

**READ THIS PAGE CAREFULLY BEFORE COMPLETING THIS INTAKE:**

**I understand that completing this intake does not guarantee that I will receive a pro bono attorney to represent me in immigration court and that CIRA staff and volunteers are NOT my attorneys.** I understand that I am being offered legal screening through a project of the nonprofit Center for Immigrant & Refugee Advancement (CIRA). The project aims to screen detained noncitizens for eligibility for release from ICE custody and relief from removal, and to place eligible individuals with a volunteer attorney for representation in immigration court free of charge. I understand that the CIRA staff member or volunteer gathering and reviewing my information is not my attorney and will not appear in court on my behalf. I understand that I should begin looking for a private attorney if I am able. By signing below, I acknowledge that I have read the foregoing and agree to the terms.

**Entiendo que completar esta admisión no garantiza que recibiré un abogado pro bono para representarme en la corte de inmigración y que el personal y los voluntarios de CIRA NO son mis abogados.** Entiendo que se me ofrece una evaluación legal a través de un proyecto de la organización sin fines de lucro Center for Immigrant & Refugee Advancement (CIRA). El proyecto tiene como objetivo evaluar a los no ciudadanos detenidos para determinar si son elegibles para la liberación de la custodia de ICE y el alivio de la deportación, y colocar a las personas elegibles con un abogado voluntario para que los represente en el tribunal de inmigración de forma gratuita. Entiendo que el miembro del personal o voluntario de CIRA que recopila y revisa mi información no es mi abogado y no comparecerá ante el tribunal en mi nombre. Entiendo que debo comenzar a buscar un abogado privado si puedo. Al firmar a continuación, reconozco que he leído lo anterior y acepto los términos.

Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_

**I consent to have my information shared.** I authorize CIRA staff and volunteers to review the information I have provided on this intake and to share all relevant information and documentation with other parties for the sole purpose of attempting to secure legal representation for me. I also acknowledge that I have willingly given the information above, and I authorize its disclosure to other parties for the purpose of securing legal representation. However, I understand that completing this intake does not guarantee that I will receive a volunteer attorney to represent me in immigration court. By signing below, I acknowledge that I have read the foregoing and agree to the terms.

**Doy mi consentimiento para que se comparta mi información.** Autorizo al personal y voluntarios de CIRA a revisar la información que he proporcionado en esta entrevista y a compartir toda la información y documentación relevante con otras partes con el único propósito de intentar asegurarme una representación legal. También reconozco que he proporcionado voluntariamente la información anterior y autorizo su divulgación a otras partes con el propósito de asegurarme una representación legal. Sin embargo, comprendo que completar esta entrevista no garantiza que recibiré un abogado voluntario para que me represente en el tribunal de inmigración. Al firmar a continuación, reconozco que he leído lo anterior y acepto los términos.

Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_

## Instructions/Instrucciones:

After you have completed **all nine (9) pages (pages 3-11)** of this intake and **signed in both places indicated above**, please **email** the completed form to [detaineeintake@ciraconnect.org](mailto:detaineeintake@ciraconnect.org) or **mail** it to the following address:

CIRA – Detainee Intake  
4223 Center Street  
Omaha, NE 68105

CIRA representatives will evaluate your inquiry within two (2) weeks of receiving your properly completed intake. You **will only receive a response if a volunteer attorney is found to help you with your case**. Therefore, you are strongly encouraged to obtain a private attorney on your own.

**\*Please note that you must answer all questions on the intake and sign in both places above.\***

\*Any intake that is not fully completed or that has not been signed cannot be considered and will be rejected.\*

*Una vez que haya completado **las nueve (9) páginas (páginas 3 a 11)** de esta admisión y haya **firmado en ambos lugares indicados anteriormente**, envíe el formulario completo por **correo electrónico** a [detaineeintake@ciraconnect.org](mailto:detaineeintake@ciraconnect.org) o envíelo por **correo** a la siguiente dirección:*

*CIRA – Detainee Intake  
4223 Center Street  
Omaha, NE 68105*

*Los representantes de CIRA evaluarán su consulta dentro de las dos (2) semanas posteriores a la recepción de su admisión debidamente completada. **Solo recibirá una respuesta si se encuentra un abogado voluntario para ayudarlo con su caso**. Por lo tanto, se le recomienda encarecidamente que obtenga un abogado privado por su cuenta.*

