

**Lutheran Social Services of the National Capital Area (LSSNCA)  
 Citizenship and Immigration Program (CIS)  
 Fee For Service Program (FFS)  
 Legal Intake Form**

Resettlement/Potential Legal Client Information	
Telephone Number:	
Email Address:	
Surname (Last Name):	First Name:
Identification Number(s) / HB, ES, HO #1:	Country of Birth:
Identification Number(s) / A number #2:	Date of Entry in USA(s) 3:
Date of Birth:	Current Immigration Status:
Manner of Entry to U.S. (SIV, Humanitarian Parole, Refugee Other)	Do you have an Employment Authorization Document?  If yes, the Expiration Date:
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	Number of Children under 21 with you in the United States: <input type="checkbox"/> 0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7    More ____
Native Language(s): <input type="checkbox"/> Pashto <input type="checkbox"/> Dari <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____	English (Please Circle): <input type="checkbox"/> Novice – Need Translator <input type="checkbox"/> Intermediary -Need Translator <input type="checkbox"/> Proficient – Translation Not Necessary
Current Address	

LSSNCA Resettlement Client? <input type="checkbox"/> Yes <input type="checkbox"/> No (Have you worked with the LSSNCA Resettlement Team in the past?)  If yes, the Case Manager or Employment Coordinator's Name:
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<p>Have You Received Any Prior Legal Services? <input type="checkbox"/> Yes (Describe below) <input type="checkbox"/> No</p>
<p>Why Are You Seeking Our Legal Services? Briefly describe your inquiry:</p>

Family (Current Spouse):	
Surname (Last Name):	First Name:
Identification Number: (HB)	Identification Number (A# or other)
Date of Birth:	Country of Birth:
Manner of Entry to the U.S.:	Immigration Status:
Single, (Re)Married, Divorced:	Year of Marriage:

\*If we see you as a prospect, we will contact you within 3-7 Business days. Please be advised that we serve on a first-arrive, first-serve basis.

\* If the applicant wishes to withdraw from services at any time, please be advised that the application fee will not be reimbursed.