

IRP INTAKE INSTRUCTIONS

Thank you for expressing an interest in our services. For all correspondence regarding your client, please refer to the ticket number you received from the IRP via email.

- Please provide all the requested information. We must have this information to properly evaluate your client's situation.
- **Please provide a copy of your client's green card or work card, if at all possible.**
- If there is not enough space for you to answer a question completely, please email any additional information to irp@ojrc.info and include your ticket number in the subject line.
- If there are more than two prior out of state or municipal convictions, please fill out a Prior Conviction sheet (p. 5) for each additional conviction, email it to irp@ojrc.info, and include your ticket number in the subject line. Alternatively, provide a copy of the LEDS report.
- All the information that you provide on this form is confidential and will not be released without signed authorization.
- If you have questions, contact IRP attorneys Joseph Justin Rollin and Erin McKee at 503-944-2270.

For EACH pending criminal case, please email copies of the following documents, if available:

- The plea offer, if any
- A narrative of the offense (i.e., from the police report)
- The state and FBI rap sheet (aka LEDS/CCH/NCIC)

For EACH prior out of state or municipal conviction, please send copies of the following, if available:

- The charging document, plea agreement and judgment/sentence
- If these are not available, please send the docket or minutes from the plea and sentence or the LEDS report.

Certification of OPDS Referral

All referrals to the IRP must go through the OPDS referral process.

If you have not completed the OPDS Referral Form for this case, please do so at:

<https://www.oregon.gov/opds/appellate/Pages/immigration-referral.aspx>

___ Yes, I certify that I completed the OPDS online referral form for IRP assistance.

Ticket Number:	Today's Date:
Do you need a response within five or less business days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what is your deadline?	

Public Defense Provider ("PDP") Information

First Name:	Last Name:
Email Address:	
Telephone:	Ext.:

Client/Defendant Information

First Name:	Last Name:
Any AKA:	DOB:
Immigration Number: ('A' or 'AR' Number, e.g. 205-123-456):	
Country(ies) of citizenship?	Country of birth?
What language(s) does client speak?	

Immigration Situation & History

Date of First Entry to the U.S.:	Date of Most Recent Entry:
Did client enter the U.S. with valid immigration document? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what valid immigration documents did client use to enter the U.S.?	
Has client departed the U.S. since the first entry? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the approximate dates of each departure and entry.	
Has your client ever travelled outside the U.S. for more than 90 days at one time and/or 6 months in the aggregate? More than 90 days at once <input type="checkbox"/> More than 6 months aggregate <input type="checkbox"/>	
Client's current immigration status: Undocumented <input type="checkbox"/> Lawful Permanent Resident (LPR) <input type="checkbox"/> Asylee/Refugee <input type="checkbox"/> DACA Recipient <input type="checkbox"/> Work Permit (EAD) Holder <input type="checkbox"/> Habitual Resident (Micronesia, Marshall Islands, Palau) <input type="checkbox"/> Visa Holder <input type="checkbox"/> (specify): _____ Other <input type="checkbox"/> (specify): _____	
Date acquired current immigration status if different than date of entry (DD/MM/YY):	
Did client last enter at an official port of entry/airport? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
Did client have any contact with an immigration officer at last entry? Yes <input type="checkbox"/> No <input type="checkbox"/> Does not recall <input type="checkbox"/>	

<p>Has client ever been turned away or deported at the border? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, when?</p>	
<p>Is client currently in deportation or removal proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>When is next court date?</p>	
<p>Has client ever been ordered deported by an immigration judge? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/></p> <p>If yes, when?</p>	
<p>Has client received relief from deportation? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/></p> <p>(E.g., Cancellation of Removal, 212(c) Waiver, Suspension of Deportation, DACA, TPS, etc.)</p> <p>If yes, provide type of relief and date granted:</p>	
<p>Has an employer or family member ever filed visa paperwork for client (i.e., I-130 or I-140 petition)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, what paperwork?</p>	
<p>If yes, was the paperwork submitted prior to 04/30/2001? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>Client is currently: Married <input type="checkbox"/> Engaged <input type="checkbox"/> In a domestic/long-term relationship <input type="checkbox"/> None of the above <input type="checkbox"/></p>	
<p>Date of marriage (if applicable):</p>	
<p>Immigration status of spouse or partner (e.g., USC, LPR, undocumented):</p>	
<p>Was client previously married? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	<p>Date of Divorce:</p>
<p>Does client have children (including biological, adopted or stepchildren)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the immigration status and age of each child?</p>	
<p>Do any of the client's children (16 years or older) serve or wish to serve in the U.S. military or national guard? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, briefly describe:</p>	
<p>Are either of the client's parents (including step/adopted) in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how many parents are in the U.S. and what is their immigration status?</p>	
<p>Is client's biological mother a U.S. citizen? Yes (by Birth) <input type="checkbox"/> Yes (by Naturalization) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>Is client's biological father a U.S. citizen? Yes (by Birth) <input type="checkbox"/> Yes (by Naturalization) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>If either biological parent is a U.S. citizen, did the USC parent become a citizen before your client turned 18? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>Were any of client's biological grandparents born in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>Does client, or client's spouse, parents or children have any significant health, mental, learning or psychological issues? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, briefly describe:</p>	
<p>Has client, client's spouse or client's children ever been the victim of a crime, domestic abuse or human trafficking?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, briefly describe:</p>	
<p>Does client fear harm or death if returned to their home country? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, why?</p>	

