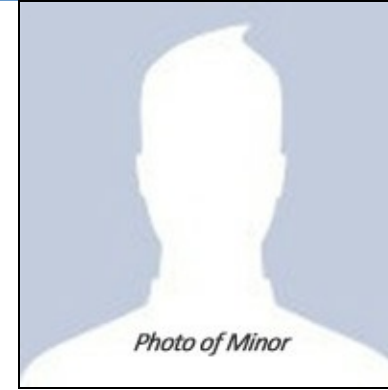


UC Basic Information

First Name:

Last Name:



AKA:

Status:

Date of Birth:

A No.:

Age:

Country of Birth:

Gender:

LOS:

Current Program:

Admitted Date:

Transfer request

Minor's Profile:

Height(ft & inches):

Weight(lbs):

Eye Color:

Identification Marks:

Transfer Request:

Type of Program Requested:

Requested Date:

Requesting Party:

Requester Name:

Requester Title:

Requester Phone:

Case Coordination:

Concur with Requesting Party? Yes No

If not, specify:

Type of Program

Recommended:

Case Coordinator Name:

Recommended Date:

Case Coordinator Proposed

Program:

Reason for Transfer Request:

Shelter & Foster Care Only: Standard Placement

Secure & Staff Secure Only

Convicted as Adult

Adjudicated Delinquent

Criminal Charges

Chargeable

Any Program Type: To provide a less restrictive setting (transfer only) Disruptive Behavior

To provide a more restrictive setting (transfer only) Minor's Safety

Minor's Medical Health Flight Risk

Minor's Mental Health Emergency Influx

Violent/Threatening Behavior

Has the Minor's Attorney

Been Contacted? Yes No

Attorney Phone:

Attorney of Record:

Casefile Summaries

- | | | |
|--------------------------------|---|---|
| Information Relating to | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Diagnosed Behavior/Illness with no Medications |
| Minor's casefile | <input type="checkbox"/> Injury | <input type="checkbox"/> Diagnosed Behavior/Illness with Medications |
| | <input type="checkbox"/> Illness | <input type="checkbox"/> Non-violent Conviction |
| | <input type="checkbox"/> Non-diagnosed Behavior/Illness with no Medications | <input type="checkbox"/> Non-violent Charge |
| | <input type="checkbox"/> Non-diagnosed Behavior/Illness with Medications | <input type="checkbox"/> Charge(s) Dropped |

Minor's Medical/Mental

Health Summary:

Behavior Summary: (history of: flight risk, aggressive/assaultive & sexually inappropriate behaviors)

Current Status of Family

Reunification:

Immigration Court Status:

Case Manager Comments

Case Manager Name:

Case Manager Comments:

Case Manager Suggests Yes No

Transfer?:

Date of Case Manager

Comments:

**TMS Historical Transfer
Request?:**

ORR/DCS Decision

Comments:

- Decision:**
- Pending
 - Approve
 - Disapprove
 - Remanded, please provide info as detailed in comments

Date of Decision:

Name of ORR Decision Maker:

Transfer Packet (for each minor)

Please follow checklist in the Transfer Procedures when completing minor's transfer packet, check the checkbox to indicate the packet is completed.

List of Minor's Belongings (be sure to include medication and explain dosage in medical/mental health summary)

COA - COV

- Request Type**
- Change of Address
 - Change of Value

Transfer Sch. to Take Place on:

Next Sch. Court Appearance for

this Juvenile is:

Reason for less than 48 hours notice to ICE (if applicable) :

Good cause exists to change venue in this matter pursuant to 8 C.F.R. & 1003.20 (b) for the following reason(s);

- ORR has decided to relocate the respondent to an area where space is available/ appropriate services can be provided, since Juvenile detention space is limited in
- The minor has a special need (e.g., pregnancy of juvenile, medical needs, etc.), please specify

- Other, please specify

Departure/Arrival Information

Departure Date:

Departure Time:

Transporting Staff Name:

Transporting Staff Title:

Transporting Staff Comments:

Arrival Date:

Arrival Time:

Receiving Staff Name:

Receiving Staff Title:

Receiving Staff Comments: