

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

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