birth _____		
<b>Have they ever been forced to do work or another activity against their will?</b> (If Yes, please explain)	<b>YES</b>	<b>NO</b>

**PART 5:**

<b>How many people live in their household (including the applicant)?</b> : _____
<b>What is the total yearly income of everyone in the household?</b> : _____
<b>How did you find out about ICS?</b> _____