UNIVERSITY OF MIAMI
SCHOOL of LAW

Health and Elder Law Clinic
1311 Miller Drive, Suite F-303
Coral Gables, FL 33146

Phone: 305-284-3951
Fax: 305-284-6407

HEALTH & ELDER LAW CLINIC
2011-2012 HANDBOOK

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS®

INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

HEALTH AND ELDER LAW CLINIC
STUDENT HANDBOOK

TABLE OF CONTENTS

1. Introduction and Goals.......... 2
2. General Guidelines.......... 3
3. Course Requirements.......... 4
4. Learning Goals.......... 5
5. File Management.......... 6
6. Office Procedures.......... 7

Appendix

A. Administrative
- Intake Form
- Contact Questionnaire
- Authorization for Release of Confidential Medical Information
- Authorization for Release of Records
- Public Benefits Intake Supplement
- Miami Dade County Public Schools Permission for Release of Records and/ or Information from Records
- JMH Authorization for Release of Confidential Medical Records
- Immigration Intake Supplement (English and Spanish)
- Permanency Planning Intake Supplement (English and Spanish)
- Fax Cover Sheet
- Closing Memo
- Open Memo
- Decline Memo
- Translators Certification

B. Clinic Flyers
- Referral for Other Legal Representation
- Medicaid
- SSI/SSDI
- Treatment and Counseling
- Shelters
- Temporary Cash Assistance (TCA)
- Public Housing
- WIC
- Food Stamps
- Immigration

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

HEALTH AND ELDER LAW CLINIC
STUDENT HANDBOOK

I. Introduction and Goals

Welcome to the University of Miami School of Law's Health and Elder Law Clinic. This Handbook is a guide to the Clinic's procedures and requirements. Please read this manual carefully and refer to it as needed during your time at the Clinic. If you have any questions or concerns that are not addressed here, speak with a staff member.

About the Clinic

The Health and Elder Law Clinic assists low-income clients who are referred through the clinic's partnerships with health care and community service providers. Students represent clients in federal and state administrative hearings and in a variety of courts on health-related legal matters. They also prepare wills, durable power of attorney documents, and guardianship documents. In addition, students engage in policy and impact litigation work on a variety of topics related to health care including HIV, confidentiality issues and immigrant eligibility rules. In addition to legal services, the Health and Elder Law Clinic coordinates community outreach initiatives, conducting "Know Your Rights" presentations to client groups on a variety of topics. The clinic also teaches health care professionals and social workers how to make a difference in a client's legal case.

Students in the Clinic have direct responsibly for the client's cases, under the supervision of Clinic Director Professor JoNel Newman, Clinic Director, Melissa Swain, and Clinical Teaching Fellow and Supervising Attorney, Suzanne Villano. Students conduct Social Security disability hearings, DCF Fair Hearings, Housing Agency Fair Hearings, and represent clients in Immigration proceedings when there is a health related legal issue.

The Health and Elder Law Clinic is an integrated teaching, research and community service program and partners with the University's School of Nursing and Health Studies, the Leonard M. Miller School of Medicine, and other social services and health care providers including the Department of Veteran Affairs, the Alliance for Aging, the Dade Family Counseling Center, the South Florida AIDS Network and the Jefferson Reaves, Sr. Health Center.

Goals

The Clinic's primary goals are to:

- Train students in fundamental lawyering skills, with an emphasis on learning from experience.
- Instill in students high standards of ethics and professional responsibility.
- Provide high quality, professional and zealous representation to our clients.
- Foster students' ability to engage in self-reflection and introspective professional development.
- Enhance students' understanding of how legal doctrine and institutions operate in individual cases.
- Encourage students to take on work that assists underserved and impoverished clients, whether through pro bono work or a public interest career, and to generally emphasize the value of public service.

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

II. General Guidelines

Professional Responsibility

As a student lawyer, you are bound by the Florida Bar Rules of Professional Conduct. The Clinic also complies with the ABA Model Rules of Professional Conduct. Make sure you are familiar with the Bar rules and ABA Model Rules. If you are unsure about any aspect of the rules or standards, please speak with your supervisor.

Confidentiality

One of the most important obligations to a client is confidentiality. It is important to treat all information associated with a client with respect and utmost professionalism and care. Here are some guidelines to follow:

- Remember to assure clients and potential clients that most of your conversations and written materials related to their case are confidential, but to caution the client that he or she can waive confidentiality by speaking to a third party about your conversations.

- Do not refer to a client by name, give identifying information, or discuss the details of a case in front of other clients or anywhere outside of the office.

- Handle case files carefully. When possible, keep documents in folders and file cabinets to protect confidential information. If you need to remove a file from the Clinic workspace be sure you have asked your supervisor before doing so. Please do not leave files unattended in the clinic workspace.

- All information obtained from and about the client in the course of representation IS CONFIDENTIAL and CANNOT be shared with others, including friends and family. You MAY share client information with fellow clinic workers and some other professionals in the course of representation.

Unauthorized Practice of Law

Always advise clients and others that you are a law student. You must never identify yourself as an attorney or give the impression that you are an attorney. If someone mistakes you for an attorney, you must clarify that you are a student.

Students Certified Under Florida Bar Rule 11-1.2 and 11-1.3

In order to make an appearance in court or at certain administrative proceeding, you must be certified under the Florida Bar Rules Governing the Student Practice Program. Certification under these rules is available to certain Clinic students who have 48 credits and have received their Bar Clearance. Please talk to Vanessa Alpizar if you are interested in applying to become a CLI.

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

III. Course Requirements

Classroom
Class for the Health and Elder Law Clinic meets twice a week. Please complete the assigned readings and assignments ***before*** class. This course requires regular and prompt student class attendance, preparation, and participation as well as significant clinical obligations. Poor student class attendance and punctuality, inadequate class preparation and participation or ***any failure to meet clinical obligations*** may result in withdrawal from the course, a lowered grade, and/or a failing grade. Note that more than three (3) absences may result in a lowered grade. More than four (4) absences may result in withdrawal.

Clinical Work Time Commitment
You should expect to devote on average 10-12 hours per week to Clinic work in addition to class attendance and assignments. Depending on what is going on in your cases, this may vary from week to week. If you have time conflicts or are consistently working longer hours, please consult with your supervisor. **You MUST input your time in AMICUS weekly.**

Intake and Client Meetings Off Campus
The Clinic's main intake sites include the VA Hospital, South Florida Aids Network (SFAN) at the Ambulatory Care Center at Jackson Memorial Hospital (JMH), and the Batchelor Children's Research Institute and Adolescent Clinic at the Mailman Center for Childhood Development of the University of Miami Miller School of Medicine.

Follow-Up Client Meetings
Students are responsible for scheduling follow-up meetings with clients. In the event that you need to meet with a client off-site or off campus, please go in a pair. Follow-ups can be held in the Clinic Meeting Rooms (be sure to follow the office procedure to reserve the room), and at intake sites. Follow-ups may not be scheduled during your intake/office hours. If you need to schedule a follow-up meeting at an intake location and want to reserve a room please speak to the clinic paralegal in advance.

Supervision Meetings
You will be assigned to one of the attorneys on staff for case supervision. You are required to schedule and attend a weekly team supervision meeting in order to discuss work on cases and to receive feedback on performance. Bring a copy of your case list and progress to each weekly meeting.

Written Work Product
Every student will be required to complete several written assignments both for class and for your individual cases on an as-needed basis. These include: case status plans, self-evaluations, business letters, legal briefs, and memoranda. Each student is expected to produce at least one substantial written work product (memo, motion etc.).

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

IV. LEARNING GOALS

Grading

There is no final examination. Class participation and completion of class assignments will comprise 30% of the course grade. 70% of the course grade will be based on the learning goals. You will be evaluated based on the learning goals below, which represent the multi-faceted dimensions of being an effective lawyer.

