

GONZAGA UNIVERSITY SCHOOL OF LAW | CLINICAL LEGAL PROGRAMS

Immigration Clinic Assistance Application

Once completed, please email form to immigrationlawclinic@gonzaga.edu or mail to
Gonzaga Law Clinical Legal Programs, 721 N Cincinnati St., Spokane, WA 99220

Name: _____ Phone: (____) _____
Address: _____ Is a voicemail message ok? Yes No
City: _____ State: _____ Zip: _____ Birth Date (month/day/year): _____
Email: _____
Interpreter Needed? Yes No Best Language: _____

FAMILY & INCOME INFORMATION

Total Monthly Income \$ _____ (Combine all monthly income for Household, including public assistance)
Income From: Wages SSI/SSD Retirement/Pension Public Assistance
Unemployment Currently Unemployed Other _____
How many people in your household? _____ Do others rely on your income? Yes No

LIST REASONS FOR SEEKING IMMIGRATION ASSISTANCE

Please check all the boxes that apply to you:

- Are you applying for a family member?
- Is a family member applying for you?
- Interested in applying for citizenship in the U.S. for yourself?
- Renewing or replacing your Permanent Resident Card?
- Applying for DACA or DACA renewal?
- Want to know if you are eligible to become a Legal Permanent Resident?
- Other _____

Please provide a brief description of your immigration issue:

Signature _____ Date: _____

Date: _____ Received by: _____
Attorney: _____ Eligibility Outcome: _____
Date client notified of Outcome _____ Date of follow-up meeting with client _____