



Complete and submit this form only. Do not attach any additional documents. Do not provide confidential information about your case.

Preliminary Request for Legal Representation by Casa Cornelia Law Center - **Read this entire document.**

Casa Cornelia Law Center (“Casa Cornelia”) provides free legal representation in certain types of immigration cases to immigrants living in San Diego County that cannot afford to pay for an attorney. Casa Cornelia will carefully consider all requests for representation but is not able to take every case. Casa Cornelia has the right to determine which cases it accepts. If you would like to ask for Casa Cornelia to represent you in your immigration case, the first step is to complete this form. Your answers to all questions must be truthful.

The purpose of this form is so we can run what is commonly known as a “conflict check” and determine whether we currently represent or previously represented someone with interests against yours. **Filling out this form does NOT mean that you are a client or potential client of Casa Cornelia.** It is very important that you do **not** provide any confidential information at this time. We may represent other individuals who have interests against your own now or in the future. You agree that the information you provide in this form is not confidential and will not prevent us from representing any other individual now or in the future even if they have interests against your own.

Filling out this form does NOT mean that Casa Cornelia has accepted your case. This form is not a legal services agreement. We will review the information on this form and contact you. If Casa Cornelia decides to accept your case, you and a Casa Cornelia attorney will both will sign a written legal services agreement. Only a written legal services agreement means that Casa Cornelia has accepted to represent you.

Do not provide any other information, including information about your case, at this time. Do not provide any documents at this time besides this form. Documents you give with this form **will not** be returned to you and will not be considered confidential. Casa Cornelia does not charge money for its services. Do not give money to any person to ask for Casa Cornelia’s help.

It is your responsibility to attend any immigration court hearings and immigration appointments, to comply with any deadlines given to you by a judge or an immigration officer, and to maintain an updated address with the immigration court and immigration service. Failure to attend scheduled hearings and appointments and/or failure to comply with deadlines may have serious consequences including deportation. Casa Cornelia is not responsible for reminding you of your hearings, appointments, or deadlines.

Casa Cornelia will respond to your request for representation only if we can get in touch with you. Be sure to provide an address and phone number where we can reach you and tell us if your address or phone number changes. If we cannot reach you, your request will be closed.

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You are signing two copies of this form. One is for you to keep and one is for Casa Cornelia.

Name: _____

Signature: _____ Date: _____



CASA CORNELIA
LAW CENTER

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It is the policy of Casa Cornelia Law Center to ensure a work environment free of discrimination or harassment on the basis of race, color, religion or creed (including religious dress and grooming practices), sexual orientation, gender, gender identity, or gender expression, sex (including pregnancy, breastfeeding, childbirth, or related medical condition), marital status, registered domestic partner status, sexual orientation, age, national origin (including language use), ancestry, citizenship status, age, physical or mental disability, non-job-related medical condition (including AIDS or HIV status, or cancer), genetic predisposition or carrier status, political affiliation/opinion, military or veteran status, request for family leave, or any other consideration made unlawful by federal, state, or local laws. Casa Cornelia Law Center prohibits and will not tolerate any such discrimination or harassment.



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Casa Cornelia Staff Use Only
Request Received:

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Please fill out all boxes. Only leave a box blank if you do not know the answer.

Your Name:		Is this application for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who told you about Casa Cornelia?		Relationship to requestor:	

Information about the person who needs Casa Cornelia’s representation:

Family name(s)/last name(s)/surname(s):		Given name(s)/first name:	
Other names used:			
Date of birth (month/date/year):		Alien number/ “A” number:	
Marital status:	<input type="checkbox"/> single, never married <input type="checkbox"/> married <input type="checkbox"/> living with partner <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____ <input type="checkbox"/> No answer
Gender Identity:	<input type="checkbox"/> (Cis) Female <input type="checkbox"/> (Cis) Male <input type="checkbox"/> Trans female <input type="checkbox"/> Trans male <input type="checkbox"/> Other: _____	Language(s) you speak fluently:	
		Language(s) you speak:	
Religion (if any):		Do you speak English fluently?	<input type="checkbox"/> No <input type="checkbox"/> Fluent <input type="checkbox"/> Some English
Country of Birth:		Country(ies) of citizenship:	

Information about the person’s home:

Telephone number:		Can we send you texts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address where you can safely receive mail:			
Is it safe to send mail to this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email address:	
How many people live in your home?		What is your total household monthly income? (including contributions by persons other than you)	



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Information about the person's immigration case:

Date of most recent entry to US:		Next immigration court hearing (if any):	
Immigration case:	<input type="checkbox"/> never had court <input type="checkbox"/> court date scheduled <input type="checkbox"/> missed court date <input type="checkbox"/> court case was denied <input type="checkbox"/> court not yet scheduled	Detention Status:	<input type="checkbox"/> Never detained <input type="checkbox"/> Previously detained in San Diego <input type="checkbox"/> Previously detained elsewhere <input type="checkbox"/> Currently detained in San Diego <input type="checkbox"/> Currently detained elsewhere

Do you personally know anyone who currently works at Casa Cornelia?

No Yes, _____

Do you know anyone who you think is or was a client of Casa Cornelia? Yes No

We may be required to contact that person and let them know that you have applied for our services. Do you give us permission to contact them and let them know you have applied for our services?

Yes No Please put your initials here: _____

Complete names of people you know who are or were Casa Cornelia clients:	Relationship to you:	Phone number:



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Are your spouse, children, or any other family members present in the United States and part of your immigration case? No Yes

Complete names of your spouse, children, and any other family members who are part of your immigration case:	Relationship to you:	Date of birth:	Alien number/ "A" number:

Have you ever been harmed by any person anywhere in the world? This includes physical harm, verbal abuse and threats, emotional abuse, sexual abuse, discrimination, and anyone who has done something wrong or bad to you. No Yes

Complete names of people who have harmed you:	Relationship to you:	Date of birth:	Current location:



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We also need information about any other family members and household members. You do not need to list anyone whose name you wrote above. Below, please list:

- Any spouses/partners (including former spouses and former partners) not listed above.
- Any children (including stepchildren, adopted children, etc.) not listed above.
- Your parents (including stepparents) not listed above.
- Your grandparents.
- Your brothers and sisters (including stepsiblings and half-siblings) not listed above.
- Any household members/roommates from the last five years.

We may be required to contact them and let them know that you have applied for our services. Do you give us permission to contact them and let them know you have applied for our services?

Yes No Please put your initials here: _____

Complete names of other family members and household members:	Relationship to you:	Date of birth:	Current location: