



# Forensic Evaluation Request Form

Please email this form to Physicians for Human Rights at [asylum@phrusa.org](mailto:asylum@phrusa.org). Please feel free to call (646) 564-3448 with any questions or concerns. We will confirm receipt within three business days.

Date: \_\_\_\_\_

## ATTORNEY CONTACT INFORMATION

- ◆ Name: \_\_\_\_\_ Agency/Firm: \_\_\_\_\_
- ◆ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- ◆ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
- ◆ If you are a student attorney, name and email of supervising attorney: \_\_\_\_\_

## CLIENT INFORMATION

[Attorneys MUST submit a separate request for each client, children WILL NOT be included automatically]

- ◆ **Has your client consented to be evaluated by a PHR Asylum Network member?** Yes  No   
By consenting to an evaluation, your client grants PHR permission to use information gained from the evaluation in its advocacy efforts to fight persecution around the world. All information will be de-identified and data aggregated for inclusion in PHR reports and materials. PHR will never disclose your client's name, A-number, or any other identifying information without his or her express written permission.
- ◆ Name: \_\_\_\_\_ Sex: Male  Female  Age: \_\_\_\_\_
- ◆ Client's Country of Origin: \_\_\_\_\_ Client's Alien Registration Number: \_\_\_\_\_
- ◆ Does your client speak English? Yes  No  If not, what language(s) does your client speak? \_\_\_\_\_  
*We will try to find a physician who can communicate with your client, but you must be prepared to provide a qualified, non-family member interpreter.*
- ◆ Client location (city and state) \_\_\_\_\_ Client detained? Yes  No   
*For clients outside major metropolitan areas, what nearby cities can they travel to? \_\_\_\_\_*

## TYPE OF APPLICATION

Asylum  T Visa  U Visa  VAWA  CAT  Cancellation of Removal  SIJS

If applying for ASYLUM, Please check all that apply in regards to the basis for application:

Race  Religion  Nationality  Membership in a social group  Political opinion

Please check all that apply:

Domestic violence  Sexual violence  Foreign Detention  Gay/Lesbian/Bi-Sexual/Transgender  One-child policy   
Female Genital Mutilation (FGM)  Sensory Deprivation  Kidnapping  Slavery  Gang Violence  Trafficking

## EVALUATION INFORMATION

- ◆ **What type of evaluation are you requesting for your client?** Due to the heavy demand for evaluations, we usually provide only one type of evaluation. However, if you are requesting more than one, please prioritize from 1-3, 1 being the highest priority.  
Physical  \_\_\_\_\_ Psychological  \_\_\_\_\_ Gynecological  \_\_\_\_\_ Other \_\_\_\_\_

- ♦ Would your client prefer a male or female evaluator? Female  Male  No preference   
*\*please note, requesting a specific gender may lead to some delays in placement*
- ♦ Would your client be comfortable with a medical student shadowing the evaluation? Yes  No   
*Many of our health professionals work at asylum clinics and teaching hospitals, providing experience to future evaluators. Please note, PHR will not conduct outreach to these asylum clinics if “No” is checked; this will decrease the number of potential evaluators, and may lead to some delays in placement*
- ♦ What type of hearing do you need this evaluation for? (i.e. Master calendar, etc.) \_\_\_\_\_
- ♦ When is the hearing date? \_\_\_\_\_
- ♦ When do you need the written affidavit to be completed? Please note that we require a minimum of eight weeks to complete and evaluation and an affidavit. Generally, the more time clinicians have, the more likely they are to volunteer to evaluate your client. Please note that a specific date is required: \_\_\_\_\_

*\*\*Use of “ASAP” or “TBD” as a date will not allow PHR to effectively place your case, nor will it be treated as a priority. PHR requires clear deadlines in order to place cases, and in many instances a shorter deadline will lead to more difficulty placing a case, and less success. Attorneys are encouraged to use the latest deadline they can responsibly identify. Please inform PHR when a deadline has been extended, this will often increase the likelihood that we can locate an evaluator\*\**

- ♦ We cannot guarantee that the evaluator can testify, but are you requesting oral testimony? Yes  No
- ♦ If yes, please indicate the date \_\_\_\_\_
- ♦ Is telephonic testimony acceptable? Yes  No
- ♦ Are you seeking an evaluation through any other organization? Yes  No  If so, where? \_\_\_\_\_

**PLEASE NOTIFY PHR IMMEDIATELY IF YOU SECURE AN EVALUATION ELSEWHERE AND WOULD LIKE TO WITHDRAW YOUR REQUEST.**

**DETAILS OF THE CASE**

- ♦ Please briefly describe in 4-5 sentences the persecution your client suffered and what you’re hoping to document through a forensic evaluation. Attorneys must include the physical scars and/or psychological concerns that they are seeking to document; PHR cannot use volunteer resources to evaluate clients with no visible scars, injuries, disabilities, or psychological concerns.

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**UN CONVENTION AGAINST TORTURE**

Has your client been subjected to torture as it is defined in the United Nations Convention Against Torture\*?  
*Please note this is for statistical purposes only; your response will have no effect whatsoever on the case placement of your client.*

Yes  No

***\*UN Convention Against Torture definition: torture means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.***