



IMMIGRATION SERVICES APPLICATION

Is this application for you? Yes__ No__		If this application is for someone else, how are you related? _____	
LAST NAME(s):		FIRST NAME(s):	
AKA: Other names used		A#: if available	
Date of Entry:	__/__/____	Date of Birth: Age:	__/__/____ _____
ADDRESS: <i>(Please include Apartment/Unit number if applicable)</i>		Nationality: <i>(Country of Origin or citizenship)</i>	
Language(s): <i>(Please include ALL languages)</i>		Ethnicity: <i>(Please circle one option)</i>	Hispanic White (Non-Hispanic) Black (Non-Hispanic) Native American Asian or Pacific Islander
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Male	Phone #: Name/Relationship	(__)-____-_____ _____
EMAIL:		Religion:	
Referred By :		Marital Status:	M_ S_ D_ W_ O_
Monthly Income: _____ # People in household: _____ #Children total: _____ #US Children: _____ #Non-US Children: _____		Is the person in need of services in immigration Proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the person in need of services detained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Date of next court hearing: _____	
PLEASE READ AND SIGN			
By signing this document, you acknowledge that CCLC is not representing you. CCLC will not assign an attorney to represent you until a retainer agreement is signed. While CCLC conducts further research on your case to determine if we will accept your case for legal representation, you are encouraged to seek legal advice elsewhere as there is no guarantee that CCLC will represent you.			
Signature: _____		Date: _____	
*Only complete applications will be considered for services. Be sure to provide all the information requested in the instructions.			