



Asylum Assistance Questionnaire

To seek assistance in an Asylum Matter, please complete the following questionnaire. When completed, mail or fax it to the Committee. All questionnaires will be treated confidentially. We will not share or sell information about you. We will only use your email address to respond to you directly. This form is for use by the Washington Lawyers' Committee to evaluate your request for assistance. It does not mean that we have agreed to represent you. You are still responsible for any filing deadlines.

Please understand that the Washington Lawyers' Committee receives many requests for assistance each day. Therefore, it may take one to two weeks for someone from our organization to respond to your inquiry. We appreciate your patience.

Personal Information

First name _____
 Last name _____
 Company name _____
 Address line 1 _____
 Address line 2 _____
 City _____
 State _____
 Zip _____
 Email _____

Yes, I would like to receive updates from WLC

Mailing Address:

11 Dupont Circle, NW
 Suite 400
 Washington, DC 20036

Phone Numbers:

Main: (202) 319-1000
 Fax: (202) 319-1010
 Spanish: (202) 319-1011
 x: 222
 Email: WLC@washlaw.org

Phone Numbers

Daytime _____
 Evening _____
 Cell _____

Are you considering applying for political asylum? (Check One) Yes No

If so, from what country? _____

What date did you arrive in the United States? _____

Do you believe that you will be persecuted if you return to that country on account of:

(Check all that apply)

- Political Opinion
- Religion
- Nationality
- Social Group
- Race

Asylum Questionnaire (Continued)

Briefly describe why you believe that you would be persecuted (optional):

You may attach additional pages if more room is required.



save



print



email