Does your client have an immigration attorney? Currently <input type="checkbox"/> Previously <input type="checkbox"/> Never <input type="checkbox"/> Unknown <input type="checkbox"/> If currently/previously, do we have permission to contact? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If currently/previously, please have client sign an ROI, see IRP Intake Instructions.</i>
Immigration attorney contact information, if applicable:
If there are any special concerns or circumstances you think are important for us to know, please describe:

Current Charges:

For each pending criminal case, please provide copies of the following documents, if available:

1. Police narrative
2. Plea offer, if any
3. State and FBI rap sheet (aka LEDS/CCH/NCIC)

Email directly to irp@ojrc.info and reference your **ticket number** in the subject line.

Client is currently: Not in custody <input type="checkbox"/> In criminal custody <input type="checkbox"/> In immigration custody <input type="checkbox"/>	
County of Arrest:	Case Number(s):
Date(s) Offense(s) Committed:	
Please list all of the offenses with which client was charged, classification and Penal Code/Statute:	
Example: Theft II	ORS 164.045
A-Misd.	
Count 1:	
Count 2:	
Count 3:	
Count 4:	
Count 5:	
Please give brief description of events that led to arrest:	
What is the current plea offer:	
Loss or Restitution Amount, if applicable:	
Age of Minor Victim(s), if applicable:	Is there a domestic or family relationship between client and alleged victim? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Next Hearing:	Type: Arraignment <input type="checkbox"/> Cont. Hearing <input type="checkbox"/> Trial <input type="checkbox"/> Sentencing <input type="checkbox"/>
Is there an upcoming deadline? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?	

Other/Prior Oregon State Offenses (see below for out of state/federal/municipal offenses):

Does client have prior Oregon state convictions (including diversions, deferred adjudication, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	If yes, how many?
Does client have any prior or open FAPA/NCO? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Does client have any FAPA/NCO violations? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

For each prior OUT OF STATE, MUNICIPAL OR FEDERAL conviction, complete a Prior Conviction section:

Including Restraining or No Contact Order Violations, Non-traffic Violations, Traffic Crimes, and Deferred Adjudications. If client has no prior convictions, scroll down to the final section.

For each prior conviction, please email copies of the (1) Charging document; (2) Plea; (3) Judgment and Sentence/Final Disposition directly to irp@ojrc.info and reference your ticket number in the subject line.

Prior Conviction # _____ (Out of State, Municipal, or Federal)	
Date Offense Committed:	Case Number:
City of Arrest:	State of Arrest:
County of Arrest:	Date of Plea/Verdict:
Court: Municipal <input type="checkbox"/> Circ./Supr. Court <input type="checkbox"/> Federal Court <input type="checkbox"/> Other: _____	
Please give a brief description of the events that led to arrest:	
Is there a domestic or family relationship between client and alleged victim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Conviction by: Guilty Plea <input type="checkbox"/> No Contest Plea <input type="checkbox"/> Alford Plea <input type="checkbox"/> West Plea (CA) <input type="checkbox"/> Barr Plea (WA) <input type="checkbox"/> Jury Trial <input type="checkbox"/> Bench Trial <input type="checkbox"/> Unknown <input type="checkbox"/> Other Special Disposition (see below) <input type="checkbox"/>	
Special Disposition, if applicable (e.g., pre-plea diversion, post-plea diversion, civil compromise):	
Please list all the charges of conviction:	
Example: Theft II ORS 164.045 A-Misd. IOSS, 1 yr. probation, 3 days jail	
Count 1:	
Count 2:	
Count 3:	
Count 4:	
Count 5:	
Date of Sentence:	Length of sentence (including probation and parole):
Loss or Restitution Amount, if applicable:	Age of Minor Victim(s), if applicable:
How much time did client actually serve in custody?	
Did client appeal conviction? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, what was the result of the appeal?	
Post-conviction work? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, what was the result?	
Was client found to have violated probation, parole, or a restraining order, or to have failed to appear? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please describe:	
Was client advised of the immigration consequences of the plea or conviction? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Oregon Justice Resource Center
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T: 503-944-2270 | F: 971-279-4748 | E: info@ojrc.info

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