Libertas Center for Human Rights

Forensic Evaluation and Affidavit Request Form

Thank you for requesting a forensic evaluation for your client’s asylum claim. The Libertas Center has expert staff trained to evaluate the physical and psychological effects of torture and write legal affidavits for applicants’ asylum claim.

***PLEASE NOTE:***

In addition to conducting forensic evaluations and writing affidavits, the Libertas Center provides psycho-social and legal services to clients and can refer clients to Elmhurst Hospital’s outpatient clinics for medical and mental health care. *Providers at Elmhurst Hospital’s outpatient clinics will not write affidavits for asylum claims. PLEASE DO NOT REQUEST FROM HOSPITAL PROVIDERS.*

If you would like to place your client on our Libertas forensic evaluation waiting list, it is required that you complete the questionnaire below and return it along with your client’s personal statement and I-589.

**A forensic evaluation CANNOT be conducted without the personal statement and I-589**

***Communication with the Libertas Center***

Libertas provides the forensic service free of charge to support our client’s cases. However, this service typically costs $3,500 or more. As a result, we kindly ask that our legal partners:

1) Respond promptly to Libertas communications, including prompt review of draft affidavits;

2) Communicate the dates of upcoming asylum interviews and court hearings (master and merits);

3) Proactively update Libertas of any changes in asylum interviews or court hearings;

4) Keep Libertas apprised of the documentation deadlines for upcoming asylum interviews and court hearings;

5) Communicate directly with Libertas regarding questions or additional requests (please do not ask clients to serve as intermediaries);

6) Alert Libertas promptly about requests for forensic evaluator telephonic testimony;

7) Update Libertas on the outcome of asylum interviews and/or court hearings.

**Contact Information:**

**Libertas Center for Human Rights**

**NYC Health + Hospitals/Elmhurst**

**Annex G, 5th Floor, Rooms 8, 9, 10, 11, 12**

**Direct Phone: 718-334-6209**

***Direct Fax: 718-334-6208***

***Email:*** ***info@libertascenter.net******;*** ***wagners2@nychhc.org*** ***(preferred)***

QUESTIONNAIRE: Forensic Evaluation/Affidavit Request Form Date: Click or tap to enter a date.

**PART A:** Attorney Background Information

Legal Representative(s):Click or tap here to enter text. Organization/Firm Name: Click or tap here to enter text.

Address: Click or tap here to enter text. Phone:Click or tap here to enter text. Fax: Click or tap here to enter text.Email:Click or tap here to enter text.

1. Where are lawyer(s)/ legal representative(s) admitted to practice and since when?Click or tap here to enter text.
2. Have you (or your firm or organization, or any individual at your firm or organization) ever been the subject of any complaint concerning your/its/his/her practice or any related conduct, whether before a court, professional body, or any other entity? Click or tap here to enter text.

2a. If so, which entity or jurisdiction, and what was the outcome? Click or tap here to enter text.

1. Will you inform our office of any complaint(s) filed and/or disciplinary action taken against lawyer/legal representative or firm, regardless of which case or client it concerns? Click or tap here to enter text.

**PART B:** Client Case Information *(please complete this section for each client for whom you are requesting a forensic evaluation)*

1. Name of Client: Click or tap here to enter text. 1a) Client’s date of birth:Click or tap here to enter text.
2. Date of Entry to the United States: Click or tap here to enter text.
3. Check what type of affidavit is need for your client’s asylum case:

[ ]  [ ]

Psychological Medical/Psychological

 \*combined in the same doc

1. Are you waiting to file the client’s asylum claim after you’ve received the affidavit? *If yes, please discuss with Libertas Staff:* Choose an item.
2. Will this affidavit be used for a purpose other than immigration? Click or tap here to enter text.
3. Please check box if client missed one-year filing deadline: [ ]
4. Date of initial asylum application Click or tap to enter a date.:

7a. Was the initial application at the affirmative or defensive stage? Choose an item.

7b. Assigned Asylum Office if Affirmative: Click or tap here to enter text.

1. Please complete the following to the best of your knowledge:

Asylum Interview Date: Click or tap to enter a date. Master Calendar Date: Click or tap to enter a date.

Merits Hearing Date: Click or tap to enter a date. Other Date: Click or tap to enter a date.

1. When is the affidavit due to the asylum office or immigration court? Click or tap to enter a date.

9a. When do you need the notarized affidavit? Click or tap to enter a date.

1. Are you representing the client on a probono, fee scaled, or full fee basis? Choose an item.

10a. Who referred the client to you? Click or tap here to enter text.

1. Will you provide the client with the client’s complete file upon request? Choose an item.
2. Will you comply with our communication expectations detailed on page 1? Choose an item.
3. Please summarize your client’s application and explain how the forensic evaluation/affidavit will support the case. Please also include any special considerations that our forensic evaluators show know before conducting the clinical evaluation: Click or tap here to enter text.