



Administration for Children & Families Office of Refugee Resettlement

Request for Risk Determination Hearing

As an unaccompanied child in the custody of the Office of Refugee Resettlement (ORR), you may request a Risk Determination Hearing before an independent hearing officer with the United States Department of Health and Human Services (HHS). 45 C.F.R. § 410.1903. The purpose of this hearing is to determine whether or not you present a risk of danger to the community if you are released. Information about Risk Determination Hearing procedure may be found in 45 CFR § 410.1903, in UC Policy Guide [[link TBD](#)] and is available upon request. You may seek independent legal counsel and/ or choose someone to represent you in this hearing (see form RDH-3 – [Appointment of Representative for Risk Determination Hearing](#)).

To request a Risk Determination Hearing, check the appropriate boxes and sign below. Please check **ALL** that apply:

- I request a Risk Determination Hearing to determine whether I present a risk of danger to the community if released from ORR custody.
 - I am the parent, legal guardian, or representative of the unaccompanied child named below. I request a Risk Determination Hearing on his/her behalf to determine whether he/she presents a risk of danger to the community if released from ORR custody.
 - I previously opted out of my Risk Determination Hearing. My prior case number is: U -
 - I previously had a Risk Determination hearing, and a decision has been issued. I am seeking another Risk Determination Hearing based on a material change in circumstances. My prior case number is: U -
- NOTE:** You must demonstrate to the hearing officer a material change in circumstances. Please explain the material change in circumstances on a separate page(s).
- I request an interpreter. Preferred language:

Please submit this form to the child’s care provider Case Manager or directly to ORR via UCHearings@acf.hhs.gov.

Child’s Signature

Child’s Name

Date

Parent/Legal Guardian/ Representative’s Signature

Parent/Legal Guardian/
Representative’s Name

Date

Parent/Legal Guardian/
Representative’s Email Address

Phone Number

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow an unaccompanied child, the child’s parent, or the child’s representative to request a Risk Determination hearing. 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 (45 C.F.R. § 410.1903). 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 UCPolicy@acf.hhs.gov.