

Regional Immigration Assistance Center 3

INTAKE FORM

Telephone number: 518-447-4890

Fax Number (518) 447-7094

Request Date: _____

Requester Name	Phone Number	E-mail	Office

Defendant Name						
D.O.B.					Age:	
Address / Phone Number						
Country of Birth						
Immigration Status (Copies of documents)	LPR	VISA	UNDOCUMENTED	REFUGEE	ASYLEE	TPS
	OTHER: _____			ISSUE DATE : _____		
	ALIEN #: _____			EXPIRY DATE : _____		
Date of Initial Entry & Status						
Departures Since Initial Entry						
Immigration Bond						

Case Type	County / Court
<input type="checkbox"/> Criminal <input type="checkbox"/> Family <input type="checkbox"/> Other: _____	
Custody Status	Immigration Detainer
Current Charges (Ask for Copies)	Prior Convictions

Prior Immigration Contact	YES / NO	Date / Location
<i>Pending applications with USCIS? Receipt #:</i>	YES / NO	
<i>Prior immigration proceedings / order of removal?</i>	YES / NO	
<i>Prior relief granted or denied in immigration court?</i>	YES / NO	

FAMILY MEMBER	USC	LPR	UNDOCUMENTED	OTHER
Spouse				
Partner				
Children				
Mother				
Father				
Other				

CLIENT GOALS	
Release from custody / avoid mandatory detention?	
Avoid being deferred to Immigration Court for removal proceedings?	
Avoid inadmissibility?	
Preserve eligibility to seek a waiver from removal before an Immigration Judge?	
Preserve eligibility for future LPR status or naturalization?	
Interested in being referred for removal from the USA as soon as possible?	
Victim of a crime (U), trafficking (T) or domestic violence (VAWA)?	
Other (explain):	

NOTES: *(Language/Interpreter, Plea Offers, Contact Info for Family Members, etc.)*

ACTIONS / DISPOSITION: _____

Please save and attach the form then email it to:

RIAC@albnycountyny.gov