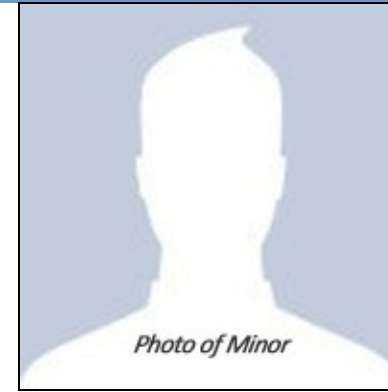


UC Basic Information

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**

- |                                |   |   |
|--------------------------------|---|---|
| <b>Information Relating to</b> | <input type="checkbox"/> Pregnancy  | <input type="checkbox"/> Diagnosed Behavior/Illness with no Medications |
| <b>Minor's casefile</b>        | <input type="checkbox"/> Injury   | <input type="checkbox"/> Diagnosed Behavior/Illness with Medications    |
|                                | <input type="checkbox"/> Illness  | <input type="checkbox"/> Non-violent Conviction                         |
|                                | <input type="checkbox"/> Non-diagnosed Behavior/Illness with no Medications | <input type="checkbox"/> Non-violent Charge                             |
|                                | <input type="checkbox"/> Non-diagnosed Behavior/Illness with Medications    | <input type="checkbox"/> 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:**

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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.