

RIAC LEGAL ASSISTANCE INTAKE FORM

PLEASE SUBMIT THIS FORM ALONG WITH THE REQUESTED SUPPORTING DOCUMENTATION
by email to RIAC2@ocgov.net or fax (315)356-5795.

DATE OF REQUEST: _____

ATTORNEY INFORMATION: Attorney Name: _____

CONTACT numbers: (office/cell) _____ Email address: _____

AFFILIATION: Public Defender Assigned Counsel Legal Aid Conflict Defender ProBono Other: _____

COUNTY: Broome Chemung Chenango Cortland Delaware Herkimer Jefferson Lewis

Madison Oneida Onondaga Oswego Otsego Schuyler Tioga Tompkins Other/Conflict: _____

NATURE OF THE CASE: CRIMINAL FAMILY APPEAL OTHER: _____

CLIENT INFORMATION: Client Name: _____ DOB: _____ Age: _____

Date of Admission/Entry into US: _____ Client's Alien # (9-digits): _____

FEMALE MALE NON-BINARY Class of Admission into US (e.g. RE8, IR6, B-1/2, F-1): _____

Country of Birth: _____ Primary Language of Client: _____

Interpreter Used: YES NO Name of Agency used/contact #: _____

In Custody? YES Where? local/state custody? Federal custody? NO ROR? Bail/Bond?

CURRENT Immigration Status: LPR/Green Card Refugee Asylee Immigrant Visa
 Non-Immigrant Visa (Visitor/Student/ Worker) TPS (temporary protected status) Cuban
 DACA ICE Order of Supervision Undocumented (Entered the U.S. illegally) Other

ORIGINAL Entry into United States: Immigrant (Permanent Resident) Visa Refugee
 Cuban paroled into US Non-Immigrant Visa (Student/ Worker) Other
 Undocumented (Entered without inspection)

****PLEASE SUBMIT COPY OF CLIENT'S IMMIGRATION DOCUMENTATION (front and back)****

Please list all family member NAMES in the United States AND their immigration status:

Spouse: _____ / _____ Parent: _____ / _____ Parent: _____ / _____

Child: _____ / _____ Child: _____ / _____ Child: _____ / _____

Sibling: _____ / _____ Sibling: _____ / _____ Grandparent: _____ / _____

Length of time relatives have been in the U.S. (e.g., year of entry or years in the US): _____

Any Pending/Prior Removal Proceedings? YES If yes, next/last court date: _____ NO

If prior removal proceeding, explain charges (grounds for removal) and outcome: _____

Name of Attorney or Organization that Represented during Immigration Court: _____

Does Your Client have an Immigration Attorney (current or previously)? YES NO

If YES, name and contact phone or email: _____

CASE INFORMATION: CRIMINAL COURT:

Court where case is pending: _____ Next court date: _____

Stage of Proceedings at time of this Request: Arraignment Pretrial Report on Offer Post Indictment Hearing(s) Calendar Preparing for Trial Pre-Sentence Post Plea/Trial

Charges (Please provide specific subdivision of each charge):

_____ § _____ section & subdivision
_____ § _____ section & subdivision
_____ § _____ section & subdivision
_____ § _____ section & subdivision

****PLEASE SUBMIT COPY OF CHARGES & SUPPORTING DOCUMENTS****

Any Co-defendants? YES: names: _____ NO

Is there an Offer? YES: list with specific subdivisions and proposed sentence: _____ NO

****PLEASE SUBMIT COPY OF WRITTEN PLEA OFFER, IF ANY****

Any Prior Convictions or Arrests? YES: list with specific dates, crimes, pleas and sentences: NO
_____ § _____ subdivision () / SENTENCE: _____
_____ § _____ subdivision () / SENTENCE: _____
_____ § _____ subdivision () / SENTENCE: _____
_____ § _____ subdivision () / SENTENCE: _____

Does your client have any Out of State convictions? YES: please outline below: NO

****PLEASE SUBMIT A COMPLETE COPY OF CRIMINAL HISTORY ****

FOR BOTH CRIMINAL AND FAMILY COURT MATTERS:

Does your client have any pending applications with USCIS or planning to file any applications in the near future? YES, please specify: _____ NO

Has your client ever been arrested or convicted ANYWHERE of any offense relating to marijuana or cannabis, including using drug paraphernalia relating to marijuana or cannabis? YES NO
If YES, please provide date(s) and disposition(s): _____

Has your client ever admitted using marijuana or cannabis to a government official (e.g., probation officer, parole officer, CPS worker, social worker, USCIS, ICE or CBP officer or on an application of any kind)? YES If yes, please explain below: _____ NO

Has your client ever had any arrests or convictions related to marijuana or cannabis vacated and/or expunged? YES If yes, please explain below: _____ NO

CASE INFORMATION: FAMILY COURT:

Next court date: _____

Type of Case? Custody Neglect Family Offense Paternity Divorce Other _____

****PLEASE SUBMIT COPY OF PETITION & SUPPORTING DOCUMENTS****

Name of opposing party AND relationship to client: _____

Immigrant status of opposing party: Noncitizen: Country: _____ /Status: _____
 US Citizen

Opposing Party Attorney (if known): _____ /Organization: _____

Any temporary or final OOP in effect? YES, **please provide a copy!** NO

Prior Family Court/DCFS/CPS history? YES Date(s): _____ NO

CPS REPORTS? YES Indicated (dates): _____ Unfounded (dates): _____

Are the Parties the Same as Current Case? Yes No

If prior CPS Reports, were they referred to Family Court? Yes No

If yes, what was the outcome? _____

Does your client have any prior criminal history? Yes (please outline below) No

What are your client's **primary** objectives for the outcome? Resolve Family Matter Stay in the US

What are the issues to be resolved in this case? _____

Is there a proposed disposition/settlement? YES, please list below. NO

