

Immigration Relief Clinic Participant Disclaimer

Participation

I understand that there are several requirements to apply for various forms of administrative relief. I understand that if I am missing required supportive documents, or my money order for the application, I may not be able to complete the application process today.

No Fee for Services

I understand that there is no charge or fee to attend and participate in the Administrative Relief Clinic.

Services Provided

I understand that the volunteers at the Administrative Relief Clinic are here to help me complete my desired application and provide general information about various forms of administrative relief. I understand that the volunteers are not my attorney and are not acting as preparers.

Scope of Assistance

I understand that volunteer assistance is limited to the day of the Clinic:
_____, 2015.

Confidentiality

I understand that all the information I provide today is confidential and will not be shared with any third parties, unless authorized by myself in writing. I understand that in order to complete a successful application, I must provide honest and accurate information to the best of my knowledge.

DISCLOSURE: I understand that the Clinic assumes I have been truthful and forthcoming about my criminal history, immigration history, and information I have previously provided to USCIS. I understand that if I have failed to disclose or misrepresented any information, my application could be denied and may lead to removal proceedings.

Signature of Applicant

Date

Print Name of Applicant

Jordan