

**IMMIGRATION CONSEQUENCES INTAKE QUESTIONNAIRE
 NASSAU COUNTY ASSIGNED DEFENDER PROGRAM**

I. ASSIGNED COUNSEL

Assigned counsel name	Telephone number	Best contact (email, cell, etc.)

II. CLIENT INFORMATION

CLIENT'S NAME	Alien Registration Number	NEXT COURT DATE
	A#	
Client's country of birth	CLIENT'S DOB	DOCKET Number (s)
Custody Status?	ICE Contact or Detainer?	
<input type="checkbox"/> Detained <input type="checkbox"/> Released	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Don't Know	

III. ENTRY TO UNITED STATES

Date of client's first entry to the United States?	How Did Client Enter the US?	Has Client Departed the US? If yes, when/for how long?

IV. IMMIGRATION HISTORY

PLEASE ATTACH COPIES OF ANY/ALL IMMIGRATION DOCUMENTS!!	
Lawful Permanent Resident? (green card)	Other Current Status?
<input type="checkbox"/> YES- Date _____ <input type="checkbox"/> NO <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">Any claim to citizenship?</div> <input type="checkbox"/> Client Naturalized [NO IMMIGRATION ISSUE] <input type="checkbox"/> Parents or grandparents were citizens at time of defendant's birth; OR <input type="checkbox"/> Parent(s) became citizen(s) while C <18 and C became LPR while <18	<input type="checkbox"/> UNDOCUMENTED <input type="checkbox"/> Client does not know <input type="checkbox"/> Work Permit, but no other knowledge Code _____ <input type="checkbox"/> REFUGEE/ASYLEE <input type="checkbox"/> Temporary Protected Status <input type="checkbox"/> DACA <input type="checkbox"/> Removal Proceedings Next Date: _____ <input type="checkbox"/> Other: _____ (Including pending applications for benefits)

Has Client been Deported, Ordered Removed or granted Voluntary Departure?	Describe what happened, including dates and location of each incident:
<input type="checkbox"/> YES -- <input type="checkbox"/> Ordered Deported <input type="checkbox"/> Order and Physical Removal <input type="checkbox"/> NO <input type="checkbox"/> Don't Know	

V. DEFENSE GOALS & CRIMINAL HISTORY

CLIENT WANTS TO:	CLIENT'S CRIMINAL HISTORY
<input type="checkbox"/> Avoid conviction that triggers deportation/removal <input type="checkbox"/> Preserve eligibility for immigration benefits <input type="checkbox"/> Get out of jail ASAP <input type="checkbox"/> Other: _____ _____ <input type="checkbox"/> Immigration Consequences/Avoiding Deportation is NOT A PRIORITY	<u>Prior Convictions</u> (for each conviction include: PL cite, date of conviction, and sentence even if suspended/expunged/youthful offender/juvenile)
Co-Defendants, Witnesses, and/or Family members involved?	Open/Pending Charges Represented By Other Counsel:

VI. CHARGES AND PLEA OFFERS

Please list current charges including PL cite, date of charge, and Judge/Court	Current Plea Offer, including date of offer and proposed sentence

Please submit this form by email to mcalderekopf@sclas.org