



## Intake Form

The information you are providing on this form is confidential and will only be used for office purposes.  
By submitting this form, your public record may be searched in order to determine eligibility.

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status (married, single, or divorced): \_\_\_\_\_

### Current Immigration Status

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Permanent Resident (Green Card) | <input type="checkbox"/> U.S. Citizen |
| <input type="checkbox"/> Refugee                         | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> U Visa/VAWA                     |                                       |
| <input type="checkbox"/> DACA/TPS                        |                                       |

Please check off the boxes that apply to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Applying for a family member                         | <input type="checkbox"/> Needs to Renew Green Card |
| <input type="checkbox"/> A family member is applying for you                  | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Obtain U.S. citizenship for yourself                 | _____  |
| <input type="checkbox"/> Renewing your work permit                            |  |
| <input type="checkbox"/> Victim of a crime that occurred in the United States |  |

How many times have you entered the United States without documentation/papers? \_\_\_\_\_

Please write all dates of illegal entry.

\_\_\_\_\_

Have you ever been deported? When and how many times?

\_\_\_\_\_



*Complete other side*

Have you ever been arrested or jailed for any kind of offense? YES / NO

If "yes" please explain below when, where, for how long, and why?

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Were you a victim of a crime or domestic violence in the United States? Yes / No

How many people live in your household? How much money do all the working members of your household make in a month? If you have no income, how do you pay for food and bills?

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To better serve you, please describe what kind of legal assistance you need:

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# FEE WAIVER APPLICATION

Does **NOT** include the \$60 administrative fee.

**The following documents MUST be attached to this packet: the most recently filed taxes AND the most recent pay stub received. If this is not available, provide proof of a notice of action for benefits such as Medicaid, SNAP, and social security income.**

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Phone \_\_\_\_\_ Time to call (M-F 9AM-4:30PM) \_\_\_\_\_

<p><b>Yes, I want to apply.</b></p> <p>To apply; read, complete both pages of this application, provide proof of income and sign below. This allows our office to determine whether or not your fees will be waived. I understand that if CLIA cannot make a determination due to an incomplete application, I may be charged the full fee for legal services.</p> <p>Signature: _____        Date: _____</p>	<p><b>No, I do not want to apply.</b></p> <p>I do not wish to participate in the Fee Waiver Program. I understand that any charges for which I am responsible will be billed to me and <b>will not</b> be waived. This applies to me and to the household members listed.</p> <p>Signature: _____        Date: _____</p>
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**Family Size:** Family size is defined as all household and/or family members who depend on the same income. **Please list your household and/or family members:**

	First Name	Last Name	Date of Birth	Monthly Income
1				
2				
3				
4				
5				
6				
7				
8				

### Certification of Income

I hereby certify that the income for my household (including all household/ family members) for the coming twelve months is as follows: (Before Tax and Deductions)

Wages, salaries, commissions, tips	\$
Social Security Benefits	\$
Public Assistance (Food Stamps, TANF, etc.)	\$
Unemployment/ Workers Compensations	\$
VA Benefits/ Military Retirement	\$
Pensions and/or IRA Distributions	\$
Rental	\$
Dividend and/or Interest Income	\$
Other income (specify source)	\$
<b>Total Annual Household Income</b>	<b>\$</b>

**ZERO INCOME HOUSEHOLD ONLY - Please complete if you have NO source of income:**

Please describe how your basic needs have been met:

Food: \_\_\_\_\_ Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

Other (clothing, soap, etc.): \_\_\_\_\_

I, \_\_\_\_\_, certify that I have had no source of income since \_\_\_\_\_

Name of last employer: \_\_\_\_\_ Date of last employment: \_\_\_\_\_

**All Applicants: PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW.**

I agree to be responsible for my CLIA legal services bills. I also agree to inform CLIA if I have income change. I understand if I provide false or incomplete information, I may no longer be considered for a discount and certify that the information I have given on this application is complete and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center for Legal Immigration Assistance (CLIA) believes that immigration legal services should be accessible to those who need them, regardless of their ability to pay. CLIA further believes that individuals should pay as their means permit, discounting fees when applicable.