**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 arrange an appointment. 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer details**  Please complete this section with the details of the person and organisation making the referral. | | | |
| **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 ‘don’t know’.** | | | |
| **First name(s)** |  | **Last name(s)** |  |
| **Known as**  *(If different from above)* |  | **Gender** |  |
| **Preferred method of contact:** | Phone (call)  Phone (message)  Email  Post | **Date of Birth** | (*DD/MM/YYYY*) |
| **Address** |  | | |
| **Email** |  | **Telephone number(s)** |  |
| **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*) |  |
| **First language** |  | **Other languages** |  |
| **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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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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| --- | --- |
| **Stage of claim**  Please refer to the [Unified Screening Mechanism](https://www.immd.gov.hk/pdf/non-refoulement_claim_flow_chart.pdf) flowchart, and complete the relevant section. | |
| **Unregistered**  (*Not yet claimed 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**  (*Not yet had decision from 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 |

|  |  |
| --- | --- |
| **Appeal**  (*Not yet had decision from Torture Claims Appeals Board (****TCAB****)*) | 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?**   Yes  No |
| **Judicial Review**  (*Not yet had decision from High Court*) | 1. **Does the claimant have a lawyer?**   Yes  No  If yes, name and contact info?     1. **Has the claimant attended his/her leave hearing?**   Yes  No |

|  |  |
| --- | --- |
| **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?** | Yes (**UNHCR claim**)  Yes (**CAT claim** – pre-March 2014)  No |
| If yes, what was the result? |  |

|  |  |
| --- | --- |
| **Other information** | |
| **Please provide any other information you think is relevant to the referral** |  |

**SECTION FIVE**

|  |  |
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| **Documents**  Please include as many documents as possible. | |
| **List documents**  Essential documents (where available):   * Proof of ID (e.g. recognizance paper) * The latest decision relating to the claim for protection (i.e. from the ImmD, TCAB, High Court)   Other documents:   * Evidence in support of protection claim * Letter(s) from legal representative * Documents submitted to the ImmD, TCAB or High Court * Letter(s) from the ImmD, TCAB or High Court |  |

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)