



IMMIGRATION LEGAL SERVICES INITIAL INTAKE

All information provided is CONFIDENTIAL and for office use only.

Toda la información suministrada es CONFIDENCIAL y para uso de la oficina únicamente.

Have you received Immigration services from KCIS before? Yes ___ No ___

¿Ha recibido servicios de inmigración aquí anteriormente Sí ___ No ___

Alien Number: A# _____

Número de Extranjero

Name: _____

Nombre First Name/Primer Nombre Middle Name/Segundo Nombre Last Names/Apellidos

Address: _____

Dirección Number & Street Name/Número y Calle Apt # City/Ciudad State/Estado Zip Code/Código Postal

County: _____

Phone Number: Home _____

Mobile _____

Número de Teléfono Casa

Celular

Email: _____

Correo electrónico

Ethnicity/Race:

Etnicidad/Raza: Black/African American ___ White ___ Hispanic/Latin ___ Asian ___ Native American ___ Other ___

Date of Birth: _____

Gender: M ___ F ___

Fecha de Nacimiento

Month/Mes

Day/Día

Year/Año

Sexo

Place of Birth: _____

Lugar de Nacimiento

City/Ciudad

Country/País

Which language(s) do you speak? _____

¿Qué idioma(s) habla?

Marital Status: Single/Soltero(a) ___ Married/Casado(a) ___ Separated/Separado(a) ___

Estado Civil

Divorced/Divorciado(a) ___ Widowed/Viudo(a) ___

Number of Dependents/ Número de dependientes: _____

Are you working? / ¿Usted trabaja? Yes/Sí ___ No ___

Monthly Income/Ingreso Mensual \$ _____

Kingdom Culture Immigrant Services (KCIS) is an organization nonprofit, under section 1s a 501 (C) (3) (IRS).
KCIS is an agency that provides legal advice through a consultation with one of our attorneys or representatives of KCIS
The money that the client pays for the consultation are not refundable, under any circumstance.

Phone: (305) 300 1319

E-mail: info@ayudaalinmigrante.com

Website: www.ayudaalinmigrante.com

Address: 6900 Tavistock Lakes Blvd, Suite 400, Orlando FL 32827



Date of initial entry to U.S.: _____

Fecha de primera entrada a EE. UU Month/Mes Day/Día Year/Año

Have you left the U.S. since then? ¿Ha salido usted fuera de los EE.UU? Yes/Sí ___ No ___

Have you ever been arrested/detained? ¿Alguna vez ha sido arrestado/detenido(a)? Yes/Sí ___ No ___

Have you ever been or are now in deportation proceedings? Yes/Sí ___ No ___ Date: _____

¿Alguna vez ha estado o está ahora en procedimiento de deportación? Fecha

In case of an emergency, who can we call? /

¿En caso de emergencia a quien podemos llamar?

Name/Nombre _____ Phone Number/Número de Teléfono _____

Referred By/Referido por: Relative/Familiar ___ Friend/Amigo ___ Church/Iglesia ___ Agency/Agencia ___

USCIS/Inmigracion ___ Other/Otro _____

Briefly describe the reason for your consultation / Describa brevemente el motivo de su consulta:

Signature: _____ Date: _____

Firma Fecha

For (KCIS) Office Use Only/ Please do not write below this line

Solamente para uso de la Oficina de (KCIS) ¿Por favor no escriba debajo de esta línea

Consultation Fee: \$ _____ Re-Schedule Fee: \$ _____ No Show/No Call: _____

Consultation Only? Yes ___ No ___ Service Contracted: _____

Total Fee Charged: \$ _____

Payment Plan*? Yes ___ No ___ *Removal Only (Attach plan agreement or credit card authorization form)

Fee Waived? Yes ___ No ___

Fee Decreased? Yes ___ No ___ (Attach Fee Waiver & Sliding Scale Policy)

Total Household Income: \$ _____ Household Number: _____

20 ___ Federal Poverty Guidelines (Please check one and refer to the Sliding Scale Fee Schedule Tiers)

≤ 125%

> 125% - < 250%

≥ 250%

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