NYC Know Your Rights Project
Varick Street Detention Facility

The City Bar Justice Center, The Legal Aid Society and AILA Pro Bono Committee

Date:_____

I understand that I am meeting with a volunteer attorney, law graduate, law student or paralegal under supervision of an attorney, from the NYC Know Your Rights Project ("the Project") for a one time consultation about my immigration status.

I understand and agree to the following:

1. The NYC Know Your Rights Project is a collaboration of nongovernmental organizations. The Project and its volunteers will only provide me with information and advice regarding my immigration status based on information that I provide during the consultation.

2. These services will be limited to the consultation at today's clinic.

3. If I have any further questions, I should consult an attorney on my own. I understand that I will not be able to follow up with the Project, or with the volunteer attorney with whom I meet today.

4. Everything I discuss today with the Project will be kept confidential to the full extent permitted by the law and required by lawyers' ethical rules.

5. The volunteer may decide to look further into my case and provide me with information about my immigration rights. Should he/she look further into my case, he/she may contact me in person, send me information by mail or provide information to friend or relative that I have designated.

6. This is a free consultation.

This agreement has been read and explained to me in a language that I understand.

_____	_____
NYC Know Your Rights Project Volunteer (PLEASE PRINT)	Detainee Name (PLEASE PRINT)
_____	_____
Participating Firm	Detainee Alien Number
_____	_____
NYC Know Your Rights Project Volunteer Signature	Detainee Signature

Proyecto "NYC Conoce Tus Derechos"
Centro de Detención de *Varick Street*

El *City Bar Justice Center*, la *Legal Aid Society* y el Comité Pro Bono de la *AILA*

Fecha: _____

Entiendo que me estoy entrevistando con un abogado voluntario, un graduado de la carrera de Derecho, un estudiante de la carrera de Derecho o un paralegal bajo la supervición directa de un abogado del proyecto "NYC Conoce Tus Derechos" (el "Proyecto"), por una sola ocasión, en relación con mi estatus migratorio.

Por la presente manifiesto que entiendo y estoy de acuerdo con lo siguiente:

1. El proyecto "NYC Conoce Tus Derechos" es el resultado una colaboración entre varias organizaciones no gubernamentales. El Proyecto y sus voluntarios solamente me proveerán con información y consejo en relación con mi estatus migratorio, basado en la información que yo mismo les proporcione durante la consulta.

2. Dichos servicios estarán limitados a la consulta de este día.

3. Si tuviere más preguntas al respecto, deberé consultar a un abogado por mi propia cuenta. Entiendo que no tendré la posibilidad de dar seguimiento a mi caso con el Proyecto ni con los abogados voluntarios con quienes me entrevistaré este día.

4. Todo lo que comente en la consulta con el Proyecto y sus voluntarios se mantendrá con la confidencialidad provista por la ley y requerida por las reglas y códigos de ética de los abogados.

5. El voluntario podrá optar por revisar mi caso con mayor detalle y proveerme con información acera de mis derechos migratiorios. Si él/ella decidiere revisar mi caso con mayor detalle, él/ella podrá contactarme en persona, enviarme información por correo o proveer información a cualquier familiar o conocido que yo designe para tal efecto.

6. Ésta es una consulta gratuita.

El presente acuerdo me ha sido leido y explicado en el idioma que entiendo.

_____	_____
Proyecto "NYC Conoce Tus Derechos" Nombre del Voluntario (ESCRIBIR)	Nombre del Detenido (ESCRIBIR)
_____	_____
Despacho/Estudio/Firma Participante	Número del Detenido Extranjero (*Detainee Alien Number*)
_____	_____
Proyecto "NYC Conoce Tus Derechos" Firma del Voluntario	Firma del Detenido

IMMIGRATION DETAINEE QUESTIONNAIRE
NYC Know Your Rights Project

Interview date: _____ **AILA Mentor:**_____

Interviewer(s): _____ _____

Translator: _____ **Language**:_____

**Fill out the client waiver form before starting the intake.
Ask the client if he is comfortable reading the waiver to determine his level of literacy**