1. **Conduct an empathetic client-centered interview that accurately identifies client goals and needs.**

2. **Be able to marshal correct and necessary facts for effective representation.**

3. **Create and maintain well-documented client files both paper and electronic.**

4. **Develop a case theory AND a case plan for all your cases.**

5. **Conduct a hearing, if necessary.**

    - Able to exhibit diligence and punctuality.
    - Deviate from plan; think on feet.

6. **Communicate and advocate effectively in writing and orally.**

7. **Conduct thorough and accurate legal research.**

8. **Become a reflective practitioner.**

9. **Become an effective problem-solver.**

10. **Work as part of a team.**

11. **Organize, manage and triage your case load.**

12. **Conduct yourself in a professional manner with integrity and honesty at all times.**

13. **Treat clients, lawyers, judges and staff with respect.**

14. **Demonstrate sensitivity to race and cultural diversity issues.**

15. **Recognize and resolve ethical issues.**

16. **Exhibit diligence and punctuality.**

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

V. File Management

Maintaining Case Files

Proper file maintenance is integral to professional lawyering. It is critical that your AMICUS and paper files are always up to date and include a clear record of what is happening in the case. The client files must include copies of documents received from outside sources and FINAL copies of documents that we prepare (letters, motions, research memos etc.).

Please keep in mind the following guidelines:

- Paper client file should be in chronological order and divided by subject matter.
- All documents prepared in your word folders should be linked to AMICUS.
- If client has multiple AMICUS cases make sure notes for each case go in separate AMICUS file.
- You are responsible for organizing and maintaining your electronic client files and documents in AMICUS and WORD.
- ALL phone conversations, messages, outgoing and incoming mail, client meetings, time spent working on case files MUST be in AMICUS. Please be as specific as possible when recording your time in AMICUS.
- All client contact info such as mailing address, telephone numbers, file contacts etc. must be updated.
- ALL outgoing correspondence and attachments and these documents MUST be filed in the client's case file. Make sure when you send a letter out with attachments that the attachments are actually in the package and that a copy is placed in the client's file.

1) The following documents should be completed for each file:
    - Client Intake Form
    - Authorization for Release of Confidential Medical Information
    - Authorization for Release of Records
    - Contact Questionnaire
    - JMH Authorization for Release of Confidential Medical Records

    If you are given a file without one of these documents, please prepare and update the file.

2) **If you receive or are notified about any notice addressed to the client with a date or deadline, you must notify your supervisor immediately.**

How to Open a New Case:

1) Fill out an "Open Memo" and get attorney's approval and signature.
2) Take Open Memo, Case Plan and Intake File to the paralegal.
3) The Paralegal will create a permanent file and notify you once the case is open in Amicus.

How to Close a Case:

1) Write closing letter and "Closing Memo" and get attorney's approval and signature.
2) Mail out letter and put a copy in the file.
3) Update AMICUS
4) Give closing letter and memo and the actual case file (if there are no other cases for that client) to the paralegal to close case.

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

VI. Office Procedures

Outside Communications
In order for your supervisor to meet her own ethical obligations as an attorney, she must review and approve all outside Clinic communications (letters, emails and oral communications) before they are sent. Before you talk to anyone outside of the office about a case, talk to your supervisor. If an unanticipated issue arises during a conversation, let the person know that you will get back to them and discuss it with your supervisor. Be sure your supervisor reviews and approves all letters, documents and other correspondence including and emails and faxes before you send them.

All outgoing correspondence, including emails, should be sent in business letter format.

Post Hearing Protocol
After every hearing, a brief summary must be documented in the paper and electronic file.

End of Semester Protocol
At the end of each semester you are responsible for completing semester case memos and semester closing letters for all files.

Medical Records Request
Students are responsible for requesting their own medical records. Instructions for UM and JMH Medical Requests are in Health and Elder Law Desktop Folder. If you have not received your medical records within 14 days, please contact the clinic paralegal for assistance.

If you are requesting medical records from any other provider, please contact the provider's office and follow their procedure.

Clinic Office
The clinic office (F303 and F300A) should be used only for clinic work. Because of space constraints and confidentiality concerns, friends who are not in the clinic should not visit you in the Clinic office. No personal belongings may be left in the clinic space. The work space should be kept neat at all times. Files and other Clinic resources should be replaced when you are finished so that others can find them if necessary. When finished with files, refile them in the filing cabinet in alphabetical order. All Clinic supplies and office equipment are for clinic use only; that includes the photocopy machines and telephones.

The small break room on the third floor is for breaks and to be used for staff. Please use meeting rooms on 2nd floor. In order to reserve the meeting rooms, please send e-mail to receptionist with your request.

Mailboxes
Clinic students must check their "google" voicemail and mailbox daily.

Time Sheets
All law firms and certain public interest settings require attorneys to maintain contemporaneous records of their work. **All students must update their timesheets on Amicus weekly.**

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Our Mailing Address

University of Miami School of Law
Health and Elder Law Clinic
1311 Miller Drive F303
Coral Gables, Florida 33146

Any correspondence that you are sending out must be signed. You must then make a copy of the signed original and file it. Do not print out unsigned copy for file after sending out original.

1) Regular Mail:
   - Use UM letterhead and address UM envelope using printer. No handwritten addresses.

2) Fed Ex: (Sample attached)
   - See paralegal for Federal Express. FedEX does not ship to P.O. Boxes.

3) Certified Mail: (Sample attached)
   - Prepare regular mail envelope.
   - Take Certified Mail and Domestic Return receipt and type confirmation number onto your correspondence.
   - Fill out "Sent To" section. Write client's initials and your last name on the section of the receipt that the Clinic retains. Deposit the completed package in the outgoing mailbox.
   - When you receive the "Return Receipt" staple to the copy of correspondence in the file.

All correspondence to any agency must be sent in verifiable format, e.g., Federal Express, fax with confirmation or certified mail where required. All P.O. Box addressed correspondence must be sent via U.S. Mail, (either regular mail or Express Mail). For all next day U.S. Mail requests must be walked to UM campus post office by 3:00 p.m. and FedEx dropbox by 5:00 p.m.

Photocopying
You are responsible for your own photocopying; instructions are located above the printer.

Telephones
The main clinic line is 305-284-3951. You must give opposing counsel, agencies, social workers, courts and etc. the main telephone line and the paralegal's line. We recommend that you acquire a Google voice number to give to clients. You can also use the workroom numbers below. Please use caution when giving any client your cell phone number. If needed, you may dial *67 to block your phone number.

Telephone Numbers:

Main Clinic	(305) 284-3951	Mary Cruz, Legal Assist.	(305) 284-1685
Clinic Fax	(305) 284-6407	Albert Arguello, Office Assist.	(305) 284-5291
Melissa Swain	(305) 284-1539	F303 Work Room (Front)	(305) 284-3757
Suzanne Villano	(305) 284-2788	F300A Work Room (Rear)	(305) 284-2786
Vanessa Alpizar	(305) 284-3361		

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

To make a local phone call:

- 9, Area Code, Number

To make a long distance telephone call:

- 9, 1, Area Code, Number
- Once you hear the consecutive beeps, dial the long distance access code 3033407.

To transfer a call within the clinic:

- Press Transfer, dial 8 and the extension number, press Transfer again, then hang up.

Fax and Scan

Students are responsible for their own faxes and scans. Instructions located above copy machine.

Use a fax coversheet and see instructions above printer/fax.

Calendar

As soon as you know of an upcoming hearing, interview, meeting etc., put the date in Amicus and on both Wall Calendars (F303 and F300A) and email the date to your supervising attorney and paralegal.

Computers

All documents must be saved to the G Drive in the appropriate client or project folder. Log out of clinic computers when you are done. Do not leave the clinic work room when you are still logged into Amicus.

Notary Services

Notary Public services are available at the Clinic and at intake sites. Please coordinate with the paralegal in advance if you need off-site notary services.

