

CARECEN Personal Information Form

DATE: _____ TIME: _____ Sex: F M Transgender
USCIS A#: _____ Social Security #: _____ Date of Birth: _____ Age: _____

Complete Legal Name: _____

Preferred Name: _____

Address: _____ Apartment #: _____ City: _____ Zip Code: _____

Cell Phone: (____) _____ Home Phone: (____) _____ Other Phone: (____) _____

Email Address: _____ City and Country of Birth: _____

Marital Status: Single Married Widowed Divorced Partnered/living together. Do you have children? Yes No

Sexual orientation: Bisexual Gay Lesbian Heterosexual Other: _____

Race/Ethnicity: White(Hispanic) Black(Hispanic) White(Non-Hispanic) Black(Non-Hispanic) Other: _____

Highest Level of Education: None/did not complete primary Completed primary Completed secondary Some college
 Completed college Completed graduate school.

Is this your first time at CARECEN? Yes No If "yes," how did you hear about us? _____

WHY ARE YOU HERE TODAY? (Please state): _____

Monthly HOUSEHOLD income (you and everyone else in your house, combined):

Employment Only \$ _____ Welfare (CalWORKS, AFDC, TANF) \$ _____
 Food Stamps \$ _____ MediCal \$ _____

Please provide your household's annual income: \$ _____ How many people live in your household? _____
(In this total please include income from all sources marked above)

IMMIGRATION AND CRIMINAL HISTORY

Current Legal Status: Resident (since _____) Citizen TPS Undocumented Other: _____

Date of 1st entry into the US: ____/____/____

How did you enter? Visa Parole Without Permission Other

Where did you enter the US? _____

Have you left the US since your first entry? Yes No How many times? _____

Have you ever had contact with Immigration, including deportation, voluntary departure or being detained at the border?

Yes No If "Yes," how many times? _____

What happened? _____

Have you ever been in immigration court? Yes No

Have you **EVER** had **ANY** contact with law enforcement officials (tickets, arrests, questioning without arrest, convictions) in the U.S. or another country? Yes No How many times? _____

Explain. _____

Do you have a spouse, partner, child, parent, or sibling with lawful status in the U.S.? If yes, explain: _____

Have you or a member of your family ever been the victim of a crime—including domestic violence—in the U.S.?

Yes No Explain. _____

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS FORM IS CORRECT:

Signature: _____ Date: _____

FOR CARECEN USE ONLY: Staff Name: _____ Reviewed by: _____

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Work Permit Renewal/Replacement | <input type="checkbox"/> Naturalization/Citizen | <input type="checkbox"/> U Visa | <input type="checkbox"/> TPS HN NI ES |
| <input type="checkbox"/> Permanent Resident Card Renewal/Replacement | <input type="checkbox"/> Family Petition | <input type="checkbox"/> VAWA | <input type="checkbox"/> FOIA |
| <input type="checkbox"/> Affidavit of Support | <input type="checkbox"/> Adjustment of Status | <input type="checkbox"/> FBI Fingerprints | <input type="checkbox"/> Change of Address |
| <input type="checkbox"/> Inquiry: Fax/Letter/Call | <input type="checkbox"/> DS-260 | <input type="checkbox"/> Remove Conditions | <input type="checkbox"/> RFE |
| <input type="checkbox"/> Fee Waiver | <input type="checkbox"/> NACARA | <input type="checkbox"/> Notarization | <input type="checkbox"/> I-824 |
| <input type="checkbox"/> Consultation: | | <input type="checkbox"/> Other Services | |

CONTRACT FOR LEGAL CONSULTATION

I. SERVICE: Legal Consultation

This agreement is made by and between the Central American Resource Center (hereafter, "CARECEN") and _____ (hereafter, the "Client"). The Client hereby contracts with CARECEN for a **legal consultation**. The Client makes this agreement with CARECEN, and not with any specific employee of the organization. CARECEN may assign the consultation to any employee of the CARECEN legal department, or any attorney or law student collaborating with or volunteering for the organization.

II. COST:

The Client will pay the amount of **\$0** for the legal consultation.

III. LIMITATIONS OF CONTRACT

- A. The Client understands that a legal consultation is solely for advice and does not include or imply any obligation on the part of CARECEN to provide any additional legal services or representation. This contract is for legal advice on one occasion only, and does not provide the Client the right to ongoing or future legal advice.
- B. The Client understands that there may be legitimate differences of opinion regarding a situation, and the legal advice and opinions of CARECEN may differ from those of other attorneys.
- C. The Client has provided complete and correct contact information to CARECEN. The Client understands that it is his/her responsibility to provide truthful information about his/her case to CARECEN, US Citizenship & Immigration Services and/or the Immigration Court. If the Client provides false or incomplete information, or fails to provide documentation requested by CARECEN (citations or arrests by police, arrests by immigration, prior deportation orders, etc) the organization is not required to complete the legal consultation or provide additional advice or services. CARECEN will not refund any fees in this situation.

IV. CONFIDENTIALITY

- A. The CARECEN legal department respects the confidentiality of its clients and will not provide information about a client to any individual or entity without prior consent from the client.

Client

Signature

Date

CARECEN Representative

Signature

Date



CARECEN

CENTRAL AMERICAN RESOURCE CENTER / CENTRO DE RECURSOS CENTROAMERICANOS

Acknowledgement of Guidelines for Legal Services

At this point CARECEN has not agreed to take your case and is only offering a legal consultation.

These guidelines apply now and if we accept your case, will apply throughout the case process until your case is closed.

These guidelines apply now and throughout the case process until your case is closed.

Communication and deadlines

Individuals seeking legal services should submit documents requested by caseworker by deadline given. () (*initials*)

Documents requested should be mailed, emailed or sent by text according to caseworker's instructions. () (*initials*)

Individuals seeking legal services should be patient with CARECEN caseworkers since it is taking longer to access the office and review documents. () (*initials*)

Individuals seeking legal services should only contact CARECEN caseworkers during working hours 9-5pm Monday-Friday. () (*initials*)

If you cannot reach us, please only leave one message with your full name and telephone and wait 1 week before calling again unless you have an emergency. **Please wait for caseworker to call you back and please do not leave multiple messages through different forms of communication.** If you don't leave a voice message with your name and number, it's possible we might not be able to return your phone call. () (*initials*)

Individuals seeking legal services should be respectful and courteous to all CARECEN employees including volunteers. () (*initials*)

Individuals seeking legal services should be responsive to caseworker's calls and other forms of communication like email messages. () (*initials*)

Individuals seeking legal services should review documents provided including contracts and ask any questions at intake. () (initials)

Individuals must provide their own interpreters for interviews. CARECEN is not responsible for providing you with an interpreter. () (initials)

Individuals may NOT record any conversation with CARECEN staff, whether by phone or video, without prior written consent from CARECEN. () (initials)

CARECEN reserves the right to withdraw representation, even if the individual does not respond or cooperate, becomes hostile or disrespectful, or if an individual takes actions contrary to legal advice or contrary to the stipulations in the contract. Please refer to the service contract. () (initials)

I have read through and agree to these guidelines. I understand that failure to follow these guidelines may result in CARECEN not offering me a legal consultation, CARECEN not taking my case or withdrawing their legal representation if they have already accepted the case.

NAME

SIGNATURE

DATE