

**NATIONAL  
IMMIGRANT  
JUSTICE CENTER**

A HEARTLAND ALLIANCE PROGRAM

**Chicago Legal Protection Fund  
Immigration Legal Referral Form**

Type of referral:  Emergency/Detained  General

Individual's Name: \_\_\_\_\_  
(first name) (middle name) (last name(s))

Address: \_\_\_\_\_ Chicago \_\_\_\_\_  
(street address) (city) (zip code)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth: \_\_\_\_\_  
(month) (day) (year)

Phone number: \_\_\_\_\_ Language: \_\_\_\_\_

Email address: \_\_\_\_\_

Interpreter name & phone number (if not English/Spanish speaking):  
\_\_\_\_\_

Services Needed: \_\_\_\_\_

Is individual a recent Afghan evacuee? YES or NO

Is individual detained? YES or NO Detention Center: \_\_\_\_\_

If applicable, date of upcoming immigration court hearing: \_\_\_\_\_

Best time(s) to reach the individual:  
\_\_\_\_\_ 9:00 a.m. – noon \_\_\_\_\_ noon – 1:00 p.m. \_\_\_\_\_ 1:00 p.m. - 4:00 p.m.

Referred By:  
\_\_\_\_ TRP \_\_\_\_\_ Erie Neighborhood House \_\_\_\_\_ Enlace  
\_\_\_\_ Centro Romero \_\_\_\_\_ KRCC/Hana Center \_\_\_\_\_ UAO  
\_\_\_\_ Centro de Trabajadores Unidos \_\_\_\_\_ SWOP \_\_\_\_\_ Indo-American Center  
\_\_\_\_ Northwest Center  Haitian American Museum of Chicago

Community Navigator Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

I understand and consent to the fact that Haitian American Museum of Chicago (HAMOC) Agency will share this Legal Referral Form, with my contact information, with the National Immigrant Justice Center (NIJC), who is going to follow-up with me regarding my immigration legal concerns.

Printed Name: \_\_\_\_\_

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