

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

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