

## Chicago Legal Protection Fund - Immigration Legal Referral Form for CCC

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

Other Names Used: \_\_\_\_\_

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

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

Language (please circle): English/ Spanish/ Other: \_\_\_\_\_

### Best way to contact individual:

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

\_\_\_ Interpreter phone number (if not English/Spanish speaker): \_\_\_\_\_

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

### 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                                      \_\_\_ IDPL                                      \_\_\_ Erie Neighborhood House  
\_\_\_ Centro Romero                      \_\_\_ KRCC/Hana Center                      \_\_\_ UAO  
\_\_\_ Centro de Trabajadores Unidos    \_\_\_ SWOP                                      \_\_\_ Indo-American Center

### City Colleges of Chicago:

\_\_\_ Richard J. Daley                      \_\_\_ Kennedy-King                      \_\_\_ Malcolm X  
\_\_\_ Olive-Harvey                      \_\_\_ Harry S. Truman                      \_\_\_ Harold Washington  
\_\_\_ Wilbur Wright

Staff Member Name: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

I understand and consent to the fact that \_\_\_\_\_ 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: \_\_\_\_\_