
CLIENT INTERVIEW SHEET
(CONFIDENTIAL)

DATE: _____ REFERRED BY: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

PHONE #: _____ CASE TYPE: IMMIGRATION / CRIM / OTHER: _____
(CIRCLE ONE)

FULL ADDRESS:

CONTACT EMAIL: _____ ALTERNATE PHONE #: _____

ALTERNATE CONTACT TO IF YOU CANNOT BE REACHED:

NAME: _____ PHONE #: _____ RELATION: _____

AGE: _____ DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

SEX: _____ NATIONALITY: _____ SOCIAL SECURITY # (IF ANY): _____

IMMIGRATION STATUS: _____ ALIEN NO: _____

U.S CITIZEN: BIRTH: _____ NATURALIZED: _____

NATURALIZED: DATE: _____ PLACE: _____

LAWFUL PERMANENT RESIDENT: DATE: _____ PLACE: _____

OTHER: _____

DATE OF INTIAL ENTRY: _____ MANNER OF ENTRY: _____

PLACE OF INITIAL ENTRY: _____

DATE OF LAST ENTRY: _____ MANNER OF ENTRY: _____

PLACE OF LAST ENTRY: _____

PRIOR DEPORTATIONS:

DATE: _____ PLACE: _____

FINAL DISPOSITION: _____

