

Personal Information/Información Personal

First Name(s):

Nombre(s):

Last Name(s):

Apellido(s):

Address:

Dirección:

Street

Apt. No.

City

State

Zip

Date of Birth:

Fecha de Nacimiento:

Country of Birth:

Pais de nacimiento:

Phone number:

No. de teléfono:

Gender:

Sexo:

☐ Male/Masculino

☐ Female/Femenino

E-mail : _____

Annual Household Income:

Ingresos Anuales de toda su casa:

\$

People in your household:

Cuántas personas en su casa:

A-Number:

Numero A:

Green Card Expiration Date:

Fecha de Vencimiento de la tarjeta verde:

Date you received your green card:

Fecha en que recibió su tarjeta verde:

How did you hear about this program?

¿Cómo se enteró de este programa?

- ☐ Church/Iglesia
- ☐ Previous Workshop/ Taller anterior
- ☐ Internet/Social Media
- ☐ Word of Mouth/en su comunidad por familia o amigo
- ☐ Community partner (library, college)/otra organization en la comunidad (biblioteca, universidades) : -

Why do you want to become a US. Citizen? *¿Por qué quiere convertirse en ciudadano Estadounidense?*

☐ Desire to "be an American"/ Deseo ser ciudadano(a) "Americano(a)"

☐ Other / Otra:

☐ Ability to vote/ Abilidad de votar en las elecciones

☐ Increased family petitions/ Hacer una peticion familiar

☐ Family pressure/ Presion de mi familia

☐ Better employment opportunities/ Mejores oportunidades de empleo

☐ Increased/continued public benefits/ Beneficios publicos

☐ Increased ability to travel/ Puedo viajar sin temor de perder mi residencia

☐ "Better opportunities" / Rights/ Por mis derechos y "mejores oportunidades"

☐ To avoid renewing green card / Para no renovar mi tarjeta de residencia

☐ Long term monetary benefits/ Beneficio financiero a largo tiempo

Warning and Waiver

The purpose of this form is to advise you that:

- The legal staff and volunteers of Hogar Immigrant Services are committed to providing the best possible service at the least cost for those clients who are eligible to naturalize.
- It is extremely important that you be completely truthful with us about your case.
- In the workshop setting, it is not possible to do in-depth analysis of complicated legal issues.
- Criminal activity may make you ineligible and could make you subject to deportation. Because of this, you must be honest about any contact you have ever had with law enforcement, even if you were not convicted, the case happened long ago, or you were told that your case would not be a problem for you in the future.

THIS IS A WARNING: IF YOU HAVE EVER BEEN STOPPED BY THE POLICE, ACCUSED OF A CRIME, BEEN TAKEN TO COURT, SEEN A JUDGE, HAD TO PAY A FINE, HAD TO PERFORM COMMUNITY SERVICE, OR BEEN ORDERED BY A JUDGE TO TAKE A CLASS, YOU MUST SEEK LEGAL ADVICE REGARDING THE ADVISABILITY OF YOUR FILING FOR NATURALIZATION. You must have your court documents and/or driving record present for us to evaluate your eligibility. Please note that longer consultations regarding complicated legal issues are usually not possible in the workshop environment. If we cannot complete your case in our workshop, it is important that you seek legal advice from a qualified immigration attorney or accredited representative of your choice

FAILURE TO SEEK SUCH ADVICE MAY RESULT IN YOU BEING PUT INTO DEPORTATION PROCEEDINGS. DO NOT SEND IN AN APPLICATION FOR CITIZENSHIP WITHOUT FIRST MAKING CERTAIN THAT IT IS SAFE FOR YOU TO DO SO.

Waiver:

I, _____, have read the above advice and warning and understand the problems I may face if I submit an application for naturalization without first consulting with an immigration attorney regarding the effect of any criminal activity on my case. If I do not heed this warning and file my naturalization application on my own, I waive any liability claim against Hogar Immigrant Services, its staff, or its agents. I also know that I am receiving a legal consultation today and the \$75 fee is non-refundable.

Signed _____ Dated _____

AGREEMENT FOR REMOTE INITIAL CONSULTATION

HOGAR IMMIGRANT SERVICES

I understand that during this consultation, a licensed attorney (a caseworker) at **Hogar Immigrant Services (Hogar)**:

- Has agreed to meet with me by phone or video conference to discuss my immigration questions.
- Will try to answer my questions to help me understand my present immigration status and any immigration benefits available to me or my family members.
- Everything that happens during this meeting will be held in confidence by **Hogar** staff and volunteers to the extent required by law and professional ethics.

I further understand that:

- I must be honest and provide complete answers in order for **Hogar** staff to help me.
- I must be cooperative and respectful with **Hogar** staff, volunteers, and clients.
- Failure to be honest, cooperative, and follow these guidelines may make it impossible for **Hogar** to assist me and give me correct and accurate legal advice.