I. BACKGROUND INFORMATION

Name of detainee: _____ **Country of origin:**_____

Name on documents / aliases used: _____

Block #: _____ **Bed #**: _____ **Date of birth:** _____ **A #:** _____

Detention officer: _____

Have you met with someone from this project? If yes, who and when? _____

Last address in US: _____

City: _____ **State:** _____ **ZIP:**_____

Living arrangements? _____

Do you have an immigration lawyer? □ yes □ no **Name and tel:**_____

II. DETAILS REGARDING DETENTION

What's your interest in receiving legal services today?_____

Date detained by ICE:_____ **How did you end up at Varick in detention?** _____

Location of apprehension by ICE:

□ At jail (c*riminal history p.4*) □ 26 Federal Plaza □ At home/job

□ Airport □ Probation/parole □ Traffic stop

List all of the immigration detention facilities where you have been held

Location	Start	End	Reason transferred

If you have been in ICE custody for more than 4 months note custody review date: _____

III. BOND ELIGIBILITY

Do you have a bond? □ yes □ no **Bond Amount?** _____

<u>If no,</u> have you requested a bond hearing? □ yes □ no

Were you apprehended at an airport? □ yes □ no

IV. IMMIGRATION HISTORY

What is your current immigration status? Check one:

□ Green card □ Visa overstay □ Entered w/o inspection and/or with false docs

□ Refugee/asylee □ Post order □ Temporary protected status (TPS)

□ Other: _____ □ None

Why did you come to the US? Why did you leave your home country? _____

_____

_____

What date/year did you first come to the US? _____

How did you enter the United States the first time you came? Check one:

□ Green card: Issue date: _____ How was the green card obtained? _____

□ Visa (visitor/student) □ Entered w/o inspection and/or with false docs

□ Refugee/asylee □ Other visa: _____

Since you first arrived in the United States, have you left the country at all? □ Yes □ No

If you left and returned the US:

a) When did you leave, where to, and for how long? _____

b) Why did you leave the US and come back? _____

c) How did you re-enter the US? Check one:

□ Green card (Issue date: _____ How was the green card obtained? _____)

□ Entered w/o inspection and/or with false docs □ Refugee/asylee

□ Visa (visitor/student) □ Other visa: _____

Have you or has anyone else submitted an application to immigration? □ Yes □ No

What type of application? _____

By whom? _____ When? _____

What was Immigration's response? _____

Do you know whether a final decision was made on your application/case? _____

_____

Have you ever been required to go to Immigration Court here in the US? □ Yes □ No

Why? _____

What was the outcome? _____

Did you receive notice that you were deportable or your case was inadmissible? □ Yes □ No

Do you know the status of your immigration case?

□ Have not received court date yet

□ Have court date scheduled: Date:_____ Judge:_____

□ Ordered deported/excluded/removed or granted voluntary departure on _____ by Judge: _____

□ Appealed to the Board of Immigration Appeals or Court of Appeals. Status of appeal _____

□ Has filed application for relief: □ cancellation □ withholding □ CAT □ asylum □ VAWA

□ other: _____

V. FAMILY HISTORY

Please fill out the chart below with information about all relevant family living in the US:
Include <u>wife, children, and other immediate family members</u>

Name	Age	Relationship	Immigration status	Financially dependent?	Medical condition?

Any parents/grandparent US citizens? Who?_____

Were you under 18 at the time any of these family members naturalized? □ yes □ no

VI. CRIMINAL HISTORY

Have you ever been arrested (<u>even if you were not convicted?</u>) □ yes □ no

List names given when arrested:_____

List dates of birth given when arrested: _____

Date	**Charge** (statute if known)	**Sentence** (ie susp, probation, time served)	**Length of Imprisonment**	**Borough/county/state**

