DETENTION RISK INTAKE FORM

1. Client's Full Name: _____
2. A# (if unknown, please indicate): _____
3. DOB: _____
4. Client's Gender Identity:
   - ☐ Female
   - ☐ Male
   - ☐ Non-Binary
   - ☐ Non-Conforming
5. Client's Connection to Maine:
   - ☐ Lives in Maine
   - ☐ Works in Maine
6. Known Disability/Medical Issues: _____
7. Country of Birth and/or Citizenship: _____
8. Best Language: _____
9. Approximate Date of Entry to U.S.: _____
10. Enter with Visa/Other Permission/Legal Status?:
    - ☐ Yes
    - ☐ No
11. Current Immigration Status (if known): _____
12. Open Criminal Cases or Prior Arrests/Convictions: ☐ Yes ☐ No
13. Please Provide Details:

_____

_____

_____

_____

_____

14. Client's Immigration Lawyer Name (if applicable): _____
15. Immigration Lawyer is Assisting With:
    - ☐ Bond Only
    - ☐ Removal Defense
    - ☐ Application before USCIS
    - ☐ Unclear
16. Name of Closest Relative or Contact: _____
17. Phone Number of Closest Relative or Contact: _____
18. Best Language for Closest Relative or Contact: _____