

CONSULTATION REQUEST FORM

Date Requested:

Refugee Services of Texas (RST)

Return completed form by:

email: jdeleon@rstx.org or mhinostroza@rstx.org

fax: (512) 377-2233

mail: PO Box 14561, Austin, TX 78761

in person: 500 E. St. Johns Ave., #1.280, Austin, TX 78752

- Please fill out this form completely. If you do not know the answer to a question, please write "I don't know."
- Return the completed form to RST for review.
- RST will contact you to let you know whether your request for a consultation has been accepted or declined within **4-8 weeks**.
- A consultation is just a first step for us to decide whether we can assist you with your case.
- All of your information is confidential and will not be shared with anyone, including immigration.
- If we do not accept you for a consultation, this form will be destroyed.

FULL NAME OF PERSON NEEDING HELP:

DATE OF BIRTH:

COUNTRY OF BIRTH:

CURRENT IMMIGRATION STATUS? U.S. Citizen Permanent Resident Other:

HAVE THEY BEEN A CLIENT OF IMMIGRATION PRGM BEFORE?

PHONE NUMBER:

EMAIL:

WHAT LANGUAGES DO THEY SPEAK? English Spanish Other:

ARE THEY CURRENTLY REQUIRED TO GO TO IMMIGRATION COURT? YES NO

DO YOU OWE ANY TAXES TO THE IRS? YES NO

PLEASE DESCRIBE THE IMMIGRATION QUESTION OR PROBLEM THEY NEED HELP WITH:

HAVE THEY BEEN ARRESTED (HANDCUFFED) OR RECEIVED A TICKET? YES (If yes, please explain below) NO

Date of Arrest:	City/Country of Arrest:	Reason for Arrest:

Are they (circle one): Single Legally Married Divorced Separated Widowed

Please List Names / Country of Birth / Immigration Status of Family Members:

Spouse:

Child 1:

Child 2:

Child 3:

Child 4:

Child 5:

***Please attach additional sheet if extra space is needed.**

Date Requested:

Will any family members be applying with them? If so, whom?