

Atlanta Asylum Network Institute of Human Rights c/o Dabney P. Evans, PhD, MPH 1518 Clifton Road, CNR 6053 Mailstop: 1518-002-7BB Atlanta, GA 30322 Fax: 404-727-4590

Email: humanrights@emory.edu

INTAKE FORM

Please complete the fields below. You can return this form by e-mail to humanrights@emory.edu, or by fax to 404-727-4590, Attention: Dabney Evans. Thank you very much.

Date:	
ATTORNEY CONTACT INFORMATION ♦ Name:	
♦ Agency/Firm:	
♦ Address:	
♦ Telephone: Fax: Email:	
♦ How did you find out about the asylum network?	
♦ Is this case: Pro bono Reduced Fee Regular Fee	
ASYLUM SEEKER CLIENT	
♦ Name (last, first): Sex: Male Female Age:	
♦ Client's Country of Origin:	
♦ Current address:	
City: State: Zip code:	
♦ Client's Alien Registration Number:Client email:	
♦ Does your client speak English? Yes No Client phone:	
♦ If not, what language(s) does your client speak?	
(If your client does not speak English, we will try to find a physician who can communicate with your client, but	t
you must be prepared to provide an interpreter.)	
♦ Client Location:	
♦ Details of the case: Please briefly describe why your client is seeking asylum, including how and why your	
client was tortured, and any physical scars and/or psychological symptoms. (PLEASE ATTACH CLIENT'S	
AFFIDAVIT IF POSSIBLE.)	

EVALUATION INFORMATION

Initial___

♦ Wha	at type of evaluation are you requesting for your client?
(Due to	o the heavy demand for evaluations, we only provide one type of evaluation.)
Physica	ıl Psychological Gynecological Other
♦ Wha	at type of hearing is this evaluation for? (e.g. Master calendar, individual)
♦ Whe	en is the hearing date?
♦ Whe	en do you need the written affidavit to be completed?
♦ We	cannot guarantee that the health professional can testify, but would you like to request oral
	testimony? Yes No
♦ Are	you seeking an evaluation through any other organization? Yes No
	, where?
EVAL	UATION ADMINISTRATION FEE
•	Pro-bono cases - no fee if filed more than 6 weeks before the date documents need to be submitted to the court
•	Reduced fee cases- \$50
•	Full fee cases-\$100
•	RUSH CHARGE- All cases that filed less than 6 weeks before the date that documents need to be
	submitted to the court are charged an additional \$100 including pro-bono cases.
•	Payments should be made by check made out to Emory University, and "Atlanta Asylum Network" should
	be written in the memo line. Payment must be received, and the check must be cleared, before the Atlanta
	Asylum Network can schedule an evaluation. Please include the client's name and the name of the attorney
	handling the case with payment. Please email payment to:
	Atlanta Asylum Network c/o Dabney P. Evans, PhD, MPH 1518 Clifton Road, CNR 6053 Mailstop: 1518-002-7BB Atlanta, GA 30322
AAN P	OLICY ON APPOINTMENTS, CANCELLATIONS, FEE REFUNDS, AND CASE OUTCOMES If a client misses TWO SCHEDULED APPOINTMENTS (evaluations or intake interviews) without notifying an AAN case manager a minimum of 24 hours prior to appointment, then AAN will not complete the case and the fee will not be refunded. If a client wishes to reactivate a case after missing two appointments, a \$50 reactivation fee will apply: If a client withdraws a request for AAN services (due to withdrawing an application for asylum or another reasonable cause) a minimum of ONE WEEK before a scheduled physical or psychological evaluation, the fee will be refunded in full. If a client withdraws request for AAN services less than one week before a scheduled evaluation, the fee will NOT be refunded. AAN will refund all fees in full if AAN is unable to complete a case due to constraints within the organization. If a case is urgent at the time it is received by AAN, but the hearing date is subsequently postponed, rendering the case no longer urgent, the rush fee with NOT be refunded due to resources and time required to address an urgent case immediately after it is received. The client's attorney agrees to supply AAN with the final outcome of the case.

Fax: 404-727-4590 Email: humanrights@emory.edu