

# LAW OFFICE OF JODI B. GREEN, PA

## CLIENT INTAKE FORM

1. Today's Date ____/____/____	2. Name (LAST, FIRST)	3. Social Security Number:
4. Home Phone Number: (    )		5. Email Address:
6. Address (Street address)                      (Apt. No.)		7. Immigration File Number: A_____
(City)    (State)                      (Zip Code)		8. What language(s) spoken?
9. Who referred you to our office?		10. Occupation:
11. Education Level:		12: Current Employer:
13.Schools attended:		14. Current Employer & Address:

### IMMIGRATION STATUS

15. What is your country of citizenship?	16. In what country were you born?
17. Are you married? ____No ____Yes How many years? ____ Immigration Status of Spouse:	
18. Do you have any children? ____No ____Yes How many? ____ Immigration Status of Children:	
19. Do you have any other immediate relatives in the U.S.? ____No ____Yes How many? ____ Immigration Status of Immediate Relatives:	
20. Is/was your mother a United States Citizen? ____No ____Yes ____By Birth ____Naturalized to become a U.S. Citizen on the following date ____/____/____	
21. Is/was your father a United States Citizen? ____No ____Yes By Birth ____ Naturalized to become a U.S. Citizen on the following date ____/____/____	
22. Do you own or are in the process of purchasing a home or business in the U.S.? ____No ____Yes Briefly describe:	
23. Foreign Address:	
24. Briefly describe the immigration problem you are having.	

25. Date of Birth: ____/____/____	26. With what documents did you first enter the U.S., if any?	
27. Date of First Entry Into the U.S. ____/____/____	28. What is your current immigration status? (Please select one of the following) <input type="checkbox"/> Undocumented <input type="checkbox"/> Legal Permanent Resident (Green Card Holder) <input type="checkbox"/> Work Permit* Holder <input type="checkbox"/> Visa Holder Type: _____ <input type="checkbox"/> Other Please Describe: _____	
29. Date you obtained your current immigration status* ____/____/____		
30. List the date of departure, date of return, and purpose of each trip exceeding 90 days out of the U.S. since your first entry. (Date of Departure) (Date of Return) (Purpose of Trip)		
____/____/____	____/____/____	
____/____/____	____/____/____	
____/____/____	____/____/____	
____/____/____	____/____/____	

## CRIMINAL CONVICTIONS

31. Date Offense* Committed ____/____/____	32. City and State of Arrest	33. County of Arrest
34. Please give a brief description of the events that led to your arrest, and list all charges* brought against you.		
35. What court did you appear in? <input type="checkbox"/> Municipal Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other Type of Court: _____		
36. Date of Plea* / Verdict ____/____/____ Please select one: <input type="checkbox"/> Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Convicted by Trial ~ <input type="checkbox"/> Jury Trial <input type="checkbox"/> Court Trial		
37. Please list all the charges of which you were convicted, and include the Penal Code or Statute* number for each charge. (Name of Offense) Statute* (Code Number)		
<b>EXAMPLE:</b>		
Count 1:		
Count 2:		
Count 3:		
Count 4:		
Count 5:		
38. Date of Sentence* ____/____/____	39. What was your sentence? (Please include length of probation and parole.)	
40. Where did you serve your time? <input type="checkbox"/> County Jail <input type="checkbox"/> State Prison	48. How much time did you actually serve in custody?	
49. Did you appeal your conviction? <input type="checkbox"/> No <input type="checkbox"/> Yes What was the result of your appeal?		
50. Did you complete probation or parole without a violation? <input type="checkbox"/> No <input type="checkbox"/> Yes If you violated probation or parole, please fill out a separate Conviction Information sheet for the violation.		