



PTV CLIENT REFERRAL FORM

To refer clients for services please submit the following to refer@ptvla.org (LA and OC office):

- (1) Completed Referral Form,
- (2) Copy of Client's Form I-589; and
- (3) Client's declaration (if applicable).

PTV will then review referrals and determine eligibility for our program. Please note that a referral does not guarantee eligibility for PTV services.

***All requests for forensic psychological and medical evaluations must be submitted to PTV at least six (6) months prior to your client's Hearing on the Merits date.**

Our PTV Headquarters are located at 3550 Wilshire Blvd. Ste. 1906, Los Angeles, CA 90010. **Please note that due to the COVID-19 pandemic, our physical office is currently closed.**

If you have any questions, please email refer@ptvla.org.

Person Referring:	Referral Date:
Address:	
Phone Number:	Email:
Relationship to Client: Attorney <input type="checkbox"/> Case Manager <input type="checkbox"/> Other <input type="checkbox"/>	

If attorney is referring

Firm / Organization:

Is this your first time referring a case to PTV?: No Yes

(If yes, please attach a copy of CV**)**

Your Legal Services are: Pro Bono Private Fee-for-Service

I am submitting: 1) PTV Client Referral Form 2) Client's Declaration 3) Client's current immigration application and documents (*e.g.* Form I-589)

County of residence: Los Angeles Orange County Other

Client's General Information

Client's Full Name:

DOB:

Country of Birth:

Nationality:

Address:

Phone:

Email Address:

Primary Language:

Interpreter Needed: Yes No

Client's Immigration History

A# (if applicable):

Date AND place of Client's last entry to the U.S.:

Client's immigration status at last entry:

Client entered on Visa

Please specify Visa category:

Client entered without inspection

Client was paroled

If Client is an asylum seeker, current status at the time of referral:

Affirmative Asylum Removal proceedings

Is Client currently in ICE detention: Yes No

Has Form I-589 been filed yet? Yes No
Date of filing:

Client's basis for asylum:

Race

Political Opinion

Religion

Membership in Particular Social Group

Nationality

Specify: _____

If Client is applying for asylum affirmatively:

Has Client been scheduled for an interview with USCIS? Yes No
Date:

Has Client already had an asylum interview with USCIS? Yes No
Date:

If Client is currently in removal proceedings:

How Many Master Calendar Hearings has Client had so far?

Next Hearing Scheduled: Master Calendar Hearing Hearing on the Merits
Date:

Date:

Client's eligibility for other forms of immigration relief in addition to, or other than asylum:

U-Visa

T-Visa

Family-based petition

VAWA

TPS

DACA

Other - please specify:

Does Client have any criminal history in the U.S.?

No;

Yes (Please include arrest/conviction records if available)

** Please note that PTV does not provide Competency Evaluations and is unable to assist Clients with substantial criminal records (i.e. multiple convictions / aggravated felonies)*

Reason you are referring Client to PTV:

- Psychological Evaluation Request
- Medical Evaluation Request
- Supportive Services:
 - Therapy
 - Medical care
 - Case management
 - Legal coordination

Special issues or notes for PTV Intake Team: