

Oceanside Family Therapy & Assessments

Serving Children, Teens, Adults & Families

Nicole Story, ED.S, M.ED, LMFT, LMHC

Psychotherapist, Clinical Director

www.OceansideFamilyTherapy.com

(904) 234-0574

IMMIGRATION HARDSHIP EVALUATION INTAKE FORM

(All information used in this form is intended to assist the client's attorney and hardship evaluation)

Immigrant Details

NAME _____

First Middle Last Maiden Former

ADDRESS _____

DATE OF BIRTH _____

PLACE OF BIRTH _____ (CITY AND COUNTRY)

COUNTRY OF CITIZENSHIP _____

DATE(S) MOVED TO THE UNITED STATES _____

ANY CHILDREN OR OTHER DEPENDANTS _____

Individual Seeking Hardship Evaluation

NAME _____

First Middle Last Maiden Former

ADDRESS _____

DATE OF BIRTH _____

PLACE OF BIRTH _____ (CITY AND COUNTRY)

RELATIONSHIP TO THE IMMIGRANT FOR WHOM YOU WOULD EXPERIENCE HARDSHIP

___ SPOUSE ___ CHILD ___ PARENT ___ SIBLING

___ OTHER (PLEASE EXPLAIN) _____

ANY DISABILITIES, PHYSICAL OR MENTAL HEALTH ISSUES _____

Oceanside Family Therapy & Assessments

Serving Children, Teens, Adults & Families

Nicole Story, ED.S, M.ED, LMFT, LMHC

Psychotherapist, Clinical Director

www.OceansideFamilyTherapy.com

(904) 234-0574

PROVIDE A NARRATIVE BELOW EXPLAINING YOUR RELATIONSHIP TO THE IMMIGRANT AND WHY YOU WILL EXPERIENCE HARDSHIP IN HIS/HER ABSENCE, INCLUDE HOW YOU MET, WHEN AND HOW THEY ENTERED THE US, ETC. (Or type on separate paper and attach to this form)

I verify that all of this information is true and authorize its use for my hardship evaluation report

Signature, Printed Name, Date