Reimbursement

You are entitled to reimbursement for Clinic-related expenses if submitted in a timely manner. This includes travel (*e.g.* Metro, tolls, mileage for trips to court, meetings, etc.) and parking. Submit your completed reimbursement forms, along with original receipts to the office assistant. Failure to submit reimbursement claims within 30 days may result in a denial of reimbursement.

Instructions for Reimbursements:

1. Fill out and print "Reimbursement Form" located Health and Elder Law\Administrative Forms
2. Print out MapQuest for mileage.
3. Include parking receipts with the form (if applicable).
4. The trip explanation should state: parking fee/intake site/metro fare.
5. Attach to a completed "Business Expense Reimbursement Form" (BERF), located in the break-room and submit to the office assistant for processing. (Make a copy for your files).

Housekeeping

- Please change water bottle in break room if you finish the water.
- All items in fridge will be thrown out on Friday at 5:00pm unless marked.
- Keep supplies neat. If you use the last supply email the administrative assistant/paralegal.
- The last person out should turn off lights, printer and coffee machine.

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

177

200

FedEx Express *NEW Package* **US Airbill**

FedEx Tracking Number 8759 1520 3675 → SAMPLE ←

Form ID No. 0215 'H31 **Sender's Copy**

1 From *Please print and press hard.*

Date M/D/YEAR Sender's FedEx Account Number SENDER'S FEDEX ACCOUNT NUMBER ONLY 1033-3038-6

Sender's Name INTERN NAME Phone 305, 284-3951

Company UNIV OF MIAMI SCHOOL OF LAW (HELC)

Address 1311 MILLER DR ~~STE~~ F303 Dept./Floor/Suite/Room

City CORAL GABLES State FL ZIP 33146-2300

2 Your Internal Billing Reference First 24 characters will appear on invoice. CLIENT NAME or INITIALS

3 To Recipient's Name MRS. GLADYS LOPEZ Phone 305, 674-1682

Company SOCIAL SECURITY ADMINISTRATION

Address 1801 ALTON ROAD
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

☐ HOLD Weekday — FedEx location address REQUIRED. NOT available for FedEx First Overnight.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

☐ HOLD Saturday — FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

City MIAMI BEACH State FL ZIP 33139

0436645998

The FedEx US Airbill has changed. See Section 4.
For shipments over 150 lbs., order the new FedEx Express Freight US Airbill.

4 Express Package Service *To most locations.
NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the new FedEx Express Freight US Airbill.

Next Business Day

- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☒ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- ☐ NEW FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required — Package may be left without obtaining a signature for delivery.
☐ Direct Signature — Someone at recipient's address may sign for delivery. *Fee applies.*
☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods?
One box must be checked.

☒ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. ☐ Cargo Aircraft Only

7 Payment *Bill to:*

☒ Sender Acct. No. in Section 1 will be billed. ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Enter FedEx Acct. No. or Credit Card No. below.
FedEx Acct. No. Credit Card No. Exp. Date

Total Packages 01 Total Weight ____ lbs. Total Declared Value† $ ____ .00

†Our liability is limited to $100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.

611

Rev. Date 11/10 • Part #163134 • ©1994–2010 FedEx • PRINTED IN U.S.A. SRS

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

fedex.com 1.800.GoFedEx 1.800.463.3339

This resource was downloaded from http://etl.du.edu

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL

7004 2510 0005 4669 0841

7004 2510 0005 4669 0841

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

P303 / INTERN CLIENT

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: MRS. GLADYS LOPEZ

Street, Apt. No.; or PO Box No.: SOCIAL SECURITY ADMINISTRATION

City, State, ZIP+4: 1801 ALTON RD. MIAMI BEACH, FL 33139

PS Form 3800, June 2002 — See Reverse for Instructions

** THIS NUMBER GOES IN #2 BELOW **
AND SHOULD ALSO BE WRITTEN IN YOUR COVER LETTER

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mrs. Gladys Lopez
Social Security Administ.
1801 ALTON RD.
MIAMI BEACH, FL 33139

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

* 2. Article Number (*Transfer from service label*) 7004 2510 0005 4669 0841 ← ATTACH HERE

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

UNIVERSITY OF MIAMI
SCHOOL of LAW

Health and Elder Law Clinic
1311 Miller Drive, Suite F 303
Coral Gables, Florida 33146

FRONT OF THE ENVELOPE
ATTACH COMPLETE RECEIPT
DO NOT CUT THE DOTTED LINE!

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7004 2510 0005 4694 0841

7004 2510 0005 4694 0841

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

F303 / INTERNS CLIENT

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	$	

Sent To: MRS. GLADYS LOPEZ
Street, Apt. No.; or PO Box No.: SOCIAL SECURITY ADMINISTRATION
City, State, ZIP+4: 1801 ALTON RD. MIAMI BEACH, FL 33139

PS Form 3800, June 2002 — See Reverse for Instructions

170100

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

BACK OF THE ENVELOPE
PEEL STICKERS AND
ATTACH LIKE THIS →

PS Form 3800, June 2002 (Reverse)

Certified Mail Provides:
- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

UNIVERSITY OF MIAMI
HEALTH AND ELDER LAW CLINIC
1311 MILLER DRIVE, SUITE F303
CORAL GABLES, FL 33146

Important Reminders:
- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MRS. Gladys LOPEZ
SOCIAL SECURITY ADMINIST.
1801 ALTON RD.
MIAMI BEACH, FL 33139

2. Article Number
(*Transfer from service label*) 7004 2510 0005 4669 0841

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® INSTITUTE *for the* ADVANCEMENT *of the* AMERICAN LEGAL SYSTEM

APPENDIX A

This resource was downloaded from http://etl.du.edu

INSTITUTE *for the* ADVANCEMENT *of the* AMERICAN LEGAL SYSTEM

University of Miami School of Law
Health and Elder Law Clinic

Intake Site:___________ Date:___/___/___ Intake By:_____________

Personal Information / *Información Personal/ Infomasyon Personel*

Name: ___________________________________
Nombre, Non ou

Address: ___________________________________
Dirección , Adres ou
____

Alternate Address: _________________________
Dirección Alternativa, Yon Lot Adres
____

c/o____________________________________

Email: ___________________________________
Correo electrónico, Adres intenet

Case Manager (or Referral): ___________________________
Trabajador(a) Social (o Referido), Moun kap travay sou ka ou

Phone: _______________________________
Teléfono, Nimewo Telefon

Email: _______________________________
Correo electrónico, Adres intenet

Date of Birth ___/___/_____ Age:______
Fecha de Nacimiento, Dat ou Fet

SSN (if applicable): ____-___-_____
 # de Seguro Social (si aplica), Nimewo Sekirite Sosyal

Gender: M F
Sexo, Fanm ou Gason

Home Phone: ____________________________
Tel. Residencial , Telefon kay Ou

Alternate Phone: __________________________
Tel. Alternativo, Yon Lot Telefon

Marital Status: __________________________
Estado Civil, Eske ou Marye?

