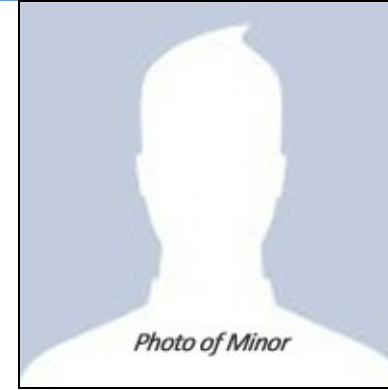


UC Basic Information

First Name:

Last Name:



AKA:

Status:

Date of Birth:

A No.:

Age:

Country of Birth:

Gender:

LOS:

Current Program:

Admitted Date:

Discharge Notification

Date of Discharge:

Type Of Discharge:

Transfer

Sponsor DOB:

Prove of Relationship:

ORR Decision:

Pending

Approve

Disapprove

Remanded, please provide info as detailed in comments

Time of Discharge:

Sponsor Name:

Relationship to UC:

Date of Decision:

Program Minor was Transferred to:

Local Law Enforcement:

Specify, if Other is Selected:

Address:

City:

State:

Phone:

Legal Status of Minor:

DHS Family Shelter:

Zip Code:

Fax: