



**IMMIGRATION UNIT
CONFIDENTIAL APPLICATION FOR LEGAL ASSISTANCE**

Immigration Unit Contact Info:

491 N. State Rd. 7
 Plantation, FL 33317
 Phone: 954-951-5343
Broward-Immigration-Unit@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 un-signed applications. Applicants are contacted in the order in which applications are received. In general, we have a backlog of 12 weeks to respond. We will contact you for a phone intake and to schedule an attorney consultation. The application can be hand delivered, mailed, faxed, or emailed to Attn: Immigration Unit. Please note that this application doesn't constitute representation and we are not responsible for any deadlines or hearing dates.

DO YOU LIVE IN BROWARD COUNTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If you do not, stop here. We can only assist residents of Broward County.	How did you hear about Legal Aid?
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Please check all that apply. **If none apply to you, stop here.** We can only assist those in one of these categories.

- I am an unaccompanied minor or a noncitizen child not living with my parents.
- I am a victim of domestic violence.
- I am a victim of human trafficking:
 - I was forced to work without pay or I was brought to U.S. under the promise that I would be given work, or
 - I was forced into sex work.
- I am and/or a family member is a victim of a serious crime, and the crime was reported.
- I was a victim of crime or persecution in my home country, and I am interested in applying for asylum.
- I am or my family member is in ICE detention, or in BSO custody (Broward County jail) subject to an ICE detainer.
- I am a national of Venezuela, Haiti, Cuba, or Ukraine.
- I am in removal proceedings.
- None of these apply to me, but I have questions about immigration.

APPLICANT INFORMATION

Last Name(s)		Given Name(s)	
Street Address			Apartment/ Unit #
City		State	ZIP
E-mail Address		Can we use your email to send information regarding your case or important community announcements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> _____	If married, spouse name:
		Current living situation?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend or family <input type="checkbox"/> Other: _____
Primary language(s) spoken:	Are you proficient in English?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Social security number (if any)

CASE INFORMATION

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 SEND 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? YES NO If yes, name of attorney

Have you or a family member ever been represented by Legal Aid? YES 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? YES 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? YES NO Prefer not to answer HIV+? YES NO Prefer not to answer Are you a veteran? YES NO Is anyone in your household a veteran? YES NO

Are you homeless? YES NO Are you disabled? YES NO Deaf/Hearing Impaired? YES NO Blind/Visually Impaired? YES NO

Do you have health insurance? YES NO If no, would you like assistance in obtaining health insurance? YES NO From which health care organization have you and your family received health care in the past year?

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