Ethnicity: ______________________________
Raza o Nacionalidad, Etnisite

Primary Language: ________________________
Idioma principal, Lang peyi ou

Other Languages: _________________________
Otros Idiomas, Lot Lang

Notes: ____
____
____
____

Education / *Educación/ Edukasyon*

What is your level of education? / *¿Cuál es su nivel de educación? / Ki nivo edukasyon ke ou genyen?*

- ☐ <9th grade *<9no grado, comence segondai*
- ☐ 9-12 grade *9no-12mo grado Pa fini segondai*
- ☐ High school grad/GED *Escuela Superior/GED* Fini segondai
- ☐ Some College *Algunos Cursos Univ. komense Invesite*
- ☐ College Grad *Graduado de Univ. Fini Invesite*
- ☐ Beyond College *Más allá de la Univ.* Plis ke Invesite

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Benefits Assessment / Evaluación de Beneficios/ Evaluasyon Benefis

Benefit *Beneficio*	**Has** *Lo Tiene*	**Needs** *Lo Necesita*	**If needs, date completed/applied:** *Si lo necesita, fecha que aplicó:*
Food Stamps *Cupones para Alimentos, lajen pou ou achete manje ("foodstamps")*			___/___/_____
KidCare			___/___/_____
Jackson Public Health Trust card *Tarjeta del Fondo de Salud Pública de Jackson, kat jackson*			___/___/_____
Medicaid			___/___/_____
Medicare			___/___/_____
Miami-Dade County Rental Assistance *Asistencia del Condado de Miami-Dade, Ed pou Peye kay ou de Miami Dade County*			___/___/_____
Permanency Planning *Planificación Adelantada,* *Plan pou demain ou (tankou deniye testaman)*			___/___/_____
SSI/SSDI *Seguridad de Ingreso Suplementario/beneficios por incapacidad de Seguro Social,* *Benefis social pou revni ou e dezabilite*			___/___/_____
TANF *Asistencia Temporera para Familias Necesitadas, Ed temporair pou famni ki bezwen ed*			___/___/_____
Other: ______________________ *Otro, lot*			___/___/_____

Other Type of Problem / *Otro Tipo de Problema / Lot kalite pwoblem*

- ☐ Child Custody
  Custodia de menores, gad legal timoun
- ☐ Divorce
  Divorcio, Divos
- ☐ Immigration
  Inmigración, imigrasyon
- ☐ Debt Collection
  Colección de Deudas koleksyon det
- ☐ Domestic Violence
  Violencia Doméstica, Violens nan lakay la
- ☐ Landlord/Tenant
  Arrendador/Inquilino Pwoblem avek met kay ou
- ☐ Disability
  Incapacidad, dezabilite
- ☐ Education
  Educación, Edukasyon
- ☐ Mental Health
  Salud Mental, Pwoblem Mental
- ☐ Discrimination
  Discriminación, Diskriminasyon
- ☐ Health Insurance
  Seguro Médico, Asurans Medikal
- ☐ Unemployment
  Desempleo, pap travay

Notes: ____

____

____

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Immigration Status / *Situación de Inmigración / Situasyon Imigrasyon ou*

☐ U.S. Citizen *Ciudadano EEUU* *Sitizen Ameriken*

☐ Legal Permanent Resident *Residente Permanente Legal* *Rezidan Pemanan*

☐ Undocumented *No documentado* *Pa gen dokumen*

☐ Other: ___________ *Otra categoría, lot*

Alien # (given by Immigration, starts with the letter "A") : ___________________
Número de "Alien" (dado por Inmigración, empieza con la letra "A")
Nimewo kat didentite ou (Nimewo kat grin ou, komense avek yon "A")

Country Where Born / *País de Nacimiento/ Peyi ke ou te fet:* ____________________________
Date of Entry into the U.S. / *Fecha de Entrada a los Estados Unidos/ Dat ke ou te antre icit:* ___/___/_____
Entered as: / *Cómo entró / Komno ou entre?:*

☐ Asylee *con asilo* *Azil*

☐ Parolee *bajo libertad condictional* moun ki gen libete pwovizwa

☐ Refugee *Refugiado* refugye

☐ Visa: ___________ ___________

☐ Undocumented *No documentado* *Pa gen dokumen*

Criminal History (offenses, arrests, sentences, and time served):
Historia Criminal (ofensas, arrestos, sentencias, y tiempo servido):
Istwa Crim ou: (ofens, arête yo , jujmen, tan nan prizon)

____

____

____

Notes: ____

____

Housing / *Vivienda / Situasyon Kay*

What kind of housing do you have? / *¿Qué tipo de vivienda tiene? Ki tip de lakay ou genyen?*

☐ Doubled Up *Arrimado* *Yon sou lot, pataje lakay la*

☐ Private *Privada, Prive*

☐ Public *Pública, Piblik*

☐ Section 8/Voucher Sección 8 / Vale Check, seksyon 8

☐ Shelter *Albergue* *Kay pou moun ka rete dan la ri*

☐ Subsidy *Subsidio* *Lajan gouvenman pou lwe kay*

What structure do you live in? / *¿En qué tipo de estructura vive usted? Ki tip de kay ou genyen?*

☐ Apartment *Apartamento* *Apartman*

☐ House *Casa* *Kay*

☐ Trailer *Casa-remolque* *Kay Tol ("trailer")*

☐ Other: ______________ *Otra estructura* *Lot*

How long have you lived there? / *¿Cuánto tiempo ha vivido ahí?*/ Pou combine tan ke ou rete nan kay sa?

____

Rent: $________/month
Renta *lwe* *mensual, mwa*

Utilities: $________/month
Servicios públicos *(agua, electricidad, etc.)* *Sevis piblik (dlo, elektricite, etc)* *mensual, mwa*

Rent arrearages: $__________
Atrasos en la renta *dwe lwe*

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Household Resources & Income Sources / *Recursos del Hogar y Fuentes de Ingreso / Resous pou Kay ou e Revni ou*

Household size: children _____ / adults _____
Tamaño del Hogar niños adultos
Kombyen moun nan kay la Timoun adilt

# of rooms (excluding baths): _____
 # de cuartos (excluyendo baños)
nimewo chanm (pa twalet)

Are you working? Y / N
¿Está trabajando?
Eske wap travay?

If yes, where? _______________
Si lo estás, ¿dónde?
Si oui, ki kote?

Since when? __/__/__
¿Desde cuándo?
Depui ki le?

Hrs/wk: _____
horas/semana
Le/ semain

If no, are you looking for work? Y / N
Si no tiene trabajo, ¿está buscandolo?
Si non, eske wap cheche travay?

When was your last job? ___/___/_____
¿Cuándo fue su último trabajo?
Denye travay ou?

Have you attended any job training or adult education classes in the past 2 years? Y / N
¿Has atendido algún entrenamiento de trabajo o clases de educación para adultos en los pasados 2 años?
Eske ou janm pren clas pou adilt oubyen class pou aprenn fe yon travay penden 2 denye ane?

Program: ______________________________________
Programa , Pwogram

Date: ___/___/_____
Fecha, Dat

What other income sources does your family receive?
¿Qué otra fuente de ingreso recibe su familia?
Ki lot revni ke fanmi ou resevwa?

- ☐ Alimony
  Pensión (por divorcio o separación)
  Pensyon Divos
- ☐ Child Care
  Cuidado de Niños
  Gadri pou timoun
- ☐ Child Support
  Pensión Alimenticia
  Pensyon pou ti moun
- ☐ Food Stamps
  Cupones para Alimentos "Foodstamps"
- ☐ Pension
  Pension, Pensyon
- ☐ Social Security
  Seguro Social
  Sosyal Sekirite
- ☐ SSI/SSDI
  Seguridad de Ingreso Suplementario/beneficios por incapacidad de SS
  Benefis sosyal pou revni e dezabilite
- ☐ TANF
  Asistencia Temporera para Familias Necesitadas
  Asisten temporai pou fanmi ki besoin ed
- ☐ Unemployment/ Worker's Comp
  Desempleo/ Compensación del Trabajador
  Benefis pou moun ki pap travay e conpensyon travay
- ☐ Charity
  Caridad
  Charite
- ☐ Veteran's Benefits
  Beneficios de Veteranos
  Benefis veteren
- ☐ WIC
  Programa Especial de Nutrición Suplementaria para Mujeres, Bebés y Niños
  Pwogram pou fanm ki ensant
- ☐ Other: ___________
  Otra (fuente de ingreso)
  Lot

	Source *Fuente* *resous*	**$$/Month** *$ mensual* *$ mwa*	**Who receives it?** *¿Quién lo recibe?* *Kimoun k'ap resevwa'l ?*	**How long receiving it?** *¿Por cuánto tiempo lo recibirá?* *Pou combyen ten ke wap resevwa'l?*
1.				
2.				
3.				
4.				
5.				

Has your income changed recently? Y / N
¿Su ingreso ha cambiado recientemente?
Eske revni ou change resamen?

