

Sample Intake/Consultation Form (VAWA)

IMMIGRATION PROGRAM **INITIAL INTAKE**

DATE: _____ INTAKE BY: _____

NAME(S): _____
First Name Middle Name Last Name(s) Other Name/Maiden

CURRENT ADDRESS: _____

Safe Address: Yes/No _____

SAFE TELEPHONE: _____ E-MAIL: _____

EMPLOYMENT: _____

TELEPHONE NO: _____ E-MAIL: _____

HOUSEHOLD SIZE: _____ INCOME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RACE: _____

COUNTRY OF CITIZENSHIP: _____ MARITAL STATUS: _____

LANGUAGE(S): _____ INTERPRETER: _____ DISSABLED Y/N

NAME OF SPOUSE/ABUSER: _____

COUNTRY OF BIRTH: _____ DOB: _____ STATUS: _____

CHILDREN'S NAME	SEX	DOB	POB / IN THE US? Y/N
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF LAST ARRIVAL: _____ MANNER OF ENTRY: _____

CURRENT IMMIGRATION STATUS: _____ A#: _____

I-94 ENTRY CARD: Yes _____ No: _____ EXPIRATION DATE: _____

POE: _____ COA: _____

EXPIRATION OF PASSPORT: _____ EXPIRATION OF VISA: _____

EMPLOYMENT AUTHORIZED? _____ EXPIRATION: _____

SOCIAL SECURITY NUMBER: _____

PREVIOUS ENTRIES/DATE: _____ MANNER OF ENTRY _____ POE: _____

SUMMARY OF CASE: _____

REFERRED BY: _____ VAWA _____ U-VISA _____ OTHER _____

VAWA IMMIGRATION CONSULTATION RECORD

DATE: _____

CONSULTATION BY: _____

Have you seen an attorney, immigration specialist or notary about your problem?

Yes ____ No ____ If yes, please provide the name of the attorney or organization:

Have you seen a caseworker at a domestic violence agency?

Yes ____ No ____ If yes, please provide the name of the organization:

(Note: If no, make sure individual has referral to a domestic violence agency.)

Has a safety plan been conducted with you?

Yes ____ No ____ If no, make sure individual is referred to domestic violence agency for safety planning.

IMMIGRATION INFORMATION:

Do you have a Green Card? Yes ____ No ____ Expiration Date: _____

How did you obtain you Green Card? _____

Previous / pending applications:

Forms filed: _____ Date _____ Place: _____

Petitioner's Name: _____ Relationship: _____

Outcome: _____

Encounters with CIS/ICE:

Are you in deportation proceedings? Yes ____ No ____

Have you attended any hearings? Yes ____ No ____

If so, when?: _____ Where: _____

Future Hearings: _____ Immigration Court _____

Prior deportation / exclusion? Dates:

INS notified of change of address?

Forwarding order at last address?

U.S. Citizen family members:

U.S. permanent resident family members:

CRIMINAL HISTORY:

Arrests or convictions? Yes: _____ No: _____

Charges, date, place, outcome

ELIGIBILITY FOR VAWA OR U VISA:

How many times have you been married? _____

Date and place of present marriage: _____

Name of current spouse: _____

Status of your current spouse: _____

Are you still living with your spouse? Yes ___ No ___

If separated, how long have you been separated? _____

Have you or your spouse filed for divorce: Yes ___ No ___ if so, when? _____

Do you have children with your current spouse? Yes ___ No ___

If divorced, name of prior spouse: _____

Date and place of divorce _____

Prior spouse's immigration status: _____

How many times have your spouse or prior spouse been married? _____

Has your spouse or prior spouse ever submitted an I-130 Petition on your behalf?

If so when: _____ Where: _____ Status: _____

Did you file Form I-485? Yes ___ No ___ When and Where _____

Did you attend an interview with USCIS? Yes ___ No ___ If so, when? _____

Do you know where your spouse or prior spouse live and if so where? _____

Did you live with your spouse or prior spouse and if so when and where? _____

EVIDENCE OF ABUSE OR MENTAL CRUELTY:

Have you been a victim of physical abuse? Yes ___ No ___

If yes, by whom: _____ Relationship to abuser: _____

Status of abuser: _____

When was the first incidence of violence? Please describe: _____

When was the worst incidence of violence? _____

How often did the violence occur? _____

Did he/she ever hit you in front of the children? Yes ___ No ___ If yes, please describe

Has your spouse or prior spouse ever:

pushed ___ pulled hair ___ kicked ___ slapped ___ scratched _____

punched ___ used weapon _____ sexually assaulted _____

threatened to commit harm to you, your children, family or pets _____

Did your spouse or prior spouse subjected you to mental cruelty? Explain:

Isolation _____

Possessiveness _____

Economic abuse _____

Degradation, name calling _____

Have you seen a counselor or social worker regarding the abuse? I so, please provide the name and telephone number, if available. _____

POLICE / COURT RECORDS:

Have you ever reported the abuse to the police? Yes ___ No ___ If yes, when are where?

What was the reason? _____

Outcome: _____

Hearing date(s) and location: _____

Have you ever filed a petition for a Restraining or Protective Order? Yes ___ No ___

If yes, when, where and the outcome: _____

Have your children being abused? Yes ___ No ___

If yes, explain: _____

Contacts with DCYF: _____

GOOD MORAL CHARACTER SCREENING:

COMMITTED IMMIGRATION FRAUD: _____

HABITUAL DRUNKARD _____ DRUG ADDICT _____ EVER INVOLVED IN

PROSTITUTION _____ POLYGAMIST _____ ILLEGAL GAMBLING _____ VOTED

ILLEGALLY IN THE US _____ FALSELY CLAIMED TO BE A USC _____ HELPED

SOMEONE TO ENTER THE US ILLEGALLY _____

ELIGIBILITY: _____

INADMISSIBILITY ISSUES: _____

FORMS REQUIRED: _____

QUESTIONS:

FOLLOW-UP

RELEASES:

ACTIONS:

SAMPLE