

Date

Miami Human Rights Clinic Intake Form

Name of Client

Client Alien Number

Age

Sex

Ethnicity/Country of Origin

Country of Citizenship

Nature of request :

- | | |
|--|---|
| <input type="checkbox"/> Asylum Request | <input type="checkbox"/> Detained Individual Requesting Release |
| <input type="checkbox"/> Detained Individual Requesting Medical Services | <input type="checkbox"/> Prevention of Deportation |

Brief description of nature of complaint:

Attending Physician : _____

Resident: _____

Student: _____