

IMMIGRATION ASSISTANCE SERVICE CONTRACT

[Provider name] (“Provider”)

[Provider address]

[Provider telephone number and e-mail address]

Contract completed for Provider by: [Name and title]

CUSTOMER INFORMATION

Name: _____

Telephone Number: _____

Address: _____

E-mail Address: _____

SERVICES PROVIDER WILL PERFORM

(Give detailed descriptions, such as “Complete I-90 form” or “Translate marriage certificate for I-130 form”)

Provider may attach more pages as necessary, numbered and initialed by Provider and Customer.

1. Service: _____

Labor fee: _____ Government form filing fee (if any): _____

Provider will complete by [date]: _____

2. Service: _____

Labor fee: _____ Government form filing fee (if any): _____

Provider will complete by [date]: _____

3. Service: _____

Labor fee: _____ Government form filing fee (if any): _____

Provider will complete by [date]: _____

Other fees or costs, if any:

Description: _____ Amount: _____

Description: _____ Amount: _____

Total: _____

Amount due: _____ Date due: _____

Amount due: _____ Date due: _____

Amount due: _____ Date due: _____

Provider **may not** charge you for any services Provider does not perform or costs Provider does not pay on your behalf. **You may cancel this contract at any time.** Unless you have requested fast service because you are about to lose eligibility or another right or privilege, if you cancel this contract within 3 business days of signing it, Provider may not charge you any fee and must return any money you have paid within 15 days of cancellation.

ADDITIONAL TERMS – IMPORTANT

1. The individual providing assistance to you under this contract is not an attorney licensed to practice law or accredited by the Board of Immigration Appeals to provide representation to you before the Bureau of Citizenship and Immigration Services [U.S. Citizenship and Immigration Services], the Department of Labor, the Department of State, or any immigration authorities and may not give legal advice or accept fees for legal advice.
2. Provider may not keep original documents that you must submit with your application to any government agency, even if you owe Provider money or Provider claims you owe money.
3. Provider must give you a copy of each document Provider files with any government agency for you.
4. If you need to get any supporting documents for any application, you may get these documents yourself. You do not need to get them through Provider.
5. Provider has posted a bond with: [name, address, and telephone number of bond company]. If Provider owes you a refund and does not provide it, or harms you by its actions, you may file a claim against this bond.
6. The individual providing assistance to you under this contract is prohibited from disclosing any information or filing any forms or documents with immigration or other authorities without your knowledge and consent.
7. A copy of all forms completed and documents accompanying the forms shall be kept by the service provider for three years. A copy of the customer's file shall be provided to the client on demand and without fee.

NOTICE OF RIGHT TO CANCEL

You have three (3) business days to cancel this Contract. Notice of cancellation must be in writing, signed by you, and mailed by registered or certified United States mail to [Provider address]. If you cancel this contract within 3 days, you will get back your documents and any fees that you paid.

NOTICE TO CUSTOMER – READ BEFORE SIGNING

Do not sign this contract before you have read it or if any spaces are left blank. Provider must give you a signed copy of this contract, free of charge, when you sign it.

ACCEPTANCE OF CONTRACT

I approve of the services, fees, and costs stated in this contract. I authorize Provider to do the work as specified.

Customer

Date

Provider Representative

Date

IMPORTANT:

IF YOU ARE ENTITLED TO A REFUND AND PROVIDER DOES NOT GIVE YOU A REFUND WITHIN 15 DAYS OR IF YOU HAVE A COMPLAINT OR NEED MORE INFORMATION, CALL 3-1-1.