



Western New York Center for Survivors of Torture FORENSIC EVALUATION REQUEST FORM

Please email this form to forensicwnycst@jfsbuffalo.org.

Please contact Pam Kefi at pkefi@jfsbuffalo.org or 716-883-1914 with any questions or concerns.

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

- .. *Has your client consented to be evaluated by Western New York Center for Survivors of Torture healthcare provider?*
 Yes ☐ No ☐
By consenting to an evaluation, your client grants WNYCST permission to use information gained from the evaluation with the Care Coordination team. All information will be de-identified and data aggregated may be utilized for reports. The WNYCST 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 if we cannot we will arrange an interpreter for your client's convenience.
- .. Client location (city and state). Please note if your client is in detention. _____

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 ☐

- “ Depending on the evaluating clinician’s preference, two medical scribes may be present at the evaluation. The role of the scribe is to assist the clinician in obtaining information and preparing the affidavit. The scribes are of huge assistance to the clinician and allow for a more comprehensive evaluation.
- o Would your client prefer male or female medical scribes? Female ☐ Male ☐ No preference ☐
- “ 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? *We will do our best to meet your request based on our physicians’ availability. Please be specific:* _____
- “ 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
- o If so, where? _____

PLEASE NOTIFY THE WNYCST IMMEDIATELY IF YOU WOULD LIKE TO WITHDRAW YOUR REQUEST OR IF THE CIRCUMSTANCES SURROUNDING YOUR CLIENT’S CASE HAS CHANGED.

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. Include any physical scars and/or psychological symptoms.

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.***