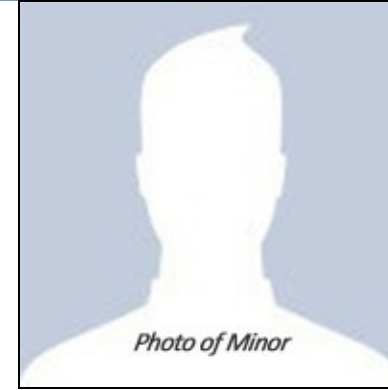


UC Basic Information

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 Recommended:

Case Coordinator Proposed 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

- Information Relating to Minor's casefile**
- Pregnancy
 - Injured
 - Illness
 - Non-diagnosed Behavior/Illness with no Medications
 - Non-diagnosed Behavior/Illness with Medications
 - Diagnosed Behavior/Illness with no Medications
 - Diagnosed Behavior/Illness with Medications
 - Non-violent Conviction
 - Non-violent Charge
 - 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:

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 process recommendations and decisions for transfer of a UAC within the ORR care provider network. Public reporting burden for this collection of information is estimated to average 0.75 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.