Do you have a criminal lawyer? □ yes □ no **Name:**_____ **Tel:** _____

****NYSID Number:** _____ **Docket Number** _____

VII. OTHER ISSUES

Do you work? Have worked in the United States? Elaborate._____

_____

Have you filed income taxes? List Years:_____

Do you have some funds to pay for a private attorney? _____

Do you have any medical conditions? □ yes:_____ □ no

Are you receiving adequate treatment at the facility? □ yes □ no

What treatment or medications are lacking? _____

_____

Is there anyone we should contact on your behalf? (Fill out attached consent form):**

Name	**Phone Number**	**Relationship**

VIII. SOME FORMS OF RELIEF

ASYLUM

Are you afraid to return to home country? □ yes □ no

Did anything happen to you in your home country that made you leave? □ yes □ no

If yes, elaborate: _____

_____

VAWA

Have you ever been a victim of mental or physical abuse by your spouse in the US? □ yes □ no

If yes, elaborate: _____

Immigration status of abuser:_____

U-VISA

Have you ever been a victim of violent crime in US? □ yes □ no

If yes, elaborate: _____

_____

Result? Talked to police or prosecutor? _____

T-VISA

Did anyone trick or deceive you into coming to the U.S. by promising you to do a job that didn't exist or forcing you to do work you did not agree to? □ yes □ no

If yes, elaborate: _____

_____

Voluntary Departure

Do you have the resources to pay for your return ticket home? □ yes □ no

Do you have a passport or travel document? □ yes □ no

If no, is your passport/travel document accessible?: □ yes □ no

Have you been convicted of an aggravated felony? □ yes □ no

Did you get stopped by ICE as you entered the US? □ yes □ no

Does the consulate of your country know you are in detention? □ yes □ no

CASE ASSESSMENT
To be filled out with AILA Mentor at Clinic

RELIEF: □ no relief □ voluntary departure □ cancellation (non-LPR) □ cancellation (LPR)
□ adjustment of status □ 212(c) □ 212(h) □ TPS
□ asylum/withholding/CAT □ VAWA □ Special Visa (U,T,S)_____

Does the person appear to be bond eligible? □ yes □ no

ACTION TAKEN: □ advised □ pro se materials □ research and advice □ other:_____

ADVICE GIVEN: _____

_____

_____

_____

TO DO: _____

_____

_____

_____

_____

_____

_____

Please scan and email a copy of this completed intake form to the NYC Know Your Rights Project at the hpoitra-chalmers@nycbar.org after the interview. Thank you.

NYC Know Your Rights Project
Varick Street Detention Facility

The City Bar Justice Center, The Legal Aid Society and AILA Pro Bono Committee

Consent Form

Date: _____

After meeting with a volunteer attorney, law graduate, law student or paralegal under supervision of an attorney, from the NYC Know Your Rights Project ("the Project"), I consent to the following:

- ☐ to authorize the Project to access my **criminal record** through the Office of Court Administration for the purpose of advising me on immigration matters.

  _____ Full name
  _____ Date of birth
  _____ NYSID

- ☐ to **contact my criminal defense attorney** or other legal representative.

  _____ Name
  _____ Contact information

- ☐ to **contact the following person** about my case:

  _____ Name
  _____ Contact information

- ☐ to alert the Varick Federal Detention Facility staff of my **medical necessity**

  _____ Medical condition
  _____ Medication/treatment required

- ☐ to release, in the event of referral of my case to a free legal service provider, all relevant information and documentation gathered by the volunteer to that organization.

_____ NYC Know Your Rights Project Volunteer (PLEASE PRINT)

_____ Detainee Name (PLEASE PRINT)

_____ Participating Firm

_____ Detainee Alien Number

_____ NYC Know Your Rights Project Volunteer Signature

_____ Detainee Signature

Proyecto "NYC Conoce Tus Derechos"
Centro de Detención de *Varick Street*

El *City Bar Justice Center*, la *Legal Aid Society* y el Comité Pro Bono de la *AILA*

Formulario de Consentimiento

Fecha: _____

Después de haberme reunido con un abogado voluntario, un graduado de la carrera de Derecho, un estudiante de la carrera de Derecho o un paralegal bajo la supervisión directa de un abogado del proyecto "NYC Conoce Tus Derechos" (el "Proyecto"), por medio de la presente manifiesto mi consentimiento acerca de lo siguiente:

- ☐ autorizo al Proyecto para que **solicite acceso y consulte mis antecedentes penales** (*criminal record*) a través de la Oficina Administrativa de las Cortes (*Office of Court Administration*), con el propósito de poder aconsejarme en asuntos migratorios.