**\*Tenga en cuenta que debe responder todas las preguntas en la admisión y firmar en ambos lugares indicados anteriormente.\***

*\*Cualquier admisión que no esté completamente completada o que no haya sido firmada no se puede considerar y será rechazada.\**

**Preliminary Questions:**

**Date of intake:** \_\_\_\_\_

**Intake completed by:** \_\_\_\_\_

**Location of Intake:** \_\_\_\_\_

**Do you already have an attorney?**  Yes  No

**If yes, what is their name?** \_\_\_\_\_

**# People in Household:** \_\_\_\_\_ **Estimated Annual Income OR Hourly Wage:** \_\_\_\_\_

**Average Weekly Hours at current job:** \_\_\_\_\_ **Other income sources:** \_\_\_\_\_

**Is anyone in your home receiving a means tested benefit?** (means tested benefits include: Medicaid; Supplemental Nutrition Assistance Programs (SNAP) or food stamps (EBT), Supplemental Security Income (SSI); Housing assistance; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).  Yes  No

**If yes, please explain:** \_\_\_\_\_

**Biographic Information:**

**Detainee Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Alien Registration Number** \_\_\_\_\_

**Inmate/detainee number:** \_\_\_\_\_

**Are you currently detained in state custody or in ICE custody?** \_\_\_\_\_

**Where are you being held, currently?** \_\_\_\_\_

**How long have you been detained?** \_\_\_\_\_

**Have you been told that you will be moved to a different location?** \_\_\_\_\_

**Name and phone number of person (family member or friend) with whom we may discuss your case, if any:** \_\_\_\_\_

**Gender:**  M  F  \_\_\_\_\_

**Languages spoken:**  English  Spanish  \_\_\_\_\_

**Place of Birth (City and Country):** \_\_\_\_\_

**Citizenship/Nationality/Ethnicity:** \_\_\_\_\_

**What is your current immigration status (U.S. citizen, Lawful permanent resident, or other)?**

\_\_\_\_\_

**Have you ever filed any forms with either the Immigration Court or USCIS?**

Yes  No (e.g., asylum, TPS, family-based visas, adjustment of status, or application for a work permit)