If yes, how much? ____________________
Si contestó que sí, ¿cuánto cambió?
Si wi, combyen?

Are you supposed to be receiving child support? Y / N
¿Está usted supuesto a recibir pensión alimenticia para sus niños? Eske ou sipoze resevwa yon pensyon pou ti moun ou?

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE *for the* ADVANCEMENT *of the* AMERICAN LEGAL SYSTEM

If yes, why are you not receiving it? ____
Si contestó que sí, ¿por qué no lo está recibiendo? Si wi, poukisa ou pap resevwa li?

Are you receiving TANF? Y / N
¿Está recibiendo Asistencia Temporera para Familias Necesitadas?
Eske wap resevwa asistans temporai pou fanmi ki bezwen ed?

When will it end? ___/___/_____
¿Cuándo terminará?
Ki le ke lap fini?

Notes: ____

____

____

Your Health Status / *Su Situación de Salud / Sente ou*

Do you have any health problems or disabilities? Y / N
¿Tiene algún problema de salud o incapacidad? Eske ou gen pwobem avek sante oubyen eske ou genyen yon dezabilite?

If yes, explain / *Si contestó que sí, explique / Si wi, explike*: ______________________________________

Does it interfere with your ability to work? / *¿Interfiere con su abilidad de trabajar?* / Eske ou ka travay? Y / N

What is your main doctor's name? ______________________________________
¿Cuál es el nombre de su doctor principal?, Ki non dokte ou?

Health Insurance / *Seguro Médico / Asurans Medikal*

Do you have health insurance? / *¿Tiene seguro médico?* / Eske ou genyen asurans medikal? Y / N

☐ Private *Privado, prive* ☐ Medicaid ☐ Medicare ☐ None *Ninguno, pa genyen*

Have you received any healthcare services from Jackson Memorial Hospital? Y / N
¿Ha recibido algún servicio médico del Hospital Jackson Memorial?
Eske ou janm resevwa sevis medikal a Jackson?

Do you currently have any medical bills at Jackson or any other healthcare facility? Y / N
¿Actualmente, tiene ústed alguna cuenta médica de Jackson o cualquier otra entidad médica?
Eske ou genyen factu a Jackson oubyen nan yon lot sent medikal?

If so, what is the current balance? $__________.____
Si tiene alguna cuenta médica, ¿cuál es el balance? Ki balans li ye?

Were you issued a Public Health Trust (PHT) Card? Y / N
¿Le asignaron una tarjeta del Fondo de Salud Público (PHT por sus siglas en inglés)
Eske ou genyen yon kat Jackson?

PHT Card #: _______________ *# de la tarjeta PHT (de Jackson), Nimewo kat Jackson*
Code: ________ *Código (últimos 3 dígitos) Kod*
Expiration Date: __/___/__ *Fecha de Expiración, Dat expirasyon*

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Children in Household/ *Niños en el Hogar/ Ti moun ki abite avek ou*
(#____)

	Name *Nombre* *Non*	Gender *Sexo* *Famn ou gason*	D.O.B. *Fecha Nac.* *Dat ke ou fet*	Relationship *Parentesco* *Relasyon*	Citizenship *Ciudadanía* *Sitoiyen ki peyi?*
1.	______________	M/F	__/__/__	__________	__________
2.	______________	M/F	__/__/__	__________	__________
3.	______________	M/F	__/__/__	__________	__________
4.	______________	M/F	__/__/__	__________	__________
5.	______________	M/F	__/__/__	__________	__________

Child's Health Insurance / *Seguro Médico del Niño(a)/ Asurans Ti Moun Y0*

Does your child have health insurance? /*¿Su niño(a) tiene seguro médico?* Eske timoun ou genyen asurans medical? Y / N

☐ KidCare	☐ Medicaid	☐ Medicare	☐ Private / *Privado/ Prive*	☐ None / *Ninguno/ li pa genyen*
	☐	☐	☐	☐
	☐	☐	☐	☐

Have you applied for KidCare? / *¿Alguna vez ha pedido el seguro médico para niños "KidCare"? / eskw li aplike pou Kidcare?* Y / N
If yes, when? / *Si lo ha pedido, ¿cuándo fue? / Si wi, kile?* ___/___/____

Were you denied? / *¿Fue denegada su solicitud? / eske yo te refuse ou?* Y / N
If yes, when? / Si le negaron el seguro, ¿cuándo fue? / Si wi, kile? ___/___/____

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS®
IAALS
INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Child's Health Status / *Estado de Salud del Niño(a)/ Sente Ti Moun Yo*

Name of child / *Nombre del niño(a) / Non timoun ou* : ________________________________

Does your child have asthma? Y / N
¿Tiene asma su niño(a)?
Li gen asma?

Is your child disabled? Y / N
¿Tiene alguna incapacidad?
Eske li gen yon dezabilite?

Is your child psychologically ill? Y / N
¿Su niño(a) tiene alguna enfermedad sicológica?
Eske li gen yon pwoblem mental?

Is your child medically ill? Y / N
¿Su niño(a) está enfermo(a) bajo cuidado médico?
Eske li gen yon pwoblem medikal?

Does your child have difficulties at school? Y/N
¿Su niño(a) tiene dificultades en la escuela?
Eske li genyen yon pwoblem lan lecol?
If yes to any of the above, describe / *Si contestó sí a cualquiera de las preguntas arriba, describa la situación/ Si wi, bay yon descripsyon* :

____

____

Has your child had a full assessment of his/her problem? Y / N
¿Alguna vez han evaluado completamente el problema o la situación de su niño(a)?
Eske yon moun fe yon evaluasyon pwoblem timoun ou?

If yes, describe / *Si contestó sí, describa / Si wi, bay yon descripsyon*:

____

____

Does your child's problem interfere with your ability to work? Y / N
¿El problema de su niño(a) interfiere con la abilidad de trabajar suya?
Eske pwoblem ti moun nan deranje travay ou?

If yes, describe / *Si contestó sí, describa/ Si wi, bay yon descripsyon*:

____

____

Does your child's problem interfere with his/her ability to learn? Y / N
¿El problema de su niño(a) interfiere con la abilidad de aprender de el/ella?
Eske pwoblem n an pa kite ti moun lan aprenn?

Does your child receive free/reduced (circle one) school lunches? Y / N
¿Su niño(a) recibe almuerzos gratuítos o a precio reducido en la escuela?
Eske timoun nan resevwa manje gratis oubyen a yon pri redui nan lekol la?

Have you applied for SSI, Food Stamps, or other benefit on behalf of this child? Y / N
¿Ha solicitado la Seguridad de Ingreso Suplementario, Cupones para Alimentos u otro beneficio para este niño(a) ?
Eske ou te aplike pou benefis sosyal, food stamps ou lot benefis pou timoun nan?

Were you denied? Y / N
¿Se lo negaron?
yo pat bay ou li?

Date: ___/___/_____
Fecha
Dat

Has your child been exposed to violence (in home or community)? Y / N
¿Su niño(a) ha sido expuesto(a) a violencia (en su hogar o comunidad)?
Eske timoun lan janm abitue avek violens (nan kay la oubyen nan komunote a)?
If yes, explain: ________________________________
Si es así, explique. Si wi, explike

This resource was downloaded from http://etl.du.edu

IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Ethical Concerns / Asuntos de Ética Legal / Pwoblem Etik

Have you ever had contact with an attorney? / *¿Ha tenido contacto con algún abogado?* / Eske ou te kontacte yon lot avoka? Y / N

If yes, about this problem? / *Si contestó que sí, ¿fue sobre este problema?* / si wi, pou pwoblem sa? Y / N

If yes, what kind? / *Si contestó que sí, ¿de quién recibió la ayuda legal? Si wi,, ki kalite?*

- ☐ FIAC
- ☐ Legal Aid *Servicios Legales, Sevis Legal*
- ☐ Private Attorney *Abogado Privado, Avoka Prive*
- ☐ P.D. *Defensor Público* *Defens Piblik*
- ☐ Other: ______________________ Otro, Lot

Describe your experience / *Describa su experiencia/ Descripsyon experans ou* : ______________________________

____

Description of Problem(s)/ *Descripción del Problema(s)/ Descripsyon Problem nan*

____

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Conclusions/Referrals/Advice

Created by prior CHRE participants; Revised/translated by A.A.C., 10/2/2005. Last modified 10/9/2005.