  _____ Nombre Completo
  _____ Fecha de Nacimiento
  _____ NYSID

- ☐ autorizo al Proyecto para que se ponga en **contacto con mi abogado defensor** u otro(s) representante(s) legal(es).

  _____ Nombre
  _____ Datos de contacto

- ☐ autorizo al Proyecto para que se ponga en **contacto con la(s) siguiente(s) persona(s)** acerca de mi caso:

  _____ Nombre
  _____ Datos de contacto

- ☐ dejar saber al personal del *Varick Federal Detention Facility* de mis **necesidades médicas**

  _____ Condición médica
  _____ Medicamento/tratamiento requerido

- ☐ si el Proyecto puede remitir mi caso a una organización que da servicios legales gratuitos, autorizo al Proyecto entregar toda la información y documentación pertinente, recogida hoy por el abogado voluntario, a esta organización.

_____
Proyecto "NYC Conoce Tus Derechos"
Nombre del voluntario (ESCRIBIR)

_____
Nombre del Detenido (ESCRIBIR)

_____
Firma del voluntario

_____
Número del Detenido Extranjero (A#)

_____
Firma del Detenido

New York City Know Your Rights Project
Varick Street Detention Facility

The City Bar Justice Center, The Legal Aid Society and AILA Pro Bono Committee

Date: _____

DETAINEE: _____
A# _____
Varick Federal Detention Facility
201 Varick Street
New York, NY 10014

Re: <u>Your immigration proceeding</u>

An attorney or law graduate, law student or paralegal under supervision of an attorney from the New York City Know Your Rights Project met with you at the Varick Street Detention Facility to discuss your immigration case. As we discussed, at this time, we are not able to provide you with an attorney to represent you in this immigration matter.

☐ We have interviewed you and have given you information based on the facts that you have provided to us. Your case with the Know Your Rights Project is now closed.

☐ We have agreed to look further into your case to provide you information about your rights in your removal proceedings. We will attempt to either return to see you, send you information by mail or provide the information to your designated friend or relative.

Sincerely,

_____
Volunteer Name

_____
Job Title

Proyecto "NYC Conoce Tus Derechos"
Centro de Detención de *Varick Street*

El *City Bar Justice Center*, la *Legal Aid Society* y el Comité Pro Bono de la *AILA*

Fecha: _____

Nombre del detenido: _____
A# _____
Varick Federal Detention Facility
201 Varick Street
New York, NY 10014

Ref.: <u>Su proceso migratorio</u>

Un abogado voluntario o un graduado de la carrera de Derecho, un estudiante de la carrera de Derecho o un paralegal bajo la supervisión directa de un abogado del proyecto "NYC Conoce Tus Derechos" se reunió con usted en el Centro de Detención Federal de *Varick Street* (*Varick Street Federal Detention Facility*) para comentar su proceso migratorio. Como le informamos, por el momento no podemos proveerle un abogado para que lo represente en su proceso migratorio.

☐ Le entrevistamos y le proveímos información con base en los hechos que usted mismo nos proporcionó. Su caso ante el proyecto "NYC Conoce Tus Derechos" ha sido cerrado.

☐ Hemos decidido revisar su caso con mayor detalle para proporcionarle información acerca de sus derechos en su proceso de deportación. En lo sucesivo intentaremos regresar a visitarlo, enviarle información por correo o proporcionarle información a través de su familiar o conocido designando para tal efecto.

Atentamente,

_____
Nombre del Voluntario

_____
Cargo o Puesto