

IMMIGRATION ASSISTANCE SERVICE CONTRACT

[Provider name] ("Provider")

[Provider address]

[Provider telephone number and email address]

Contract completed for provider by: [Name and title]

CUSTOMER INFORMATION

Name _____

Telephone Number _____

Address _____

Email 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. Provider and Customer must number and initial each page.

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 it does not perform or costs it does not pay on your behalf.

You may cancel this contract at any time.

Cancellation within three (3) business days of signing contract:

- Provider may not charge you any fee and must return any money you paid within 15 days of cancellation.

- **Exception:** If you waived the right to cancel without fee because you are about to lose eligibility or another right or privilege, Provider may keep fees you paid for services that Provider performed, as well as any additional amount Provider paid on your behalf.

Cancellation more than three (3) days after signing contract:

- Provider may keep fees you paid for services that Provider performed, as well as any additional amount Provider paid on your behalf.

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 United States Department of Justice to provide representation to you before the federal government or any immigration authority and may not give legal advice or accept fees for legal advice. For a free legal referral, call the Office for New Americans hotline at 1-800-566-7636, the New York State Attorney General at 1-800-771-7755, or your local district attorney or prosecutor.
2. Provider may not keep original documents that you submit with your application for an immigration-related benefit made to any governmental entity even if you owe Provider money or Provider claims you owe money.
3. Provider must give you a copy of each document it prepares 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. The U.S. government provides information on required forms and documentation for free online at uscis.gov and by phone at 1-800-870-3676.
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 of your personal information to, or submitting any forms or documents on your behalf with, immigration or other authorities without your knowledge and consent except as required by law.
7. A copy of all forms completed and documents accompanying the forms shall be kept by Provider for three years. A copy of your file shall be provided to you on demand and without fee.
8. Provider must give you a signed form affirming receipt of each original document, as well as a complete copy of such document. Provider must give this form to you immediately upon taking possession of the original document.
9. Provider must promptly notify you in writing when it has disclosed any information to, or submitted any form or document with, immigration or other authorities when such disclosure was required by law and done without your knowledge and consent.

NOTICE OF RIGHT TO CANCEL

- You may cancel this contract at any time. You have three (3) business days to cancel this contract without penalty and get back any fees that you have already paid. Notice of cancellation may be made by completing the cancellation form included in this contract or by otherwise notifying Provider in writing and delivering such form or notification to Provider in person or by United States mail to (specify address). If you cancel this contract, you will get back any documents you submitted to Provider.
- If you cancel this contract within three (3) business days, you will get back your documents and any fees that you paid.

ACCEPTANCE OF CONTRACT

The individual providing assistance to you under the terms of this contract must explain the contents of this contract to you and answer any questions you may have regarding the terms of this 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

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, immediately after you sign it.

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.

CANCELLATION FORM

Important Note Concerning Cancellation:

- You may cancel this contract at any time.

Cancellation within three (3) business days of signing contract:

- Provider may not charge you any fee and must return any money you paid within 15 days of cancellation.
- **Exception:** If you waived the right to cancel without fee because you are about to lose eligibility or another right or privilege, Provider may keep fees you paid for services that Provider performed, as well as any additional amount Provider paid on your behalf.

Cancellation more than three (3) days after signing contract:

- Provider may keep fees you paid for services that Provider performed, as well as any additional amount the Provider paid on your behalf.

Signature

Print Name

Date

I hereby cancel the contract of (date of contract) between (name of Provider, address of Provider, and phone number of Provider) and (name of Customer).

**IMMIGRATION ASSISTANCE SERVICE CONTRACT
TRANSLATION ACCURACY AFFIRMATION**

Name of Immigration Service Provider:	
Immigration Service Provider Address: <i>(Building Number, Street Name, City, State, ZIP Code)</i>	
Immigration Service Provider Telephone Number and Email Address:	
Name of Translator:	
Name of Customer:	

The translator named above affirms the following:

1. I translated the contract provided by the Immigration Service Provider for the Customer named above into _____ *[language]* on _____ *[date]*.
2. I affirm that the translation I provided to the customer was complete and accurate.

Signature

Print Name

Date

NOTE: This form must be attached to the Customer's contract.