



Administration for Children & Families

Office of Refugee Resettlement

ORR Release Notification

ORR Notification to ICE Chief Counsel Release of Unaccompanied Alien Child to Sponsor and Request to Change Address

ORR has determined that the below Juvenile Respondent should be released to a sponsor.

The Director of the Office of Refugee Resettlement, Department of Health and Human Services requests that the Chief Counsel, Immigration and Customs Enforcement, Department of Homeland Security notify the Executive Office of Immigration Review of the change of address.

Request Details

Date of Request: [MM/DD/YYYY]
Name of Requestor: [Name]
Title: [Title]
Telephone Number: [(123) 456-7890]

Juvenile Respondent's Biographical Information

Name: [Name]
Alias: [Alias]
Country of Origin: [Country]
A#: [###]
DOB: [MM/DD/YYYY]

Release Date and Next Court Appearance

Scheduled Release Date: [MM/DD/YYYY]
Next Scheduled Court Appearance: [MM/DD/YYYY]

Custodian Information

Name: _____ **Telephone Number:** _____
Title: _____

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR to notify ICE Chief Counsel of the release of a UAC and request a change of address. Public reporting burden for this collection of information is estimated to average 0.08 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information (Homeland Security Act, 6 U.S.C. 279). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact UACPolicy@acf.hhs.gov.

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Juvenile Respondent's Prior Address

Program Name *(if applicable)*: [Program Name]
Telephone Number: [123-456-7890]
Alternate Telephone: [123-456-7890]

Prior Street Address

Address: [Address]
City: [Value]
State: [Value]
Zip: [Value]

Prior Mailing Address *(if different)*

Address: [Address]
City: [Value]
State: [Value]
Zip: [12345]

Juvenile Respondent's New Address

Program Name *(if applicable)*: [Program Name Value]
Telephone Number: [123-456-7890]
Alternate Telephone: [123-456-7890]

New Street Address

Address: [Address]
City: [Value]
State: [Value]
Zip: [12345]

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New Mailing Address <i>(if different)</i>	
Address:	[Address]
City:	[Value]
State:	[Value]
Zip:	[12345]

ORR certifies that on [/ /] the Respondent and Sponsor were notified that they must inform Immigration Court directly of any further change of Address. For releases, notification should be made at least 48 hours in advance. If notification is not made at least 48 hours in advance of release, please explain reason(s) below.
