

MEDIA AND ADVOCACY CONSENT FORM - English

IMPORTANT: THE LAW PROTECTS YOU. Sharing your story should NOT affect your immigration case. It is forbidden by law to retaliate against you for sharing your story.

Everything you tell us is confidential. We will never ask you to share your name or story without your prior written consent. However, giving us permission to share your story will help us advocate for you and other immigrants detained in this country.

You may choose to share only your story, your story and your real name/identity, or nothing at all.

If you have any questions about this form, please ask your attorney!

1. I wish to share my story but NOT my real name and NOT any identifying information:

	YES	NO
In private communications with the government	<input type="checkbox"/>	<input type="checkbox"/>
In public communications with the government	<input type="checkbox"/>	<input type="checkbox"/>
With the media	<input type="checkbox"/>	<input type="checkbox"/>

Identifying information may include: date of birth, A number, and details of place of origin (name of village for example).

2. I wish to share my story AND real name/identifying information:

	YES	NO
In private communications with the government	<input type="checkbox"/>	<input type="checkbox"/>
In public communications with the government	<input type="checkbox"/>	<input type="checkbox"/>
With the media	<input type="checkbox"/>	<input type="checkbox"/>

Identifying information may include: date of birth, A number, and details of place of origin (name of village for example).

3. I am willing to speak on camera about my case, either with reporters or for use on a website containing information to help educate the public and train pro bono attorneys:

	YES	NO
Using real name	<input type="checkbox"/>	<input type="checkbox"/>
Using Pseudonym	<input type="checkbox"/>	<input type="checkbox"/>

This form has been read to me in a language that I understand. By providing my signature below, I agree to the use of my name or story as indicated above. I understand that the answers that I provide on this form will not affect the pro bono representation that has been provided to me.

Full Name

Signature

Date: _____