CONSULTATION REQUEST FORM

Date Requested:

Refugee Services of Texas (RST)

Return completed form by:

email: immigration@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.

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FULL NAME OF PERSON NEFDIN	(- HFI	ν.

DATE OF BIRTH:	со	COUNTRY OF BIRTH:		
CURRENT IMMIGRATION STA	ATUS? □ U.S. Citizen □ Permaner	t Resident Other:		
HAVE THEY BEEN A CLIENT OF IM	1MIGRATION PRGM BEFORE?			
PHONE NUMBER:		EMAIL:		
WHAT LANGUAGES DO THEY	'SPEAK? English Spanish	□Other:		
ARE THEY CURRENTLY REQU	IRED TO GO TO IMMIGRATION CO	URT? □ YES □ NO		
DO YOU OWE ANY TAXES TO	THE IRS? YES NO			
PLEASE DESCRIBE THE IMMIC	GRATION QUESTION OR PROBLEM	THEY NEED HELP WITH:		
HAVE THEY DEEN ADDECTED	(HANDCHEED) OR RECEIVED A TH	NET2 - FL VEC /If you inleaded		
NO HAVE THEY BEEN AKKESTED	(HANDCUFFED) OR RECEIVED A TI	KET? U YES (IT yes, pleas	se explain below)	
Date of Arrest:	City/Country of Arrest:	Reason for Arrest:		
Are they (circle one):	Single Legally Married	Divorced Separa	ated Widowed	
		of Family Mombors:		
Spouse:	ease List Names / Country of Birth / Immigration Status of Family Members: Child 1:			
Child 2:		Child 1:		
Child 4:		ild 5:		
	sheet if extra space is needed.			

Date	Rear	uested
Date	IIC G	ıcsıcu

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