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

Date of Inquiry	of Inquiry Type of Inquiry Staff completing inquiry record		ng inquiry record
	Call Letter E-mai		
Name of the Inquirer	Telephone	E-mail	
			f family, mata an acific valational in
Delationabin to paragon in page	l of aggintan Palf Friance		f family, note specific relationship
Relationship to person in need			er? U.S. citizen LPR
If Inquirer is spouse/ parent/ a		assistance, is the inquire	er? U.S. citizen LPR
Referred to JJLS by (agency,		D OF ACCIOTANCE	
Name Ag		D OF ASSISTANCE	es) of origin/citize/ nship nality
Name Ag	e Language spo	oken Country (le	(s) or origin/citizenilaniliprianty
			_
Year of the most recent enti	ry to U.S. Status of	last entry (i.e. Visa. FW	Current immoration status
		(yarram mingration status
If applicable, must file for asylu	ım before:		
Is a court hearing or agena		Yes No If ves. date	and time
Name and address of agend	•		
riamo ana address si agent		ii iioaiiig io concaaica	
A# of person in need of ass	istar íce te: this I.D. nur	mber appearsany letters	s/ documents received from
immigration after a person is			
A#		, , ,	9
Ever been detained by any	law enforcement auth	ori Ye s No When	Where
Immigration detention?Yes			
Currently serving time for a			
DIN# Crime		of conviction	Sentence imposed
DIN# CIIIIle	Dallou place	OI CONVICTION	Sentence imposed
-	Type of legal:	assistance needed	
	Type of legal	assistance needed	
Have any attorneys been pr	aviou sh nsulted/hired	shout this problem % as	No
Name of the attorney(s) and	•	•	140
ivalle of the attorney(s) and	de de la companion about	prior attorney(s)	
When or what stage of the p	orgenuse the attorney	(s) consulted?	
	•	` '	2
Private Pro bono Non-profit legal service proder, if paid, how much? Please provide name and other information, if the aer is attorney/ legal representive currently providing			
•	mer information, if the	amen nattorney/ legal repre	sauve currently providing
representation			

Current employmentFull-time Part-time, approximately how many hours a week Other significant surces of income? How much, if anything, suld you afford to pay? (a) An initial consultation (b) Full representation (may affect refertalother sources of representation)
What is the highest levelf education completed? Currently enrolled in schol or educational program Yes No If yes, please describe
Contact information for person in need Home address
Telephone
Second telephone number we 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