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS®

IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

HEALTH AND ELDER LAW CLINIC
1311 MILLER DRIVE, F303
CORAL GABLES, FL 33146

CONTACT QUESTIONNAIRE

Name:______________________________ Date:______________________

Home Address: ____
____
____
____

Mailing Address: ____
____
____
____

Telephone: ____
Alternate Telephone: ____

Can we send you a letter to your mailing address? **circle Yes or No**

Can we contact you at home by telephone? **circle Yes or No**

Please check which mean of contact you would prefer: ☐ Mail ☐ Telephone

Please list the best times for us to contact you on the telephone:

____
____
____
____

If you are unable to be contacted by phone or mail, please specify below a time when you intend on returning to the Clinic for an appointment, class, or personal interview with one of our staff.

____

Interviewer's Name: ___________________

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS®

INSTITUTE *for the* ADVANCEMENT *of the* AMERICAN LEGAL SYSTEM

UNIVERSITY OF MIAMI
SCHOOL of LAW

Health and Elder Law Clinic
1311 Miller Drive, Suite F 303
Coral Gables, Florida 33146
Ph: 305-284-3951
Fax: 305-284-6407

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MEDICAL INFORMATION

I hereby authorize the following information to be released from the medical record of:

Patient Name: ____

Full Address: ____

Date of Birth: ______________________ SSN: ______________________

This information is to be released to: The University of Miami School of Law, Health and Elder Law Clinic, 1311 Miller Drive, F303, Coral Gables, FL 33146

Treatment Date(s): ____

Please check all information to be released:

Hospital:	Clinic:	Other:	
___ Progress Notes	___ Clinic Notes	___ Lab Reports	___ Operative Report
___ Nursing Notes	___ Ophthalmology	___ EKG, EEG, EMG	___ Pathology Report
___ Discharge Planning	___ Dentistry	___ X Ray Report	___ Immunization
___ Medication Records	___ Emergency	___ X Ray Film	___ Billing Record
___ History and Physical		___ Mammogram Report	___ Directive to Phys
___ Discharge Summary		___ Other__________	___ Physician Orders

Including information (if applicable) pertaining to:

__ Psychiatric/Psychology __ Drug __ Alcohol __ HIV/AIDS __ Genetic Testing __ Sexual Assault

The purpose of this disclosure is Attorney/Legal Representation.

I understand that I can revoke this consent at any time except to the extent that action has already been taken in reliance on it. This consent will automatically expire one year from the date of this release.

______________________________ ______________
Signature of Patient/Parent/Representative Date

____
Print Name

Relationship to Patient (if applicable): ______________________________

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

UNIVERSITY OF MIAMI
SCHOOL of LAW

Health and Elder Law Clinic 1311 Miller Drive, Suite F 303
Coral Gables, Florida 33146
Ph: 305-284-3951
Fax: 305-284-6407

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize the following information to be released from the agency file of:

Client Name: ____

Full Address: ____

____

____

Date of Birth: ________________________ SSN: _________________________

This information is to be released to:

The University of Miami School of Law
Health and Elder Law Clinic
1311 Miller Drive, Room F303
Coral Gables, FL 33146

Information to be released: ____

The purpose of this disclosure is Attorney/Legal Representation.

I understand that I can revoke this consent at any time except to the extent that action has already been taken in reliance on it.

_______________________________________ ____________________
Signature of Patient/Parent/Representative Date

____
Print Name

Relationship to Patient (if applicable): __________________________________

This resource was downloaded from http://etl.du.edu

INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Department of Children and Familes Intake

Name:	______________
Household Living Address	______________
Mailing Address	______________
Home Phone	______________
Cell phone	______________
Work Phone	______________
Email address	______________
Notice Language	______________

Who is Apply:

I am applying for myself
I am applying for myself and my family
I am applying for another individual (not myself)

Type of benefits selected

Food Stamps
Cash assistance for myself or myself and my family
Cash assitance for a child the court's placed with me
Cash assistance for a child that is not mine but is related to me
Cash assitance for Refugees
Medicaid
BCBS/Waivers
Nursing Home Medicaid Coverage

Household List

Name	______________
SSN	______________
DOB	______________
Sex	______________
Apply for benefits	______________

Individual Information

Name	______________
Maritial Statuts	______________
Living arrangement	______________

Household Information

Name	______________
Non-citizen	______________
Florida resident	______________
Us Military	______________
Emancipated minor	______________
Foster Child	______________

Household information continued

Name	______________
Immunixation	______________
Disability	______________
Alis/SSN	______________
Pregnancy	______________
School	______________

Household information continued

Name
Fleeing the law due to a felony or probation or parole vioaltion ___
Convicted of drug trafficking felony _______
Convicted of receiving benefits in more than one state at the same time_____

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Non-Citizen Details

Name
Date entered the United States ____________
BCIS number ____________
Medical emergency date ____________

Disability Details

Name ____________
Disability established ____________
Established why whom ____________

Case Information

Register to vote ____________
Interested in Lifeline assitance ____________
Migrant or seasonal farm worker ____________
In the last 30 days has anyone for whom you are appying received cash, food or medical assistances from another state or source?
____

Asset Summary

Name ____________
Liquid Assets ____________
Life insurance ____________
Vechile ____________
Real estate/property ____________
Business assets ____________
Asset transfer ____________
Received cash settlement ____________

Employment Summary

Name ____________
Currently employment ____________
Past employment ____________
Self employment ____________
Room and board ____________
Strike ____________
Refuse a job ____________

Other Income Summary

Name ____________
Social Security Income ____________
Supplemental Security Income ____________
Worker's Compenstation or Disability/Sick benefits ____________
Income from another agency, assistance from antoher state or money from another person ____
Alimony or child support ____________

Other Income Information Continued

Name
Training Allowance or Educational Stipends ____________
Veteran's benefits or Military Allotments ____________
Home care for the Eldery ____________
Other source ____________
Application for Other Benefits ____________

Other Income Details

Name ____________
Type ____________
Amount ____________

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

	How often received	________
	Income begin date	________
Expense Summary		
	Name	________
	Medicare	________
	Housing	________
	Utility	________
	Child/adult daycare	________
Expenese information continued		
	Name	________
	Room and board	________
	Heating and colling costs	________
	Homeless	________
	Support payments	________
	Unpaid medical bills	________
	Health Insurance	________
	Received low income housing engergy assistance	________
Housing Expense Details		
	Name	________
	Expense type	________
	Expenese amount	________
	Other payer	________
	Comments	________
Utility Expense Details		
	Name	________
	Expenese type	________
	Expenese amount	________
	Other payer	________
	Comments	________

This resource was downloaded from http://etl.du.edu

IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Miami-Dade County Public Schools

Permission for Release of Records and/or Information From Records

Student's Name: ______________________________ DOB: ____________________
Records to be Rreleased: (Please check appropriate item(s).

____ Psychological Report ____ Test Scores ____ Attendance Information

____ Grades ____ Health/Medical Records ____ Other (Specify) ____________

The record(s) indicated above is/are to be released to:

Agency ______________________________ Contact Person ____________________

Address ____

The purpose for this release is: ____

I hereby grant permission for the release of the above record(s) and this release to be in effect until ____________ ______________________ (Date).

