



# Catholic Charities of Central Florida, Inc.

## Immigration and Refugee Services



ARNE NELSON  
PRESIDENT  
CHIEF EXECUTIVE OFFICER

**DIOCESE OF ORLANDO**  
1771 NORTH SEMORAN BOULEVARD, SUITE "C"  
ORLANDO, FLORIDA 32807  
TEL. (407) 658-0110 FAX (407) 249-5699 TOLL FREE 1-800-411-0714  
[www.cirsorl.org](http://www.cirsorl.org)

BRANCH OFFICES  
COCOA • DAYTONA • OCALA  
LAKELAND • ORLANDO • WINTER  
HAVEN

Dear Future Client:

Enclosed please find an "Intake/Information Sheet" that provides us with basic information about you. All information you provide is confidential and assists our accredited representatives or attorneys with determining the appropriate services required in your specific case.

If your appointment has been scheduled with an accredited representative, the enclosed form must be completed and returned with a money order for the amount of forty dollars (\$40.00). However, if you have an appointment with an attorney, your money order should be for the amount of sixty dollars (\$60.00). Money orders should be payable to **Catholic Charities of Central Florida** in order to be able to schedule your appointment. Please be advised that we do not accept personal checks. The amount charged covers the consultation with the accredited representative, with any of our attorney or with the subscriber. If we do not receive the required amount in advance, we will not be able to schedule your appointment.

Upon receipt of these items, our receptionist will call and confirm your appointment date and time. If you are unable to make your appointment for any reason, please call in advance to reschedule. If you fail to reschedule in a timely manner or you fail to bring the documents and/or the information requested, your \$40.00 or \$60.00 deposit will be non-refundable.

Please be advised that we do not have the ability or space to supervise children during your appointment. Therefore, bring your child(ren) only if they are needed to complete the paperwork or for photographs. **OTHERWISE, DO NOT BRING CHILDREN.**

Should you have any questions concerning the information provided above, please call our office at (407) 658-0110 for further information.

Thank you,

Evaristo M. Martínez  
Attorney at Law

EMM/srp  
Enclosure



PROVIDING HOPE...BUILDING OPPORTUNITY





If currently married, Name of Spouse/: \_\_\_\_\_  
Nombre Esposo(a) si está casado(a)

**Spouse's immigration status/Estado migratorio de esposo(a):**

U.S. Citizen/Ciudadano  Permanent Resident/Residente Permanente   
Refugee/Refugiado/Asylee/Asilado  Other \_\_\_\_\_

**Number of dependents/Número de dependientes** =

**Your Current Immigration Status?**

U.S. Citizen/Ciudadano  Permanent Resident/Residente Permanente  Parolee   
Tourist Visa/Visa de Turista  J-1/J-2 Visa (exchange-visitor)  Asylee/Asilado   
Student Visa/Visa de Estudiante  Temporary Protected Status (TPS)  Refugee/Refugiado   
Conditional Resident/Residente Condicional  None/Other/Ninguno/Otro

**Date of Entry to U.S. / Fecha de Entrada a EE.UU:** --  
Month/Mes Day/Día Year/Año

**Have you left the U.S. since then/Ha salido usted de EE.UU?** Yes/Sí  No

**Referred By / Referido por:** Relative/Familiar  Friend/Amigo  Church/Iglesia   
Agency/Agencia  Attorney/Abogado  AD/Anuncio  Phone Book  USCIS/Inmigración

**Services Requested / Servicio Solicitado:** \_\_\_\_\_

---

**\*\*Fees vary with service\*\*Honorarios varían de acuerdo al servicio\*\***  
**Payments accepted only in/Los pagos se aceptan sólo en:**  
**CASH/EFECTIVO, VISA, MASTER CARD or MONEY ORDER/GIRO POSTAL**

***WE DO NOT ACCEPT PERSONAL CHECKS/NO SE ACEPTAN CHEQUES PERSONALES.***

**CLIENT PLEASE, STOP HERE! DO NOT WRITE BELOW THIS LINE (FOR CIRS CASE WORKER USE ONLY)**  
**POR FAVOR NO ESCRIBA DEBAJO DE ESTE RENGLON**

---

**FACTS:** \_\_\_\_\_

---

**PROBLEM/ISSUE:** \_\_\_\_\_

---

**ADVICE/ACTION TAKEN:** \_\_\_\_\_

---

---

---

---

**CATHOLIC IMMIGRATION AND REFUGEE SERVICES**

1771 North Semoran Boulevard, Suite "C", Orlando, FL 32807

Tel. (407) 658-0110 Fax (407) 249-5699

Toll Free 1-800-411-0714

---

---

**CONSULTATION AGREEMENT**

Catholic Immigration and Refugee Services (CIRS) and I agree that:

1. CIRS will charge me \$40.00 or \$60.00 for consultation (Advice Only).
2. Any and all information I give to CIRS is confidential.
3. CIRS will advise me on the following problem:

---

---

4. CIRS will only give me advice or provide a limited service such as writing a letter to USCIS or Consular office to try to quickly resolve my problem. A limited service does not include going to Court or to USCIS or filing papers on my behalf.
5. The signing of this agreement by CIRS does not mean that CIRS has accepted my case for anything other than advice or a limited service in an attempt to resolve my problem. CIRS will not represent me in any further problems unless CIRS and I mutually agree and CIRS and I sign a separate, more detailed standard agreement for services.
6. I understand that either the CIRS staff attorney or a staff member may work on my case.
7. I understand that the advice given is only the opinion of the CIRS staff attorney and I realize that CIRS has not made any guarantees about the outcome of my case.
8. I will be given a copy of this form to keep, if requested. If I am unhappy with the services provided or CIRS tells me that they are unable to represent me, I can file a written complaint to the Director of this agency and may seek immigration assistance elsewhere.

I attest that all the information I give CIRS is truthful to the best of my knowledge.

---

Client

---

Date

---

Attorney /Case Handler for CIRS

---

Date