

Law Office of Robert West Charge Evaluation Sheet
Please Fax to (702) 319-5463

1. Name of Client _____

Name of Attorney and Phone# _____

Country of Birth for Client? _____

2. Any Previous Convictions? If so, please give charge, date, and sentence for each offense and attach conviction documents.

3. If you are a permanent resident, what year did you become a resident? Please attach copy of the card.

4. Are you married to an American Citizen? A Permanent Resident? Do You Have Any Children Born in the United States? If so, how old are the children?

4. Has your client ever received a waiver or cancellation of removal in an immigration proceeding? If yes explain

5. Please list the charges pending against client. (Please Include State and or Federal Codes for Example 18 USC 1832)
