

**Asian Anti-Trafficking Collaborative**  
*API Legal Outreach – Asian Women’s Shelter – Cameron House – Narika*

**TRAFFICKING INTAKE FORM**

*All information provided in this form will be kept confidential.*

**Intake Date:**

**Referred by:**

**Intake Staff:**

**Staff Assigned:**

<b>Last Name:</b>	<b>First Name:</b>	
<b>Other Names Used:</b>		
<b>Spouse’s Name (if married):</b>		
<b>Children’s Names &amp; Ages:</b>		
<b>DOB:</b>	<b>Age:</b>	<b>Gender:</b>
<b>Nationality:</b>	<b>Ethnicity:</b>	
<b>Languages:</b>	<b>Interpreter Required? Y [ ] N [ ]</b>	
<b>Current Address:</b>		
<b>Telephone: ( )</b>	<b>Safe to Call? Y [ ] N [ ]</b>	

**Date of U.S. Entry:**

**Location of Entry:**

**Immigration Status When Entered:** [ ] Visa \_\_\_\_\_ **Expiration Date of Visa:** \_\_\_\_\_

[ ] **Entered Without Visa**

[ ] **Other:** \_\_\_\_\_

**Type of Employment, if any:**

**Date Servitude Began:**

**Date Servitude Ended:**

**Recruited to come to U.S.:** Yes [ ] No [ ] **Need more info** [ ]

**Fee for transportation to U.S./within U.S.:** Yes [ ] No [ ] **Need more info** [ ]

**Restriction of movement:** Yes [ ] No [ ] **Need more info** [ ]

**Physical/emotional abuse:** Yes [ ] No [ ] **Need more info** [ ]

**Agreed payment:** \$ \_\_\_\_\_

**Actual payment/debt incurred:** \$ \_\_\_\_\_ / \$ \_\_\_\_\_

<b>Agreed conditions of work/stay:</b>	<b>Yes</b> [ <input type="checkbox"/> ]	<b>No</b> [ <input type="checkbox"/> ]	<b>Need more info</b> [ <input type="checkbox"/> ]
<b>Actual conditions different:</b>	<b>Yes</b> [ <input type="checkbox"/> ]	<b>No</b> [ <input type="checkbox"/> ]	<b>Need more info</b> [ <input type="checkbox"/> ]
<b>Passport/visa withheld:</b>	<b>Yes</b> [ <input type="checkbox"/> ]	<b>No</b> [ <input type="checkbox"/> ]	<b>Need more info</b> [ <input type="checkbox"/> ]
<b>Want to remain in U.S.?</b>	<b>Yes</b> [ <input type="checkbox"/> ]	<b>No</b> [ <input type="checkbox"/> ]	<b>Need more info</b> [ <input type="checkbox"/> ]
<b>Any current threats/fears?</b>	<b>Yes</b> [ <input type="checkbox"/> ]	<b>No</b> [ <input type="checkbox"/> ]	<b>Need more info</b> [ <input type="checkbox"/> ]
<b>Current social service needs?</b>	<b>Yes</b> [ <input type="checkbox"/> ]	<b>No</b> [ <input type="checkbox"/> ]	<b>Need more info</b> [ <input type="checkbox"/> ]

*Additional Notes:*

*Referrals:*