



## 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 immigration services recognized and accredited by the US Department of Justice (DOJ- R&A) to practice Immigration law and represent clients. KCIS provides legal advice through a consultation with one of our attorneys or representatives accredited by the US Department of Justice (DOJ- R&A)

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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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