Dear Health Professional:

Thank you very much for your interest in volunteering with the Rocky Mountain Immigrant Advocacy Network (RMIAN). RMIAN provides free immigration legal services to immigration children and youth throughout Colorado and to adults held at the immigration detention center in Aurora, Colorado. We have occasional need for volunteer health professionals in the following areas:

1. **Providing *pro bono* forensic psychological or physical evaluations of adult and child clients** represented by RMIAN staff or volunteer attorneys to support clients’ applications for immigration relief. Psychological evaluations help to (a) corroborate clients’ asylum and other claims by assessing symptoms of trauma and other conditions consistent with their experiences and/or (b) explain the impact of mental disorders on clients’ personal histories (including involvement with the criminal justice system) and/or their limitations in recalling details or being able to fully participate in their legal cases. Physical evaluations assess scars, injuries, and other sequelae of torture and other abuse to corroborate clients’ asylum and other claims. Following in-person evaluations of clients, health professionals are asked to prepare written reports and to collaborate with attorneys to clarify content. Written reports are submitted to the immigration court (availability for testimony is preferred) or U.S. Citizenship and Immigration Services.
2. **Reviewing medical records of adult clients’ health treatment while in immigration detention**--then, preparing letters for presentation to the immigration court about typically recommended courses of treatment for clients’ health conditions. The purpose of these letters is to help RMIAN staff and volunteer attorneys advocate for bond or other release for clients, based on health needs.
3. **Offering free or low-cost health services to non-detained RMIAN adult and child clients and their families.** This is not a volunteer opportunity facilitated by RMIAN, but we are always looking for new places to refer our clients and their family members for needed health services that are accessible to them.

If you are interested in any of these opportunities, please complete the following information:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Practitioner/**  **licensure**  **type** | **E-mail** | **Phone** | **Address** | **Areas of specialty** | **Languages you speak fluently\*** | **How did you hear about RMIAN?** |
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\*RMIAN provides volunteer interpreters as needed.

1. Please briefly describe any experience you have working with immigrant, refugee, or other foreign-born populations, and any experience you have performing forensic evaluations in any context:
2. Are you interested in providing occasional *pro bono* forensic health evaluations?

If yes, do you have a preference among evaluations for detained adults (these take place in the detention center, require a brief criminal and immigration background check, and usually have a turn-around time of several weeks for completed reports), non-detained adults, or non-detained children? (Evaluations of non-detained clients can take place in your office, the RMIAN office, or another location convenient to you and the clients—who may live in various places throughout Colorado. Evaluations of non-detained clients usually have a much longer turn-around time.)

1. Are you interested in occasionally reviewing medical records of detained adult clients and preparing letters about typical courses of treatment?
2. Are you or the practice/organization/institution you work for (if applicable) able to provide free or low-cost health services for RMIAN clients (or populations similar to RMIAN clients)? If so, please complete the following information, to the extent you know it.

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of practice/ organization/institution** | **Location(s)** | **Phone/contact for making appointments/**  **enrolling in services** | **Types of services offered** | **ID and/or immigration documentation requirements** | **Languages spoken** | **Pay arrangements (free, sliding scale, accept Medicaid, accept CICP, etc.)** |
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**Please return this form (ideally, as a Word document) to Cindy Schlosser, Detention Program Social Worker, at** [cschlosser@rmian.org](mailto:cschlosser@rmian.org) Please contact Cindy with additional questions at the email address above or (720) 457-4156.

**THANK YOU!**