

**Unaccompanied Refugee Minors (URM) Program
U.S. Department of Health and Human Services (HHS)
Office of Refugee Resettlement (ORR)**

Date	Alien Number
First Name	Last Name
Requestor	

WITHDRAWAL OF APPLICATION

To the Office of Refugee Resettlement:

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

Signature of URM applicant

Signature of witness

For interpreter (if applicable): I read this Withdrawal of Application in the URM Program form to _____ on _____, and he/she asserted that he/she understood the form and the consequences of withdrawing his/her application for the URM program at this time.

DECLINATION OF PLACEMENT

To the Office of Refugee Resettlement:

My name is _____. I applied for the Unaccompanied Refugee Minors (URM) program on _____. I received an explanation of the program, its services, and my potential rights and responsibilities from _____ on _____ in _____ (insert 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 be able to enter the program at a later date.

Signature of URM applicant

Signature of witness

For interpreter (if applicable): I read this Declination of Placement in the URM Program form to _____ on _____, and he/she asserted that he/she understood the form and the consequences of withdrawing his/her application for the URM program at this time.