

INTAKE FORM

LAST NAME:		FIRST NAME:	
Date of Consultation:		UNHCR No.	
Legal Advocate:			
Language(s) & Fluency:		Interpreter	
Primary Telephone:		Secondary Tel:	
Email Address:			

PART A. BASIC INFORMATION

Gender:		Date of Birth: (dd/mm/yyyy)	
Nationality:		Place of Birth:	
[FOR IRAQIS]: US affiliated work?			
Marital Status:			
Ethnicity:		Religion:	

PART B. FAMILY MEMBERS

B.1 Accompanying family members

Name	Relationship	Age	Gender	Citizenship

B.2 Non-Accompanying Immediate Family Members (in Home Country/Outside Malaysia)

- Minor children.
 Spouse
 Any family members in Europe, US, Australia, Canada?

PART C. FLIGHT AND ARRIVAL IN MALAYSIA

Date of departure from COO:		Date of entry to MY	
Countries of transit (country, duration)			
Have you been to Malaysia before?			
Have you returned to your home country since you first arrived?			

PART D. UNHCR HISTORY	
Current UNHCR status [For Palestinians: registered with UNRWA?]	
If rejected at SVP/RSD Reasons for rejection? Procedural error during RSD interview? Timely appeal submitted?	
If closed file Any new information and/or information not previously disclosed to UNHCR?	

PART E. SUMMARY OF CLAIM	
SUMMARY (by interviewer)	WWF of persecution: _____ By: _____ On account of: <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Nationality <input type="checkbox"/> Political Opinion <input type="checkbox"/> PSG
Why did you leave your country of origin?	
<ul style="list-style-type: none"> • Arrest/ detention • Torture • Physical harm • Threats of violence against AS or family • Kidnapping • Destruction/ deprivation of home/work • No ID docs • Forced to work 	
Fear of return?	
<ul style="list-style-type: none"> • Detention • Physical harm • Destruction/deprivation of home/work • News from home? 	
Military service or participation in any armed group in country of origin? When? For how long? What position held?	
Additional information	

PART G. ADVICE	
Summary of advice	
Client documents	
Referrals made to other NGOs:	<input type="checkbox"/> Yes <input type="checkbox"/> No Details: