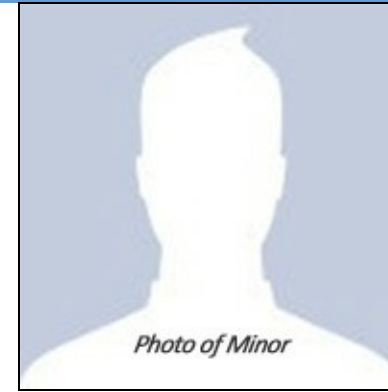


UC Basic Information

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

Case Coordinator Proposed

Recommended:

Program:

Case Coordinator Name:

Recommended Date:

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**

- |                                |   |   |
|--------------------------------|---|---|
| <b>Information Relating to</b> | <input type="checkbox"/> Pregnancy  | <input type="checkbox"/> Diagnosed Behavior/Illness with no Medications |
| <b>Minor's casefile</b>        | <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:**

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