____
Signature of Parent or Eligible Student (Date)

____ ____
School/Agency Releasing/Requesting Records Signature of Authorized Personnel

____
Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

~~878-0889~~ FM-1867E Rev. (~~01-99~~)

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Miami-Dade County Public Schools

Escuelas Públicas del Condado Miami-Dade

Autorización de entrega de expedientes e Iinformación

Nombre del/de la alumno/a: ______________________________ Fecha de nacimiento: ________________

Documentos requeridos: (por favor marque el espacio apropiado)

_______ Informe Sicológico
_______ Resultado de las pruebas
Expediente Médico
______ Asistencia escolar
______ Boletín de calificaciones
______ Otro (especifique)
____

El/los documento/os o señalado/os serán entregados a:

Agencia ________________________________ Personal Autorizado____________________

Dirección____

La información será suministrada con el objecto de: __________________________________Por este medio autorizo que los documentos o las copias de los mismos sean entregados. Esta autorización será válida hasta _________________ (fecha).

____
Firma del padre/madre, tutor o estudiante elegible (fecha)

____
Escuela/Agencia que emite/recibe los documentos

____
Firma del personal autorizado

____
Cargo (fecha)

Las Escuelas Públicas del Condado de Miami-Dade cumplen con la ley pública del Derecho de Familia y la Privacidad, de 1974 Codificado en 20 U.S.C. §1232 g. Por lo tanto, todos los documentos incluídos en el expediente escolar del estudiante, con la excepción de aquellos documentos a los cuales se ha renunciado, pueden ser revisados por los padres, tutores o estudiantes elegibles.

UNA COPIA DE ESTA AUTORIZACIÓN SERÁ TAN VÁLIDA COMO LA ORIGINAL.

~~878-0889~~ FM-1867S Rev. (~~01-99~~)

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

Pick up: ____________
Mail out: ____________

Medical Record # ______________________________

JACKSON HEALTH SYSTEM
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MEDICAL RECORDS

PATIENT NAME: ____

DATE OF BIRTH: ______________________ TREATMENT DATE(S): ______________________

PHONE NUMBER: ______________________

I ____ hereby authorize the JACKSON HEALTH SYSTEM to disclose medical records
Patient/Authorized Representative

obtained in the course of my diagnosis and/or treatment. Signing this authorization will allow the copy and release of medical/surgical information.
I give specific consent to release my medical records that pertain to any of the following:

(please initial all that apply)

_______ SEXUAL ASSAULT _______ PSYCHIATRIC/PSYCHOTHERAPY NOTES _______ SUBSTANCE ABUSE _______ HIV/AIDS

__This information is to be released to:__

Name: ______________________________________

Street Address: ______________________________________

City, State, Zip: ______________________________________

☐ See agencies/facilities indicated on reverse.

__For the following (circle one):__

a. Continuing care
b. Legal
c. Insurance
d. Personal
e. Other (specify): ______________________

Such disclosure shall be limited to the following specific types of information (check all that apply):

____________	Complete Record	____________	Operative Records
____________	Face Sheet	____________	Newborn Identification Sheet
____________	Discharge Summary	____________	Pathology Reports
____________	History and Physical Exam	____________	Consultation Reports
____________	Emergency Department	____________	EKG Reports
____________	Outpatient Records	____________	Clinical Lab Reports
____________	Progress Notes	____________	Radiology (X-ray) Reports*
	Other (specify): ______________________		

I, hereby release the Jackson Health System from any liability which may result from this release of confidential medical records, or which may arise as a result of the use of the information contained in the records released. This consent is subject to revocation by the undersigned at any time except to the extent that action has already been taken in reliance on it. This consent will automatically expire on (list the specific date) ______________.

*** Should I require x-ray films, I understand that I must obtain them from the Radiology Department. Surgical slides must be obtained from Pathology.**

______________________________ ____________
Patient Signature Date

____
Parent/Authorized Representative – sign and print

____
Indicate Relationship to Patient

PATIENT IMPRINT

	JACKSON HEALTH SYSTEM MIAMI, FL 33136
C-613C	AUTHORIZATION FOR RELEASE OF CONFIDENTIAL MEDICAL RECORDS

REV 11/02 PRINTED JMH

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

☐ I authorize release of my medical record information to the following agencies for the purpose of planning for my continued care:

_____ Children's Medical Services
_____ Department of Children and Families
_____ Developmental Early Intervention Program
_____ Homeless Assistance Center
_____ Medicaid Transportation
_____ Office of Emergency Assistance
_____ Ronald McDonald House
_____ Social Security
_____ Winn-Dixie Hope Lodge
_____ Women Infants and Children

____
____
____
____
____
____
____
____
____
____

☐ I authorize release of my medical record information to the following skilled nursing facilities. I understand that only those facilities that are most likely to accept me for admission will be contacted.

Arch Plaza Nursing and Rehab Center
Berkshire Manor
Brookwood Gardens Convalescent Center
Claridge House Nursing and Rehab Center
Coral Gables Convalescent Center
Coral Reef Nursing and Rehab Center
East Ridge Retirement Village Inc.
Fair Havens Center
Florida Club Care Center
Floridean Nursing Home Inc.
Fountainhead Care Center
Gramercy Park Nursing Center
Greynolds Park Manor Rehab Center
Hampton Court Nursing and Rehab Center
Heartland Health Care Center-Kendall
Healthland Health Care Center-Miami Lakes
Hebrew Home for the Aged North Dade
Heritage Nursing and Rehab Center
Hialeah Convalescent Home
Hialeah Shores Nursing and Rehab Center
Homestead Manor Nursing & Rehab Center
Human Resources Health Center

Integrated Health Services at Greenbriar
Jackson Heights Rehab Center
Jackson Plaza Nursing and Rehab Center
Miami Beach Hebrew Home for the Aged
Miami Gardens Care Center
Miami Jewish Home & Hospital for the Aged
Miami Shores Nursing and Rehab Center
Mt. Sinai-St. Francis Nursing & Rehab Ctr
New Riviera Nursing and Rehab Center
Nursing Center at Mercy
Oceanside Extended Care Center
Palace at Kendall Nursing & Rehab Center
Palm Garden of North Miami
Palmetto Health Center
Palmetto Sub Acute Care Center
Perdue Medical Center
Pinecrest Convalescent Center
Pines Nursing Home
Plaza Nursing and Rehab Center
Ponce Plaza Nursing and Rehab
Regents Park at Aventura
Riverside Care Center

Saint Anne's Nursing Center
Sunbridge Care and Rehab for South Point
Susanna Wesley Health Center
Tandem Health Care of Miami
Treasure Isle Care Center
Victoria Nursing and Rehab Center
Villa Maria Nursing Center
Watercrest Care Center
Waterford Convalescent Center
West Gables Health Care Center

____
____
____
____
____
____
____
____
____
____
____
____

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS®

INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

DIAGNOSTIC IMMIGRATION INTAKE

Site: ________________ Date: ________________ Intern: ________________

PART I: GENERAL INFORMATION

Last Name: ______________________ First Name: ______________________

Current Address: ____

How long have you lived at this address? (years & months):____________________

Home Phone #: ____________________

Cell Phone #: ____________________

Alt. Phone #: ____________________

Alien Number (A #): __________________ S.S.N. #:________________________

Parole # (I-94): ____________________ Name on Parole: __________________

D.O.B.: ________________ Place of Birth: ____________________

Sex: F M
(circle)

Country of Citizenship: ______________

Marital Status: ____________________ HIV: Y N
(circle)

1. Nature of Immigration Problem/Client's Objective:

____

____

____

2. What is your current immigration status (Asylee, Visa Overstay, LPR, Unknown, etc.)?

____

Make individual copies of all immigration documents including LPR cards, employment auth. Cards, I-94's (entry document), Social Security cards, and foreign passports (If copies are of poor quality, please write down all important information from the originals).

3. Please describe your entries into the US (List ALL Entries, beginning with 1st **entry**):

Date	Type of Entry (Boat/Air/Foot)	Place (Port of Entry or Other)	Inspection at border?	Entry document?

