

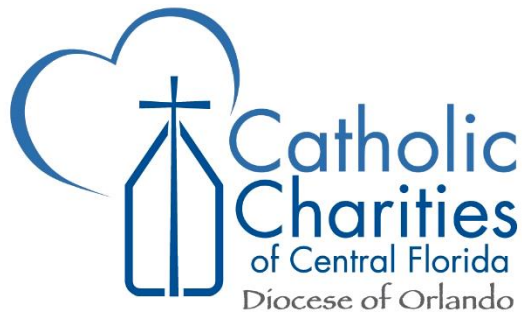
**OFFICE USE ONLY**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

A/R: \_\_\_\_\_

Resch: \_\_\_\_\_



**IMMIGRATION LEGAL SERVICES INITIAL INTAKE**

All information provided is CONFIDENTIAL and for office use only.  
Tout enfòmasyon ké ou ban nou an PRIVÉ AK KONFIDANSYÈL ak sé pou ofis isit la.

**Have you received Immigration services from Catholic Charities before?** Yes/Wi \_\_\_ No/Non \_\_\_  
Eske ou te resevwa sèvis imigrasyon soti nan Katolik Charite anvan?

**USCIS Alien Number: A#** \_\_\_\_\_  
Niméwo Alyen ou:

**Name:** \_\_\_\_\_  
Non-ou:      First Name/Prénon-ou      Middle Name/Dézyèm Non-ou      Last Names/ Prénon-ou

**Address:** \_\_\_\_\_  
Adrès Lakay ou:    Number & Street Name/ Niméwo é Ri (Lari)    Apt #    City/Vil (Lavil)    State/ Éta    Zip Code/Zip Kòd ou

**County:** \_\_\_\_\_  
Chèf Lyé:

**Phone Number:** Home \_\_\_\_\_ Mobile \_\_\_\_\_  
Niméwo Téléfòn:      Lakay ou      Mobil/Sélilè fòn ou

**Email:** \_\_\_\_\_  
Imèl:

**Ethnicity/Race:** Etnisite/Ras Ou:  
Nwa/Afriken Ameriken \_\_\_ Blan \_\_\_ Espayòl \_\_\_ Azyatik \_\_\_ Natif Natal Ameriken \_\_\_ Lòt \_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** M \_\_\_\_\_ F \_\_\_\_\_  
Dat ou Fèt:      Month/Mwa      Day/Jou      Year/Ané      Sèks ou:

**Place of Birth:** \_\_\_\_\_  
Ki Koté Ké Ou Fèt:      City/ Vil (Lavil)      Country/Péyi

**Which language(s) do you speak?** Ki lang ké ou palé? \_\_\_\_\_

**Marital Status:** Single/Sèl (Pa janm Maryé) \_\_\_ Married/Maryé \_\_\_ Separated/Séparé \_\_\_  
Lavi Marital ou:      Divorced/Divosé \_\_\_ Widowed/Vèf \_\_\_

**Number of Dependents:** \_\_\_ **Are you working?** Yes/Wi \_\_\_ No/Non \_\_\_ **Monthly Income:** \$ \_\_\_\_\_  
Konbyen dépanndan ké ou genyen?      Eské wap travay kounyé a?      Revni chak mwa?:

