



# Immigration Legal Services Request For Consultation

## PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Please list your legal name as shown on birth certificate, green card, or I-94)

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Non-binary \_\_\_\_\_

List all Languages Spoken: \_\_\_\_\_

Do you need an Interpreter? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your immigration status? Lawful Permanent Status ("green card"): \_\_\_\_\_  
Issue Date of Green Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Visa (please include type) \_\_\_\_\_ Work Permit \_\_\_\_\_ None \_\_\_\_\_ Other \_\_\_\_\_

Date you arrived to US: \_\_\_\_\_ Number of times you left US: \_\_\_\_\_ Years lived in Oregon: \_\_\_\_\_

Have you ever been arrested, or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when, where, and charges of your arrest? City/State: \_\_\_\_\_ Date: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Immigration Status: \_\_\_\_\_



Please return form to:  
IRCO Immigration Legal Service  
8040 NE Sandy Blvd, Portland, OR 97213  
Email to: IRCOILS@irco.org



**LEGAL QUESTION**

What is your immigration legal question or issue? Please describe below.

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Are you a current or past IRCO client?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, please list your case manager's name and Department:

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**FOR OFFICE USE ONLY**

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

Date of Consult: \_\_\_\_\_

Staff/Attorney: \_\_\_\_\_

Notes:

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