**If yes, what did you file, when was it filed, and what was the result, if any?:**

\_\_\_\_\_  
\_\_\_\_\_

**If you have/had a work permit, do you know under which category?:**

\_\_\_\_\_

**Entries into the U.S. & Past Immigration Violations:**

**Date first entered the U.S.** \_\_\_\_\_

**Manner of first entry (EWI, VISA, or Other):** \_\_\_\_\_

**Length of Stay:** \_\_\_\_\_

**Other dates of entry into the U.S. (with length of stay)**

\_\_\_\_\_

**Date last entered the U.S.** \_\_\_\_\_

**Manner of last entry (EWI, VISA, or Other):** \_\_\_\_\_

**Length of Stay:** \_\_\_\_\_

**If you last entered with status, when does your status expire?** \_\_\_\_\_

**Have you ever been stopped at the border by an officer?**

Yes  No

**If yes, when?** \_\_\_\_\_

**If you were stopped at the border by an officer, were your fingerprints taken?**

Yes  No

**If you were stopped at the border by an officer, was your photograph taken?**

Yes  No

**Have you ever been removed from the United States at/near the border without a hearing by an**

**Immigration Judge?**  Yes  No

**Additional Information:** \_\_\_\_\_

**Have you ever been deported or forced to leave the U.S.?**  Yes  No

**If yes, when?** \_\_\_\_\_

**Did you re-enter the U.S. after being removed?**  Yes  No

**How did you re-enter (EWI, VISA, or Other)?** \_\_\_\_\_

**When did you re-enter?** \_\_\_\_\_

**Were you fingerprinted when you re-entered after being removed?**  Yes  No

**Were you photographed when you re-entered after being removed?**  Yes  No

**Have you ever falsely claimed to be a U.S. citizen?<sup>1</sup>**  Yes  No

**If yes, explain:**

\_\_\_\_\_

**Removal Proceedings:**

**Have you been placed in removal proceedings or appeared before an immigration judge?**

Yes  No

**Next court date:** \_\_\_\_\_ **Where** \_\_\_\_\_

**Is this your first court date?**  Yes  No

**Have you ever been ordered removed/deported from the United States?**  Yes  No

**If yes when?** \_\_\_\_\_

**Did you depart?**  Yes  No

**If you didn't depart, why not?**

\_\_\_\_\_

**If this is not your first court date, what was the outcome at previous hearings?**

\_\_\_\_\_

**Have you ever had an attorney?**  Yes  No

**What is your former attorney's name & contact information?**

\_\_\_\_\_

<sup>1</sup> i.e., used the documents of a U.S. citizen or told someone you were a U.S. citizen to get a job or to enter the United States?

**Criminal History:**

**Do you have any criminal charges currently pending?**  Yes  No

**List pending charges:** \_\_\_\_\_  
\_\_\_\_\_

**How many times have you been convicted?** \_\_\_\_\_

**List convictions below:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Crime: \_\_\_\_\_

Time Sentenced: \_\_\_\_\_ Served: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Crime: \_\_\_\_\_

Time Sentenced: \_\_\_\_\_ Served: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Crime: \_\_\_\_\_

Time Sentenced: \_\_\_\_\_ Served: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Crime: \_\_\_\_\_

Time Sentenced: \_\_\_\_\_ Served: \_\_\_\_\_

**Are there any other convictions not included above?**  Yes  No

**Qualifying Relatives:**

**Are you currently married?**  Yes  No

**Date of marriage:** \_\_\_\_\_

**Were you previously married?**  Yes  No

**Date of divorce:** \_\_\_\_\_

**Status of Spouse (U.S. citizen, Lawful permanent resident, or other):** \_\_\_\_\_

**Date spouse acquired status:** \_\_\_\_\_

**Status of Parents (U.S. citizen, Lawful permanent resident, or other):** \_\_\_\_\_

**Date parent(s) acquired status:** \_\_\_\_\_

**Status of Child(ren) (U.S. citizen, Lawful permanent resident, or other):** \_\_\_\_\_

**Date child(ren) acquired status:** \_\_\_\_\_

**Child(ren) age(s):** \_\_\_\_\_

**Do your children, spouse, or parents have any serious physical or mental challenges?**

\_\_\_\_\_  
\_\_\_\_\_

**U-visa/T-visa/VAWA:**

Have you ever been the victim of a crime in the U.S.?  Yes  No

When: \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Has your spouse, child(ren), or parents ever been the victims of a crime in the U.S.?

Yes  No

When? \_\_\_\_\_

Age of victim now? \_\_\_\_\_

Did you call the police and/or report this crime?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been forced to work against your will or felt you could not leave your job if you wanted?

Yes  No

When? \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been the victim of domestic violence (including physical or verbal abuse)?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been physically, sexually, verbally, or emotionally abused, assaulted, or otherwise hurt or mistreated by your USC or LPR spouse or parent?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Asylum:**

Are you afraid of returning to your country?  Yes  No

Has anyone harmed you in your home country?  Yes  No

Has anyone threatened you in your home country?  Yes  No

Has anyone harmed your family members?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

If yes to any of the above, did you go to the police?  Yes  No

If yes, did they make any arrests?  Yes  No

If no, why? \_\_\_\_\_

What do you think would happen to you if you had to go back to your home country?

\_\_\_\_\_

\_\_\_\_\_

Have you told an immigration or government official that you fear returning to your country?

Yes  No

Have you had a Credible Fear Interview (CFI) or Reasonable Fear Interview (RFI)?

Yes  No  Unknown

If yes, what was the result? \_\_\_\_\_

If no, have you requested one?  Yes  No

If yes, when is your CFI or RFI? \_\_\_\_\_

If no, would you like to request a CFI or RFI?  Yes  No

**Cancellation of Removal:**

Are you an LPR?  Yes  No

When did you become an LPR? \_\_\_\_\_

Who petitioned for you to get your Permanent Residency? \_\_\_\_\_

Did you receive your green card in the U.S. or did you enter with your Green Card?

