

Unaccompanied Refugee Minors (URM) Program
U.S. Department of Health and Human Services (HHS)
Office of Refugee Resettlement (ORR)
Division of Children's Services (DCS)

Date:	Alien Number (if applicable):
Minor's First Name(s):	Minor's Last Name(s):
Assister:	Agency:

WITHDRAWAL OF APPLICATION

I applied for the URM Program on _____ (date). I received an explanation of the program, its services, and my potential rights and responsibilities from _____ (name) on _____ (date) in _____ (language) and understand the information that was presented to me. I hereby choose to withdraw my URM application. I understand that by withdrawing my URM application at this time, I may not be able to enter the program at a later date.

Signature of Minor :	Signature of Witness (different from assister):
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Interpreter, if applicable:
I read this Withdrawal of Application from the URM Program form to _____ (name) on _____ (date) and they asserted that they understood the form and the consequences of withdrawing their URM application.

REFUSAL OF PARTICIPATION

I applied for the URM Program on _____ (date). I received an explanation of the program, its services, and my potential rights and responsibilities from _____ (name) on _____ (date) in _____ (language) and understand the information that was presented to me. I hereby decline to enter the URM Program. I understand that if I decline to enter the URM Program at this time, I may not enter the program at a later date.

Signature of Minor :	Signature of Witness (different from assister):
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Interpreter, if applicable:
I read this Refusal of Participation in the URM Program form to _____ (name) on _____ (date) and they asserted that they understood the form and the consequences of declining participation in the URM Program.