

LEGAL AID OF WEST VIRGINIA: NON-CITIZEN STATUS

Case Record Number: _____

Date: _____ Interviewer: _____

Yes **No** (Any "Yes" Answer indicates the applicant may qualify for assistance under LAWV/LSC rules.)

____ ____ 1. Are you a Citizen or National of the United States by birth or naturalization?

____ ____ 2. If you are not a United States citizen/national, have you been granted a permanent resident status?

____ ____ 3. If you answered "NO" to the first two questions, please answer **both** parts A & B of Question 3:

____ ____ A. 1. Are you married to someone who is a United States citizen; or

____ ____ 2. Are you the parent of a child who is a United States citizen; or

____ ____ 3. Are you unmarried, under the age of 21 and the child of a United States citizen; **and**

____ ____ B. 1. Have you applied for permanent resident status and **not** received a final, non-appealable decision rejecting or turning down your application as of this date ?

____ ____ 4. Were you admitted to the United States as a refugee or since you came to the United States, have you been granted asylum as a refugee?

____ ____ 5. Have you been granted withholding from a deportation order? (§1626.5(e))

____ ____ 6. Were you admitted to the United States to work as an H2-A worker?

____ ____ 7. **This question has two parts.** If the answer to Part A of this question is "Yes", please complete part B by **circling** the appropriate choice. If you don't understand this question, **PLEASE** ask for help. (Violence Against Women Act of 2006 (PL 103 -322; §1626.4)

____ ____ A. Have you or your child been battered or are you a crime victim or a victim of trafficking?

____ ____ B. Please indicate if you have been granted a T-Visa, a U-Visa, a Battered Spouse Waiver or a VAWA Self-Petition for withholding of deportation or if you have applied for one of these and not yet been turned down with no further appeal possible .

Date

Applicant's Signature

(This section to be completed by LAWV staff member.)

Documentation Reviewed:

Applicant qualified?: ____ Yes ____ No

Date

LAWV Staff Representative Signature

INSTRUCTIONS: The LAWV staff member who signs this form must note the documentation from the applicant which supports the category of eligibility claimed. If you are not sure the applicant or their information matches an eligible category, contact a Supervising Attorney, Advocacy Support Counsel, Access to Services Manager, ATLAS Director or the Legal Director **before** denying services, to be sure there is no way the applicant might qualify for assistance or for a listing of other advocacy resources that might be available to them.

DISTRIBUTION: The original, signed copy should be retained with the case file materials for clients who qualify for services. A copy should be sent to the LAWV Legal Director. For applicants who do **not** qualify, a copy of this form may be retained locally with any other materials related to the case, but no copies need to be sent to the Legal Director .