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**ILSAA Legal Service Provider (LSP) Interest Form**

**OMB Control No.: 0970-0531**

**Expiration Date: 09/30/2025**

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| *THE PAPERWORK REDUCTION ACT (PRA) OF 1995 (Pub. L. 104–13) The purpose of this information collection is to verify the qualification of legal service providers to provide legal services through the Immigration Legal Services for Afghan Arrivals project, an Office of Refugee Resettlement initiative. Public reporting burden for this collection of information is estimated to average five minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. A federal agency may not conduct or sponsor, and no individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty or failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995,* *unless that collection of information displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Thomas Wetterhan, Operations Director, ICF, by email at*[*Thomas.Wetterhan@icf.com*](mailto:Thomas.Wetterhan@icf.com)*.* |

Thank you for your interest in Immigration Legal Services for Afghan Arrivals (ILSAA). Please provide the information below to help us determine if you qualify to provide legal services under our project. Information will be shared privately with ILSAA staff and may be shared with the Office of Refugee Resettlement. If you qualify, you will receive a call from our intake or legal teams.

1. First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_
3. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Office Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (drop-down list)
7. ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_
8. Office Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_
9. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_
10. State of Admission: \_\_\_\_\_\_\_\_\_\_\_\_ (text box or select all)
11. Year of Admission: \_\_\_\_\_
12. Bar Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Are you barred in the state in which you reside?

* Yes
* No

1. How many years have you practiced law? \_\_\_\_\_ (numeric)
2. How many years have you practiced immigration law? \_\_\_\_\_ (numeric)
3. With what types of cases do you have experience?
4. Do you have previous pro bono/low bono work?

* Yes
* No

1. Do you have any affirmative asylum experience?

* Yes
* No

1. Are you a member of American Immigration Lawyers Association (AILA)?

* Yes
* No

1. What is your proficiency level in Dari? (drop-down list)

* No Dari
* Elementary Dari
* Professional Working Dari
* Full Professional Dari
* Native/Bilingual Dari

1. What is your proficiency level in Pashto? (drop-down list)

* No Pashto
* Elementary Pashto
* Professional Working Pashto
* Full Professional Pashto
* Native/Bilingual Pashto

1. What other languages do you speak? \_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have experience working with an interpreter?

* Yes
* No

1. Have you ever previously worked with USCRI?

* Yes
* No

1. Which case management software do you have experience using? \_\_\_\_\_\_\_\_\_\_\_\_
2. Are you covered by malpractice insurance?

* Yes
* No

By clicking “submit” you consent to provide your information to help us determine if you qualify to provide legal services through ILSAA.