



**Immigration Psychosocial Evaluation
Intake Cover Sheet**

For more details and to download forms please see www.USimmigrationevalutations.com
www.USimmigrationevalutations.com/immigration-evaluations

(904) 234-0574 328 2nd Ave N, Jacksonville Beach, FL 32250

Date Form Completed: _____ **Person Completing the Form:** _____
Name and relationship to client

Client's Name: _____ **Sex:** M / F **Date of Birth:** _____

Address: _____
Street City State Zip

Phone Number: _____ **Email Address:** _____

REASON FOR EVALUATION (see website above for details or ask your referring attorney)

- VAWA (Violence Against Women Act)
- Hardship Evaluation (including Cancellation of Removal)
- U Visa (Victim of Violence in the U.S.)
- Asylum
- T Visa (Trauma Visa - sex trafficking, etc.)

Referring Attorney - Name: _____

Phone: _____ **Email:** _____

This is a(n):

- Individual Mental Health/Psychosocial Evaluation and Report
- Family Mental Health/Psychosocial Evaluation and Report - List all family members to include:

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____



Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Is English the client's primary speaking language: Yes No

If no, what is the client's primary language: _____

What is the client's secondary language: _____

Can you provide your own interpreter if needed? Yes No

Name or interpreter/translator to attend the evaluation: _____

Phone Number for interpreter/translator to attend the evaluation: _____

Email for interpreter/translator to attend the evaluation: _____

**We have psychosocial assessments available in English or Spanish upon request, however all information in the clinical interview and on the forms must be provided in English, as USCIS and Immigration Court require the report and data in the file to be provided by our office in English only.*

All forms below are required to complete the intake packet: (available on the website or in the office)

- ___ Payment made via cash in person or app (see website for list of apps or to use paypal or credit card)
- ___ New Client Forms Packet- Adult or Child (Separate packet for every person included in the evaluation and report)
- ___ Child Developmental History (Children only to accompany each Child New Forms Packet/per child)
- ___ Telehealth Consent Form
- ___ Extreme Hardship Report Disclosure
- ___ Medical Release of Information Form/HIPPA Compliance (with your attorney listed in the "to/from" section)
- ___ Immigration Hardship Evaluation Intake Form OR Asylum/UVisa/VAWA/Spousal Narrative
- ___ This Intake Checklist/Immigration Psychosocial Intake Cover Sheet

Phone (904) 234-0574 or Office Assistant (904) 372-4109
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