

### OMB Number: 0970-0554 [valid through MM/DD/YYYY] Administration for Children & Families

**Office of Refugee Resettlement** 

### **ORR Transfer Notification**

ORR Notification to ICE Chief Counsel of Transfer of Unaccompanied Alien Child and Request to Change Address/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 UAC.

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Request Details				
Date of Request:				
Name of Requestor:				
Title:				
Telephone Number:				
Request:	Change of Address	Change of Venue		
		_		
Juvenile Respondent's Biographical Information				
Name:				
A#:				
Alias:				
Country of Origin:				
DOB:				
	N 15 14			
Next Court Appearance				
Next Scheduled Court Appearance:				

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 the Department of Homeland Security (DHS) of the transfer of a UAC within the ORR care provider network so that DHS may file a Motion for Change of Venue and/or Change of Address with the Executive Office for Immigration Review to ensure the UAC's immigration case is transferred to the local immigration court, if applicable. Public reporting burden for this collection of information is estimated to average 0.17 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 <u>UACPolicy@acf.hhs.gov</u>.

## **ORR Transfer Notice**Office of Refugee Resettlement

Receiving OKK Facility Point of Contact Information
Name: Title: Telephone Number: The transfer is scheduled to take place on:
Juvenile Respondent's New Address (insert mailing address if different)
Receiving ORR Facility Name (if applicable): Telephone Number: Alternate Telephone:
New Street Address
Address:
City:
State:
Zip:
New Mailing Address (if different)
Address:
City:
State:

Zip:

# **ORR Transfer Notice**Office of Refugee Resettlement

#### Juvenile Respondent's Originating Address (insert mailing address if different)

	Prior Street Address
Address:	
City:	
State:	
Zip:	
	Prior Mailing Address (if different)
Address:	
City:	
State:	
Zip:	
	ransfers, notification should be made at least 48 hours before the juvenile respondent is physically tion is not made at least 48 hours in advance of transfer, please explain reason(s) below:

### **Change of Venue (fill out only if also requesting a Change of Venue)**

### 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 UAC 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: