

**Human Rights Documentation Exchange**  
**Refugee Legal Support Service Documentation Request Form**  
**P.O. 2327 Austin, TX 78768 phone: (512) 476-9841 fax: (512) 476-0130**

Request From: \_\_\_\_\_ Date: \_\_\_\_\_

Law Firm/Org. name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Mail via:** \_\_\_\_\_ Priority/First Class U.S. mail service (Note: Date of arrival not Guaranteed)

\_\_\_\_\_ Fed Ex (include 9 digit # - - )

\_\_\_\_\_ Standard overnight \_\_\_\_\_ Priority overnight \_\_\_\_\_ 2nd Day

\_\_\_\_\_ Fax (only if search is 10 pages or fewer)

Pro Bono: \_\_\_\_\_ Low Fee: \_\_\_\_\_ Regular: \_\_\_\_\_ Filing Date: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Are documents in Spanish also useful? \_\_\_\_\_

Please circle all that apply:

**Case type:** Asylum VAWA Suspension Cancellation Convention Against Torture Other:

Name of Client: \_\_\_\_\_ Case # or A#: \_\_\_\_\_  
(Optional) (Optional)

City/Province/Country of Origin: \_\_\_\_\_

Date left home/arrived U.S.: \_\_\_\_\_ Age: \_\_\_\_\_

Information Required: \_\_\_\_\_  
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Please list other documentation sources you have already researched/acquired. We **will not** research any sources listed, so as not to duplicate information.

\_\_\_\_\_  
\_\_\_\_\_

HRDE only: researcher: \_\_\_\_\_