

## CPCS Immigration Impact Unit Intake Form Criminal Defense

**Immigration Impact Unit** 6 Pleasant Street, 6th floor, Malden, MA 02148

iiu@publiccounsel.net

Tel: 781-338-0825

Attorney Phone:	Attorney Email	
Date of Case Assignment:	By what date do you need a response?	
	Client Immigration History	
Client's Full Name:	Date of Birth:	
Alien Number :	Country of Birth:	
[8-9 digits – sometimes called a USC	IS or File # on	
green cards and documents issued by	immigration	
Date first	Immigration Status	
entered U.S.:	when first entered: [Visa (specify type), green card, refugee, no status, etc.	
	[Visa (specify type), green card, refugee, no status, etc.]	
Date Obtained	Current	
Current Status:	Immigration Status:	
[Exact date, if known]	Immigration Status:  [Visa, green card, TPS, DACA, asylum, no status, etc.]	
Does client have any pending		
applications with immigration:	$\square$ Yes $\square$ No If yes, what kind:	
Has client left U.S. since first		
entry?	$\square$ Yes $\square$ No If yes, list all dates left and returned:	
Family in H.C. in the day and a second	to an arrange abilduan aiblines on figure (a).	
Please list relationship to client, ag	ts, spouses, children, siblings, or fiancé(e):	
t read that retained the enemy ag	5. Sand Management Status.	

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If any parents are U.S. citizens, how old was client when parent became citizen:				
List any grandparents who are U.S. citizens:				
Is the client afraid to return to home country?	☐ Yes ☐No If yes, why?			
Does client have a life-threatening illness or significant mental health condition?	☐ Yes ☐ No If yes, describe:			
Has client ever come into contact with U.S. immigration?	☐ Yes ☐ No If yes, dates and o	description of contact:		
Does the client have a final order of removal from an immigration judge?	☐ Yes ☐No If yes, provide da	te and location of order:		
Is client in custody?	☐ Criminal Custody ☐ ICE Custody ☐ Not in Custody			
	If yes, provide location:			
	If yes, is there an ICE detainer?   Yes   No  [Please attach copy of ICE detainer if available]			
	If in ICE custody, provide date placed in custody:			
Does the client have an immigration attorney?	☐ Yes ☐ No Attorney's name	and contact info:		
Does client consent to IIU contacting immigration attorney named above?	□ Yes □ No			



Does client have prior Massachusetts record? Yes

If yes, please provide a CORI

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No

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Please list any out-of-state offenses that are not on CORI (or attach NCIC):
Additional Information
Required - Please email this form with the following documents:
Updated CORI
• Complaints or indictments for pending case(s)
<ul> <li>Any available immigration documents, including ICE detainer, photo of green card, work permit, or visa, and any documents regarding client's immigration status</li> </ul>
• IIU intakes should be completed early in your representation, but at a minimum, PLEASE TRY TO PROVIDE THIS MATERIAL AT LEAST TWO WEEKS PRIOR TO REQUESTED RESPONSE DATE.

# **Completed Forms:**

- Select  $\underline{\mathbf{F}}$ ile,  $\underline{\mathbf{S}}$  ave As, from the dropdown menu on the toolbar to save this form as a .pdf.
- Email completed form and required supporting documents to: iiu@publiccounsel.net

For more resources, visit our website: <a href="https://www.publiccounsel.net/iiu/">https://www.publiccounsel.net/iiu/</a>