



## IMMIGRATION UNIT CONFIDENTIAL APPLICATION FOR LEGAL ASSISTANCE

**Immigration Unit Contact Info:**

491 N. State Rd. 7  
Plantation, FL 33317  
[LegalAidImmigration@LegalAid.org](mailto:LegalAidImmigration@LegalAid.org)

**PLEASE READ:** The Immigration Unit does not accept walk-ins. If you want to speak to an immigration attorney, you must fill out this application completely and sign it. We will not contact those who have submitted incomplete or unsigned applications. Applicants are contacted in the order in which applications are received. In general, we have a backlog of 6-8 weeks to respond. We will contact you for a phone intake and to schedule an attorney consultation. The application can be mailed Attn: Immigration Unit, dropped off, or emailed.

DO YOU LIVE IN BROWARD COUNTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If you do not, please stop here. We can only assist residents of Broward County.	How did you hear about Legal Aid?	
Please check all that apply. If none apply to you, please stop here. We can only assist those in one of these categories.				
<input type="checkbox"/> I am a victim of domestic violence or human trafficking, and I have questions about my immigration status.				
<input type="checkbox"/> I am a victim of another violent crime, I cooperated with police, and I have questions about my immigration status.				
<input type="checkbox"/> I am an unaccompanied minor / an immigrant child not living with my parents, and I have questions about my immigration status.				
<b>APPLICANT INFORMATION</b>				
Last Name(s)		Given Name(s)		
Street Address				Apartment/ Unit #
City			State	ZIP
E-mail Address		Phone		
Is it safe for us to call at this number?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If not, or if no phone, who can we contact at what number?		
Date of birth	Place of birth		Nationality	
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> _____	Current living situation? (Rent, own, who living with?)	
Primary language(s) spoken:			Are you proficient in English?	Social security number
<b>CASE INFORMATION</b>				
Are you a lawful permanent resident (green card holder)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Alien number (if applicable)		
If you are a victim, what is the name of the person who hurt you? (if you know)				
What is your relationship to this person, if any?			What is this person's immigration status, if you know? (citizen, green card, etc.)	
Did you make a police report?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE BRING US A COPY OF THE COMPLETE REPORT.	To your knowledge, has the person who hurt you ever been represented by Legal Aid?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT PROBLEMS BROUGHT YOU HERE TO THIS OFFICE? WHAT TYPE OF IMMIGRATION ASSISTANCE ARE YOU SEEKING?				

PLEASE PROVIDE ANY OTHER INFORMATION YOU THINK IS IMPORTANT ABOUT YOUR IMMIGRATION STATUS:


Upcoming court date or deadline?			
Have you seen another attorney about this matter?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name of attorney	
Have you or a family member ever been represented by Legal Aid?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, name of person and date of representation	

**FAMILY SIZE / HOUSEHOLD INCOME / EMPLOYMENT**

# of ADULTS (18+) in home	# of CHILDREN (<18 in home)	ANNUAL HOUSEHOLD INCOME	\$
If you have stated that you have no income, please explain how you support yourself / your family			
Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Employer Name	

**DEMOGRAPHICS (PLEASE CHECK ALL THAT APPLY)**

Race or Ethnic Group	Gender Identity	Sexual Orientation	Pronouns
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African descent <input type="checkbox"/> Haitian <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> _____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender F to M <input type="checkbox"/> Transgender M to F <input type="checkbox"/> Questioning <input type="checkbox"/> Gender Nonconforming <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> _____	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Queer/pansexual/omnisexual/fluid <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> _____	<input type="checkbox"/> he/his <input type="checkbox"/> she/her <input type="checkbox"/> they/their <input type="checkbox"/> _____

**Additional Information**

AIDs? <input type="checkbox"/> YES <input type="checkbox"/> NO	HIV+? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is anyone in your household a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	Deaf/Hearing Impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO	Blind/Visually Impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, would you like assistance in obtaining health	<input type="checkbox"/> YES <input type="checkbox"/> NO

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. I acknowledge that the falsification by me of any material information in this application will result in the withdrawal of representation by Legal Aid Service of Broward County. **I understand that the information I have provided will be kept confidential and will not be disclosed in a way that would identify me.** I understand that Legal Aid Service of Broward County is a non-profit organization serving Broward County, and that the Immigration Unit only serves residents of Broward County who fit within the categories listed at the beginning of the application. I authorize Legal Aid Service of Broward County, Inc. to contact those persons or agencies necessary to obtain information relevant to this application for services.

Signature	Date
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