Regarding **Hogar's** responsibility for my case, I understand that:

- **Hogar** staff will NOT work further on my case beyond the time spent during this appointment without further agreement.
- If I request that my case be accepted for representation, **Hogar** will advise me in a timely manner if they are able to accept my case and I will enter a formal agreement for additional services at that time.
- Until I enter a formal agreement, **Hogar** is not representing me in any matter or capacity.
- All services are by appointment only during regular business hours (Mon-Thurs. 9:00 a.m. to 5:00 p.m.).

I further understand that the fee for this consultation is \$75, and that:

- If my case is accepted for representation there may be additional fees for services rendered in the future.
- If it is necessary for me to return for an additional consultation and/or if my consultation goes over the allotted 90 minutes, I will be charged an additional consultation fee of \$75.

If I do not return to **Hogar** for any further services, I understand that my consultation file will be destroyed after one year from the date of my consultation.

I understand that a decision on whether my case will be considered for representation by **Hogar** may not be made on the same day as my consultation. I also understand that my case will not be considered for representation by **Hogar** until I bring in all required documentation and relevant **Hogar** and government fees. If my case is one that Hogar might consider for representation, a caseworker will provide me with a list of documents and fees required for my case. I understand that even if I get all my documents and fees prepared, my case might not be accepted by **Hogar**. I understand that until a final contract is signed, **Hogar** is not representing me.

I understand that if I am not satisfied with the services rendered during my consultation, that I may ask to speak with the Program Director of **Hogar** and file a written complain if desired. If I am unable to resolve my grievance with the Program Director of **Hogar**, this individual will provide me with written instructions for raising my concerns with the main Catholic Charities office.

Authorization to Use Electronic Communication for Remote Legal Consultations:

- Electronic systems used in the provision of remote legal consultations will incorporate network and software security protocols to protect the confidentiality of private and protected information and will include measures to safeguard the privacy of any information discussed.
- **Hogar** staff will ensure the privacy and confidentiality of all information received during a remote legal consultation by only using equipment authorized by the organization and software or videoconferencing platforms that provide end-to-end encryption of communications.
- **Hogar** staff will also instruct me on the best way to create a private and confidential setting for me during my remote legal consultation. This may include, to the extent possible, sitting in a quiet room by myself during the consultation, so that I can have a private conversation free from interruption and/or distraction.

- I understand that there are potential risks to the use of videoconferencing technology, including but not limited to interruptions, unauthorized access by third parties, and technical difficulties. I am aware that either **Hogar** or I can discontinue the consultation if we believe that the videoconferencing connections are not adequate for the situation. In this event, there is the option to conduct the consultation via telephone.
- I understand that my legal consultation will not be audio or video recorded at any time.
- I understand that **Hogar** can use encrypted (secure) email to send me confidential information. This is the method that **Hogar** prefers to use to ensure the confidentiality of my private information through email communication. I understand that by authorizing the use of secure email, the encrypted email I receive will require me to enter a unique password to open the email. I also understand that the word “SECURE” (in English) must be typed in the subject line in all emails to encrypt email communication.
- I understand that most popular email providers (such as Gmail, Hotmail, Yahoo, etc.) do not utilize encrypted email which means that confidential information sent or received using those email providers could be accessed by third parties. Such unsecure emails containing confidential information sent by me to **Hogar** from my personal computer, network, or phone is my responsibility to protect from loss or compromise. I also understand that, if an unencrypted email is received by me, someone else may be able to access my email account and read it. **Hogar** will not be liable for the use or further disclosure of the confidential information.
- I understand that email and its contents which may include confidential information can be forwarded, intercepted, printed or stored by others.
- I understand that Catholic Charities has various internal third parties, such as IT Administrators, that have access to its emails and data for administrative, compliance, and quality purposes.
- I understand that email or text message communication with **Hogar** is a convenience. I understand that using email or text message communication is not appropriate for emergencies or time-sensitive issues. Staff does not, and is not required to, check email or text messages outside of normal business hours.
- I understand that text messages are considered confidential information between me and **Hogar**. However, text messages are unsecure and may be viewable by third parties if my phone is lost, stolen, or compromised. **Hogar** will not be liable for the use or further disclosure of text messages containing confidential information stored on the phone. I understand that sending text messages through the encrypted (secure) platform WhatsApp is the preferred method of text message communication between me and **Hogar**.
- I understand that if I use someone else’s phone or email account to communicate with **Hogar**, that other person may own that data and may have access to view any confidential information sent to **Hogar**.

Date: _____

Hogar Caseworker: _____

Client’s Name: _____

Client’s Signature: _____

(Print Name)

Hogar Immigrant Services
Naturalization Workshop
Required Information Sheet

ALL Trips outside of the U.S. since you became a Permanent Resident

Viajes fuera de los EE.UU desde que convirtio en residente legal

[illegible]

Traffic and Criminal Violations (beginning with current traffic violations)

Tráfico y violaciones criminales (comenzando con las infracciones de tráfico actuales)

[illegible]

Hogar Immigrant Services
Naturalization Workshop
Required Information Sheet

Addresses for the past 5 years (beginning with current address)

Domicilios de los últimos 5 años (comenzando con el domicilio actual)

[illegible]**Employment for the past five years (beginning with current job)**

Lugar de empleo por los ultimos 5 anos (comenzando con el empleo actual)

[illegible]