\_\_\_\_\_

Have you left the United States and re-entered?  Yes  No

How long were you outside the US? \_\_\_\_\_



**What was the purpose and destination each time you left the United States?**

---

---

**Does a USC or LPR spouse, parent, or child depend on you as his/her sole primary caregiver, head of household, or breadwinner?**  Yes  No

**If yes, explain** \_\_\_\_\_

**Does a USC or LPR spouse, parent and/or child have any medical conditions, disabilities, or any other condition for which they are being treated by a doctor?**  Yes  No

**If yes, explain:**

---

---

**245(i) Eligibility:**

**Has a family member ever filed a petition for you or your parent?**  Yes  No

**When:** \_\_\_\_\_

**What was the status of the person filing for you?**  USC<sup>2</sup>  LPR<sup>3</sup>

Has their status changed?  Yes  No

**What is your relationship to the person who filed for you:** \_\_\_\_\_

**Has an employer ever filed anything with immigration for you?**

Yes  No

**When:** \_\_\_\_\_

**NACARA Eligibility:**

**Did you register for ABC<sup>4</sup> benefits?**  Yes  No **When:** \_\_\_\_\_

**Did you ever file for asylum?**  Yes  No **When:** \_\_\_\_\_

**Have you ever filed for Temporary Protected Status (TPS)?**  Yes  No

**When:** \_\_\_\_\_

---

<sup>2</sup> United States citizen

<sup>3</sup> Legal permanent resident

<sup>4</sup> ABC Class action settlement agreement.

**Bond/Detention:**

**For how long have you been in detention?** \_\_\_\_\_

**When/how were you detained?** \_\_\_\_\_

**Do you have your NTA<sup>5</sup>?**  Yes  No

**What charges of removability are listed on the NTA?**

\_\_\_\_\_

**Has the Judge set a bond in your case?**  Yes  No

**If yes, how much is the bond?** \_\_\_\_\_

**Have you previously requested a bond hearing?**  Yes  No

**If yes, when, and what was the result?**

\_\_\_\_\_

**Do you have the resources to pay bond?**  Yes  No

**If yes, how much can you afford to pay?**

\_\_\_\_\_

**Do you suffer from any medical or mental health condition?**  Yes  No

**If yes, please explain:**

\_\_\_\_\_

**Do you have a family member in the U.S. that suffers from any medical or mental health condition?**  Yes  No

**If yes, please explain:** \_\_\_\_\_

**Do your children attend school?**  Yes  No

**Do your children need childcare?**  Yes  No

**Are you involved in any community organizations?**  Yes  No

**Organizations name and how you are involved** \_\_\_\_\_

\_\_\_\_\_

**Do you have a job?**  Yes  No

**How long have you worked there?** \_\_\_\_\_

**Are you the primary income provider in your family?**  Yes  No

**List your assets (Ex: Do you own a house? Do you own a car?)** \_\_\_\_\_

\_\_\_\_\_

<sup>5</sup> The NTA (Notice to Appear) is the document that indicates why the government believes you can be removed from the U.S.



**\*\*\*\*\*If you are the detainee or a non-attorney volunteer, DO NOT FILL OUT THIS**

**PAGE\*\*\*\*\***

**Bond Eligibility Work Sheet (For ATTORNEY ONLY)**

---

Mandatory Detention? INA 236(c)  Yes  No \_\_\_\_\_

Arriving alien?  Yes  No \_\_\_\_\_

Criminal Conviction?  Yes  No \_\_\_\_\_

Danger to community?  Yes  No \_\_\_\_\_

Flight risk?  Yes  No \_\_\_\_\_

Able to pay bond?  Yes  No \_\_\_\_\_

Ties to the community?  Yes  No \_\_\_\_\_

Dependent family members?  Yes  No \_\_\_\_\_

USC family members?  Yes  No \_\_\_\_\_

Stable Job?  Yes  No \_\_\_\_\_

Involved in Community?  Yes  No \_\_\_\_\_

Reliable vehicle?  Yes  No \_\_\_\_\_

Eligible for immigration relief?  Yes  No \_\_\_\_\_

**Attorney Notes:**

---

---

---

---

---

---

---

---

---

---