

**KYRI SHAFFER, LLC**  
*Immigration Evaluation Referral*

**ATTORNEY INFORMATION**

Name:	Today's date:
Phone:	Date report is needed:
Email:	

**NON-US CITIZEN/RESIDENT INFORMATION**

Name:	Date of birth:
Address:	Primary Phone:
	Email:
	Birthplace:
Relationship status:	Languages spoken (indicate preferred)
# of years in current relationship:	
# of children/ages	English proficiency level:
	List any known major health problems:
Education:	
Occupation:	
Employer:	

**REASON FOR REFERRAL**

**TYPE OF IMMIGRATION APPLICATION**

Political Asylum	U Visa
VAWA	T Visa
Extreme hardship	

**RELEVANT HISTORY**

Please note any known traumas or other relevant history:

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<b>EXTREME HARDSHIP:</b> If application is for <i>Extreme Hardship</i> please complete below for US citizen/resident	
Name (US Citizen):	Date of birth:
Address:	Primary phone:
	Email address:
	Birthplace:
Relationship status:	Language of choice:
# of years in current relationship:	English proficiency level:
# of children/ages:	List any known major health problems:
Education:	
Occupation:	
Employer:	

**FINANCIAL ELIGIBILITY**

Kyri Shaffer contracts with organizations that have funding available to cover the cost of psych evaluations.

Please indicate how this evaluation is being funded:

Organization will cover the cost of the evaluation.

*Please indicate which organization:* \_\_\_\_\_

Client has agreed to pay the cost for this evaluation out of pocket.

**FREQUENTLY ASKED QUESTIONS**

Please review the FAQs with your client before their first session to help the process go smoothly.

[Frequently Asked Questions](#)

Have you reviewed the Frequently Asked Questions with your client?

Yes

No

**INTERPRETERS**

My client does not require an interpreter

My client requires an interpreter

Referring organization will schedule/provide an interpreter

Kyri Shaffer LLC will schedule/provide an interpreter for an additional \$40/hour