



Confidential  
February 2024

Orange County Justice Fund  
Preliminary Screening Form

Referred by: \_\_\_\_\_  
Date: \_\_\_\_\_

Complete legal name: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Pronouns: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Country of origin: \_\_\_\_\_  
Primary language spoken: \_\_\_\_\_ Others spoken: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_  
Zip code: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Quick Case Summary** Do you (or the person you seek to petition for, if filing I-130) currently have any form of lawful immigrant/nonimmigrant status?  Yes  No

If yes, what kind of lawful immigrant or nonimmigrant status do you currently have? \_\_\_\_\_

Have you ever had any form of lawful immigrant or nonimmigrant status?  Yes  No If yes, what kind? \_\_\_\_\_

Date you obtained the above-mentioned status: \_\_\_\_\_ Date you lost that status: \_\_\_\_\_

Reason for loss of status: \_\_\_\_\_

Are you currently in removal proceedings?  Yes  No NTA (notice to appear) served on: \_\_\_\_\_

Do you have legal representation in your removal case?  Yes  No Date of next court hearing: \_\_\_\_\_

Are you currently detained?  Yes (Where: \_\_\_\_\_)  No Type of hearing:  Master Calendar Hearing  Individual (Merits) Hearing

Immigration court location: \_\_\_\_\_

Have you ever filed an application for any kind of immigration relief, visa, or adjustment of status?  Yes  No When did you file? \_\_\_\_\_

What kind of application(s) did you file? \_\_\_\_\_

Did you file pro se (by yourself) or with the help of an attorney, doj rep, or another advocate?  Pro se  Attorney  DOJ rep  Other advocate: \_\_\_\_\_

What happened? (Was it denied, approved, were you asked to present more evidence, etc.) \_\_\_\_\_

**Nature of inquiry:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action requested/required:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interested in the following? Check all that apply.**  
 Free case assessment/eligibility screening  FOIA and other KYR workshops  Warm referral to pro bono attorney  
 Referral to private attorney

**Household Information** Are you the head of household?  Yes  No Household size: \_\_\_\_\_

# of children under 18: \_\_\_\_\_ Annual Household income: \_\_\_\_\_

Proof of OC residency:  Driver's license  Utility bill  Mortgage statement  Residential lease  Other

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<b>OCJF USE ONLY:</b>	Screeners name: _____
Does this person qualify for OCJF legal empowerment programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Do they have an immigration legal issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what kind? _____
Comments: _____	
<b>NEXT STEPS:</b>	
<input type="checkbox"/> Schedule intake appointment	<b>Date/Time:</b> _____
<input type="checkbox"/> Sign them up for a FOIA/Background Check Workshop	<b>Date/Time:</b> _____
<input type="checkbox"/> Warm referral to pro bono attorneys	
<input type="checkbox"/> Referral to private attorneys	
<input type="checkbox"/> None	
<b>Please remember to scan and store in SharePoint/Clio even if there are no further actions necessary.</b>	
<b>Include proof of residency scan if further actions are necessary.</b>	
<b>Note that a person's annual income must be less than 80% of the annual median family income to qualify for services.</b>	

Income-Based Eligibility Assessment

Family Size	Income Limit: 80% of Area Median
1	\$75,900
2	\$86,750
3	\$97,600
4	\$108,400
5	\$117,100
6	\$125,750
7	\$134,450
8	\$143,100