

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

Date of Inquiry _____	Type of Inquiry <input type="checkbox"/> Call <input type="checkbox"/> Letter <input type="checkbox"/> E-mail <input type="checkbox"/> Walk-in	Staff completing inquiry record _____
Name of the Inquirer _____	Telephone _____	E-mail _____
Relationship to person in need of assistance <input type="checkbox"/> Self <input type="checkbox"/> Friend <input type="checkbox"/> Professional <input type="checkbox"/> Family _____		If family, note specific relationship _____
If Inquirer is spouse/ parent/ adult child of person needing assistance, is the inquirer? <input type="checkbox"/> U.S. citizen <input type="checkbox"/> LPR		
Referred to JJLS by (agency, attorney, website) _____		
PERSON IN NEED OF ASSISTANCE		
Name _____	Age _____	Country (ies) of origin/citizenship/nationality _____
Year of the most recent entry to U.S. _____	Status of last entry (i.e. Visa, EWI) _____	Current immigration status _____
If applicable, must file for asylum before: _____		(xx/xx/xxxx)
Is a court hearing or agency appointment scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> 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 in any letters/ documents received from immigration after a person is processed, or when a notice ("NTA") for a hearing date is provided) A# _____		
Ever been detained by any law enforcement authority? <input type="checkbox"/> Yes <input type="checkbox"/> No When _____ Where _____		
Immigration detention? <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____		
Currently serving time for a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No Location _____		
DIN# _____	Crime _____	Date and place of conviction _____ Sentence imposed _____
Type of legal assistance needed		
Have any attorneys been previously consulted/hired about this problem? <input type="checkbox"/> Yes <input type="checkbox"/> 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? _____		
<input type="checkbox"/> Private <input type="checkbox"/> Pro bono <input type="checkbox"/> 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 to 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