**NGO referral form – Legal Services Team**

***Information about Justice Centre Hong Kong:***

*The Legal Services Team at Justice Centre Hong Kong (Justice Centre) works to support forced migrants to access the legal assistance they need to be protected in Hong Kong.*

*This form is used by external NGOs to refer individuals who need help relating to their claim for protection in Hong Kong. Justice Centre does not provide direct legal representation to individuals. We aim to assess every referral, and where possible, we will provide further, individualised support and assistance.*

*Once we have reviewed the form, we will contact the claimant directly to request documents and arrange an appointment where needed. Travel money and interpretation services will be provided where necessary.*

*If demand for our service is high, there may be a waiting list. Please provide as much information as possible to enable us to assess the urgency of the case.*

*Please send the completed referral form to:* [*info@justicecentre.org.hk*](mailto:info@justicecentre.org.hk)*.*

***Please complete the sections below that relate to the claimant. Some sections may not apply.***

**SECTION ONE**

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| **Referrer details**  Please complete this section with the details of the person and organisation making the referral. If you have submitted this referral by email and your details have already been provided, feel free to write “See email”. | | | |
| **Referrer name** |  | **Date of referral** |  |
| **Referrer organisation** |  | **Referrer role** |  |
| **Referrer email** |  | **Referrer telephone number** |  |

**SECTION TWO**

|  |  |  |  |
| --- | --- | --- | --- |
| **Claimant details**  Please complete all boxes. If unknown, please write “Unknown”. | | | |
| **First name(s)** |  | **Last name(s)** |  |
| **Known as**  *(If different from above)* |  | **Gender** |  |
| **Preferred method of contact:** | Phone (call)  Phone (WhatsApp)  Email  Post | **Date of Birth** | (*DD/MM/YYYY*) |
| **Address** |  | | |
| **Email** |  | **Telephone number(s)**  (*Please confirm which number is used for WhatsApp*) |  |
| **Nationality**  (*Please list all nationalities the claimant holds*) |  | **Date of arrival in Hong Kong**  (*If not born in Hong Kong*) | (*DD/MM/YYYY*) |
| **Country of birth** |  | **Place of birth**  (*Village/town, country*) |  |
| **Interpreter needed? What language?** | | Yes  No  *If yes, language:* | |
| **Access requirements**  *(E.g. ground floor room)* | | Yes  No  *If yes, please give details:* | |
| **Does the claimant have a recognizance (immigration) paper?** | | Yes  No  *If yes, please confirm:* RBCL/RBGI/RBCZ | |

**SECTION THREE**

|  |  |  |  |  |
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| **For families**  If the claimant has family in Hong Kong, please complete this box. | | | | |
| *Name* | *Relationship to claimant* | *Nationality* | *Date of arrival in Hong Kong* | *Do they need advice on claiming protection?* |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

**SECTION FOUR**

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| **Nature of assistance required** |
| Please briefly state assistance required: |
| Are there any upcoming deadlines? If yes, please briefly explain: |
| Is there urgency to this referral? If yes, please briefly explain: |

**SECTION FIVE**

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| --- | --- |
| **Stage of claim**  Please refer to the [Unified Screening Mechanism](https://www.immd.gov.hk/pdf/non-refoulement_claim_flow_chart.pdf) flowchart, andonly complete the **relevant section** (the current stage of the claim). | |
| **Unregistered**  (*The claimant has not yet made a claim for protection.*) | 1. **Does the claimant have a valid visa?**   Yes  No  If yes, what visa does he/she hold?[[1]](#footnote-1)    And when does it expire? (DD/MM/YYYY)     1. **Has the claimant had his/her written signification refused?**   Yes  No (accepted)  No (pending)  If yes, how many times? |
| **First Instance**  (*The claimant has made a claim for protection, and is waiting for a decision from the Immigration Department (****ImmD****).*) | 1. **Does the claimant have a duty lawyer?**   Yes  No  If yes, name and contact info?     1. **Has the claimant attended a screening interview?**   Yes  No  If yes, when? (DD/MM/YYY) |

|  |  |
| --- | --- |
| **Appeal**  (*The claim has been refused by the ImmD, and the claimant has not yet had a decision from the Torture Claims Appeals Board/ Non-refoulement Claims Petition Office (****TCAB****).*) | 1. **Has the claimant submitted a notice of appeal?**   Yes  No  If yes, when? (DD/MM/YYY)     1. **Does the claimant have a duty lawyer?**   Yes  No  If yes, name and contact info?     1. **Has the claimant attended his/her appeal hearing at the TCAB?**   Yes  No  If yes, when? (DD/MM/YYY) |
| **Judicial Review**  (*The appeal has been refused by the TCAB, and the claimant wants to challenge this decision in the High Court.*) | 1. **Has the claimant applied for judicial review?**   Yes  No  If yes, when? (DD/MM/YYY)     1. **Does the claimant have a lawyer?**   Yes  No  If yes, name and contact info?     1. **Has the claimant attended his/her leave hearing at the Court of First Instance (CFI), or does he/she have an upcoming hearing at the CFI?**   Yes  No  If yes, when? (DD/MM/YYY)     1. **Has the claimant attended an appeal hearing at the Court of Appeal (CoA), or does he/she have a date of hearing at the CoA?**   Yes  No  If yes, when? (DD/MM/YYY)     1. **Has the claimant attended an appeal hearing at the Court of Final Appeal (CFA), or does he/she have a date of hearing at the CFA?**   Yes  No  If yes, when? (DD/MM/YYY) |
| **Subsequent Claim**  (*The claimant wants to make a new claim for non-refoulement protection after the initial claim was refused.*) | 1. **Has the claimant already made a subsequent claim?**   Yes  No  If yes, when? (DD/MM/YYY)     1. **Does the claimant have a duty lawyer?**   Yes  No  If yes, name and contact info? |
| **Other**  (*Relevant* *information not captured above.*) | 1. **Please provide any other information you think is relevant to the referral** |

|  |  |
| --- | --- |
| **Immigration Detention** | |
| **Has the claimant ever been detained by ImmD?** | Yes  No |
| **If yes how many times, and for how long (include date/s detained and date/s released)?** |  |

|  |  |
| --- | --- |
| **Previous claim** | |
| **Has the claimant ever made another application for protection in Hong Kong to the UNHCR or under the CAT procedure?** | Yes (**UNHCR claim**)  Yes (**CAT claim** – pre-March 2014)  No |
| If yes, what was the result? |  |

**SECTION SIX**

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| **Documents**  Please include as many documents as possible. Please provide copies, and list them below. | |
| **List documents**  Essential documents (where available):   * Proof of ID (e.g. recognizance paper) * Relevant decisions relating to the claim for protection, for example:   + Decision(s) of the ImmD   + Decision(s) of the TCAB   + Decision(s) of the High Court   Other documents:   * Evidence in support of protection claim * Letter(s) from legal representative * Documents submitted to the ImmD, TCAB, High Court, or Legal Aid Department (LAD) * Letter(s) from the ImmD, TCAB, High Court, or LAD |  |

Once completed, please return this form to [info@justicecentre.org.hk](mailto:info@justicecentre.org.hk).

1. Please review visa categories on Hong Kong a Department’s [website](https://www.immd.gov.hk/eng/services/index.html). [↑](#footnote-ref-1)