**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**.*

***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. 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**

|  |
| --- |
| **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**

|  |
| --- |
| **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**

|  |
| --- |
| **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**

|  |
| --- |
| **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.

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