



ICS/LATINO COMMUNITY ASSOCIATION

INTAKE CONFLICT CHECK FORM

- 1. Name of Person Who Needs Help
This may not necessarily be the person calling - the person who needs help is the person who requires immigration assistance.
2. What do they need help with?
3. Date of Birth: Month: Day: Year:
4. Country of Birth:
5. Phone Number:
6. Are they (put an X by one) Legally Married or Have a partner?
7. Have they suffered abuse or domestic violence?
8. Have they spoken to police/law enforcement about a crime?

Please email this form to: consult@ics-law.org; or fax to 503-221-3063

IF TIME, PLEASE FILL OUT THE FOLLOWING INFORMATION:

Table with 5 columns: Person in family (over age of 14), Full Name, Gender, Date of Birth, Country of Birth. Rows include Child 1, Child 2, Child 3, Child 4.