

## Deferred Action for Childhood Arrivals (DACA) Initial Screening Form

Date: \_\_\_\_\_












### CLIENT INFORMATION

Complete legal name \_\_\_\_\_

How did you hear about our clinic/who referred you? \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_

- |  |                              |   |   |
|--|------------------------------|---|---|
| 1. Were you under age 31 as of June 15, 2012?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO   |    |
| 2. Did you come in to the United States before reaching your 16th birthday?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO   |    |
| 3. Were you physically present in the United States on June 15, 2012?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO   |    |
| 4. Are you 15 years of age or older?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO   |   |
| 5. Are you currently in school, or have you obtained a high school diploma, or a GED, or have you been honorably discharged from the Coast Guard or Armed Forces of the United States?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO   |  |
| 6. Have you continuously resided in the United States since June 15, 2007, up to the present time?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO   |  |
| 7. Have you been convicted of a felony, significant misdemeanor, three or more other misdemeanors? ( <i>Not including traffic violations such as driving without a license</i> ).  | <input type="checkbox"/> YES |  <input type="checkbox"/> NO |   |
| 8. Have you <i>ever</i> been arrested, cited or stopped by the police or any immigration officials?  | <input type="checkbox"/> YES |  <input type="checkbox"/> NO |   |
| 9. Are you currently in removal/deportation proceedings?   | <input type="checkbox"/> YES |  <input type="checkbox"/> NO |   |
| 10. Have you ever been in removal/deportation proceedings?   | <input type="checkbox"/> YES |  <input type="checkbox"/> NO |   |
| 11. Have you or an immediate relative or partner/boyfriend/girlfriend, been a victim of crime in the U.S., and reported it to the police? (Other immigration option for some who might qualify. Please try to obtain & bring copy of police report.) | <input type="checkbox"/> YES |  <input type="checkbox"/> NO |   |