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS®

INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

4. Have you had any prior contact with immigration officials? Y N

(circle)

Date	Official	Reason	Outcome

5. Please list all prior immigration applications (as applicant or beneficiary) including type of application, dates and result:

Make copies of any paperwork from USCIS or ICE

Applicant/Beneficiary	Date	Application Type	Result

6. Do you have any current immigration applications: Y N

If yes, what is the status? ______________________________

What is the last notice /update you received from USCIS department of immigration?

____

____

Do you have any upcoming hearings? Y N

If yes, when/what court?

____

____

Have you moved since filing the application? Y N

If yes, have you sent in a change of address form? Y N

PART II: FAMILY INFORMATION

7. Current Spouse Information (even if not applying with you):

Last Name: ______________ First Name: ______________

Immigration Status: ______________________________

Date of Marriage: ______________

Legally Married? Y N

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

8. Do you have any children? Please list:

Name	DOB	Place of Birth	Immigration Status	Current Residence

9. Mother's information:

Birth Place: ______________ Immigration Status:___________________________

Deceased? Y N If yes, year of death:_____________

10. Father's information:

Birth Place: ______________ Immigration Status:___________________________

Deceased? Y N If yes, year of death:_____________

11. Were your parents married when you were born? Y N

Did they have physical custody of you as a child? Y N

12. List any other family members that reside in the US and their immigration status:

Name	Relationship	Immigration Status

13. Do your immediate family members have any medical conditions or disabilities?

Y N

If so, please explain:

____

____

Do you provide care or financial support for these family members?

____

____

This resource was downloaded from http://etl.du.edu

INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

PART III: EMPLOYMENT INFORMATION

14. Please describe all current and former work permits:

Code	Date Granted	Date Expired	Where Granted
Current:			

15. List any special skills or advanced degrees:

____

____

____

PART IV: ASYLUM & CRIMINAL INFORMATION

16. Do you have any fear of returning to your home country? Y N

If yes, what are you afraid will happen if you go back?

____

____

____

17. What is your criminal history? (all interactions w/ police in any state or country, even if not charged with a crime, including traffic violations)

Crime Charged	Date (approx.)	Result (conviction, plea, or charges dropped?)	Location of Arrest/Court Appearance (town & country)

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS®

INSTITUTE *for the* ADVANCEMENT *of the* AMERICAN LEGAL SYSTEM

18. Has there been any domestic violence, physical or psychological, against you or your children? Y N

If yes, please explain:

____

____

What was the immigration status of the abuser? ____________________

19. Have you been a victim of crime? Y N

If yes, please explain:

____

____

20. Have you had any other attorney represent you in an immigration matter? Y N

Current status of relationship w/ this attorney:

____

____

____

PART V: GENERAL IMMIGRATION TIMELINE/NARRATIVE:

____

____

____

____

____

____

____

____

____

____

____

____

____

____

This resource was downloaded from http://etl.du.edu

IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

ENTREVISTA DE INMIGRACIÓN

Lugar: ________________ Fecha: ________________ Interno: ________________

SECCIÓN I: INFORMACIÓN GENERAL

Apellido: ____________________________ Nombre: ____________________________

Dirección: ____

¿Desde cuando vive en esta dirección? (años & meses):________________________

Teléfono de casa #: __________________________

Teléfono celular #: __________________________

Teléfono alterno #: __________________________

Número de extranjero (A #): _____________ Seguro Social #:____________________

Parol # (I-94): ______________________ Nombre en Parol: ______________________

Fecha de nacimiento: ________________ Lugar de nacimiento: __________________

Sexo: M H
(Circule)

País de ciudadanía: ____________________

Estado civil: ______________________ VIH: Y N

1. Objetivo del cliente/tipo de problema migratorio:

____

____

____

2. ¿Que es su estado de inmigración actual? (asilado, residente, indocumentado, etc.)?

____

Make individual copies of all immigration documents including LPR cards, employment auth. Cards, I-94's (entry document), Social Security cards, and foreign passports (If copies are of poor quality, please write down all important information from the originals).

3. Por favor describa sus entradas a los EE.UU. (Nombre todas las entradas, empezando con la primera entrada):

Fecha	Tipo de entrada (Barco/avión/a pie)	Lugar (Puerto de Entrada u Otro)	¿Inspección en la frontera?	¿Documento de entrada?

This resource was downloaded from http://etl.du.edu
EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

4. ¿Ha tenido contacto con oficiales de inmigración anteriormente? S N

(circule)

Fecha	Oficial	Razón	Resultado

5. Por favor nombre todas las solicitudes de inmigración presentadas (como aplicante o beneficiario) incluyendo tipo de solicitud, fechas y resultado:

Make copies of any paperwork from USCIS or ICE

Aplicante/beneficiario	Fecha	Tipo de solicitud	Resultado

6. ¿Usted tiene alguna solicitud de inmigración actual?: S N

¿Si contestó sí, que es el estado? ___________________________

¿Cual es la última notificación que recibió de inmigración?

____

____

¿Tiene una audiencia? S N

¿Si contestó sí, cuando/en qué corte?

____

____

¿Usted se ha mudado desde que mandó su solicitud? S N

¿Si contestó sí, ha mandado un formulario para cambiar su dirección? S N

SECCIÓN II: INFORMACIÓN SOBRE SU FAMILIA

7. Información de esposo(a) actual (incluso si no están solicitando con usted):

Apellido: ____________________ Nombre: ______________________

Estado migratorio: ____

Fecha de matrimonio: _________________

¿Es un matrimonio legal? S N

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

8. ¿Tiene hijos? Por favor nómbrelos:

Nombre	Fecha de nacimiento	Lugar de nacimiento	Estado migratorio	Dirección actual

9. Información de su madre:

Lugar de nacimiento: _____________ Estado de inmigración:_________________

¿Fallecida? S N Si contestó sí, año de fallecimiento:____________

10. Información de su padre:

Lugar de nacimiento: _____________ Estado de inmigración:_________________

¿Fallecido? S N Si contestó sí, año de fallecimiento:____________

11. ¿Sus padres estaban casados cuando nació? S N

¿Sus padres tuvieron custodia física cuando era niño(a)? S N

12. Por favor nombre otros parientes que viven en los EE.UU. y sus estados migratorios:

Nombre	Relación	Estado migratorio

13. ¿Su familia inmediata tiene alguna condición médica o están incapacitados? S N

Si contestó sí, por favor explique:

____

____

¿Usted apoya o proporciona cuidado para estos miembros de su familia?

____

____

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

SECCIÓN III: INFORMACIÓN SU EMPLEO

14. Por favor describa todos los permisos de trabajo (actual y anteriores):

Código	Fecha concedido	Fecha de vencimiento	Lugar
Actual:			

15. Nombre habilidades especiales o títulos avanzados:

___

___

___

SECCIÓN IV: ASILO E INFORMACIÓN CRIMINAL

16. ¿Usted teme regresar a su país? S N

¿Si contestó sí, por qué tiene miedo de regresar?

___

___

___

17. ¿Tiene historial criminal? (todo contacto con la policía en cualquier estado o país, incluyendo infracciones de tráfico)

Crimen cargado/acusación	Fecha (aprox.)	Resultado (condena, libertad condicional)	Lugar de detención/audencia ante un juez (cuidad & país)

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM

18. ¿Ha sufrido violencia domestica, física o mental contra usted o sus hijos? S N

Si contestó sí, por favor explique:

____

____

¿Qué es el estado migratorio del abusador? ____________________

19. ¿Ha sido víctima de un crimen? S N

Si contestó sí, por favor explique:

____

____

20. ¿Ha tenido otro abogado de inmigración representándole en un caso de inmigración? S N

Estado actual de su relación con este abogado:

____

____

SECCIÓN V: NARRACIÓN DE CASO DE INMIGRACIÓN:

____

____

____

____

____

____

____

____

____

____

____

____

____

____

This resource was downloaded from http://etl.du.edu

EDUCATING TOMORROW'S LAWYERS® IAALS INSTITUTE for the ADVANCEMENT of the AMERICAN LEGAL SYSTEM