REQUEST FOR ASSISTANCE ON IMMIGRATION ISSUE

ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS

SFN 59697 (2/2014)

NDCLCI
Po Box 149
Valley City, ND 58072
Phone: (701)845-8632
Fax: (701)845-8633
Email: clcivc@nd.gov

Name of attorney making request:	Date:
Email address:	Phone number:

Defendant name:	Case number
Charge(s)	Statute

Immigration status*:	Ethnicity of client:	Date assistance is needed by:

*Please attach a copy of the green card or I-94 if there is no green card. See if client has an "A+" and just make a note.

Does the client have a pending application with USCIS? ☐ Yes ☐ No

If so, what is that purpose?

Briefly describe the alleged crime:

Disposition of this charge	Prior convictions	Court	State

If necessary, attach a separate page(s), or a printout of criminal history and/or docket page.

Questions for Immigration Attorney:

Requesting Attorney Signature	Date

Request is ☐Granted ☐ Denied

By: _____ Date: _____
(Lead Counsel/Commission Personnel)

Copy sent to requesting attorney:	Completed by (initials):	Date:
Copy sent to immigration attorney:	Completed by (initials):	Date: