

DeKalb County Family Law Information Center

Attorney Consultation

Request & Report Form

Date of request: _____ Appointment date & time: _____

Requesting party's full name: _____

Any other names used now or in the past: _____

Phone number: _____ Alternate phone: _____

Email Address: _____

Date of birth: _____ County of residence: _____

Address: _____

City & State: _____ Zip Code: _____

U.S. Citizen? Yes No → If not a U.S. Citizen, please complete Non-citizen Resident form.

→ Also, if not a U.S. Citizen, we must make a copy of your resident card, I-94, or other CIS document when you come in, before you can see the lawyer. (If none, schedule with private/contract attorney.)

Opposing party's full name: _____

Any other names used now or in the past: _____

Date of birth: _____ County of residence: _____

What type of case do you want to discuss? _____

Has this case been started in court yet? Yes No Any past court cases between you? Yes No

What is the case #? _____ Hearing date: _____

Are you having a problem with family violence? Yes No In the past

STOP To be completed by office personnel only STOP

Conflict Check Only Required When Legal Aid Staff Lawyer to Do Consultation

Conflict Check Report by Legal Aid Staff if Consultation to Be With Legal Aid Lawyer

No conflict found – OK to keep appointment for consultation. (Legal Aid staff initials: _____)

Conflict found – Legal Aid staff lawyer cannot do consultation. (Legal Aid staff initials: _____)

If Conflict of Interest Is Found . . . then Requesting Party may only have consultation with one of the lawyers who is not on Legal Aid's regular staff.

No record of AP found (FLIC staff initials: _____) Record found-See attached notes (FLIC staff initials: _____) Notes:

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RESIDENT STATUS VERIFICATION — FOR NON-CITIZENS ONLY

If you are *not* a U.S. Citizen, please check the boxes that apply to your resident status in this chart. Then, sign your name on the line below the chart. **We must also make copies of your INS or CIS documents showing your residency status.** If you *are* a U.S. Citizen, please skip this chart.

Non-Citizen Resident Status in U.S.	Usual INS/CIS Forms <i>(Other forms may also be acceptable.)</i>
<input type="checkbox"/> I am a permanent resident	I-551 or I-151 (“green card”) I-94 stamped admitted for permanent residence
<input type="checkbox"/> I am a refugee	I-94 or passport stamped "refugee" or "§207"
<input type="checkbox"/> I have been granted asylum	I-94 or passport stamped "asylee" or "§208"
I am: <input type="checkbox"/> married to a US citizen OR <input type="checkbox"/> the parent of a US citizen OR <input type="checkbox"/> unmarried, under age 21, child of US citizen AND <input type="checkbox"/> I have applied for permanent residency AND <input type="checkbox"/> I have not been rejected or turned down	Proof of relationship to US citizen, such as marriage certificate or birth certificate AND I-485 or I-360 (application for adjustment of status) + proof of filing
<input type="checkbox"/> The US government has granted me withholding from a deportation order (because my life or freedom would be threatened in my home country because of my race, religion, nationality, membership in a social group, or my political opinion)	I-94 stamped "§243(h)" or "§241(b)" I-94 or passport stamped "conditional entrant" I-571 refugee travel document
<input type="checkbox"/> I am a special agricultural worker (SAW) with temporary resident status	I-688, or I-766 showing issuance under §210
<input type="checkbox"/> I am a foreign national asking for help under the Hague Convention about custody of my child	
<input type="checkbox"/> I am a victim (or my child is a victim) of: <input type="checkbox"/> battery or extreme cruelty in the U.S., OR <input type="checkbox"/> sexual assault or human trafficking in the U.S., OR <input type="checkbox"/> other criminal activity in the U.S., and qualify for a “U” visa	No immigration documents required. But, we need copies of any documents available about the abuse or other crime against you (such as police reports, hospital records, court orders).

None of these apply to me Schedule with a private/contract attorney.

(Client Signature)
Print client’s name: _____