



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)  
OFFICE OF REFUGEE RESETTLEMENT (ORR)  
DIVISION OF UNACCOMPANIED CHILDREN OPERATIONS (DUCO)  
NOTICE OF TRANSFER TO ICE CHIEF COUNSEL  
CHANGE OF ADDRESS/CHANGE OF VENUE**

**ORR has determined that the Juvenile Respondent named below should be transferred to another ORR funded facility. The Director of the Office of Refugee Resettlement, U.S. Department of Health and Human Services requests that the Chief Counsel, Immigration and Customs Enforcement, U.S. Department of Homeland Security, file a Motion for Change of Venue and/or Change of Address with the Executive Office for Immigration Review for this minor.**

Date of Request

**Requestor Info:**

Name  Title  Tel. No

**Request:**  Change of Address  Change of Venue

**I. CHANGE OF ADDRESS**

**1. Juvenile respondent's biographical information**

First Name  Last Name  Alien Number

Aliases (if any)  Date of Birth  Country of Origin

**2. Juvenile respondent's originating address (insert mailing address if different):**

Originating ORR facility name (if applicable):

Street  Street

City  State  Zip  City  State  Zip

Telephone Number  Alternate Tel. Number

**3. Juvenile respondent's new address:**

Receiving ORR facility name (if applicable):

Street  Street

City  State  Zip  City  State  Zip

Telephone Number  Alternate Tel. Number #

**Receiving ORR facility point of contact info:\***

Name  Title  Tel. No

**4. The Transfer is scheduled to take place on**

**5. The next scheduled court appearance for this juvenile is**

6. For non-emergency transfers, notification should be made at least 48 hours before the juvenile respondent is physically transferred. If notification is not made at least 48 hours in advance of transfer, please explain reason(s) below:

*\*In cases where the child remains in an ORR funded facility, the facility staff is responsible for notifying the child of all correspondence from the U.S. Department of Homeland Security (DHS) and for filing all DHS documents in the child's case file.*

**II. ChANGE OF VENUE (fill out only if also requesting a Change of Venue)**

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

Facility bed space is limited. ORR has decided to relocate the respondent to an area where space is available/appropriate services can be provided.

Facility name (if above box is checked)

The minor has special needs (e.g., pregnancy of juvenile, medical needs, etc.)

Please specify:

Juvenile respondent is suitable for a less restrictive level of care.

Juvenile respondent requires a more restricted level of care.

Other

If Other, please specify: