**OMB 0970-TBD [valid through MM/DD/YYYY]**

**Administration for Children & Families**

**Office of Refugee Resettlement**

Risk Determination Hearing Opt-Out

In the case of:

DAB Docket No. U - -

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*The purpose of this form is to indicate that the below-identified unaccompanied child opts out of their risk determination hearing.*

As an unaccompanied child in the custody of ORR, you may have requested or been automatically enrolled in a hearing before an independent hearing officer with the United States Department of Health and Human Services. 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. More information about Risk Determination Hearing procedure may be found in 45 CFR 410.1903, in UC Policy Guide (*Link TBA*), and is available upon request.

This determination may affect whether you remain in ORR custody. If the hearing officer decides you are not a danger to the community, their decision is binding and overrules ORR's prior determination on this issue. However, you will not be released from ORR custody until ORR approves an appropriate sponsor for you.

The hearing officer's decision does not affect ORR's decision on the suitability of your sponsor nor does it automatically change your placement. The hearing officer's decision also does not affect your immigration case or whether you can stay in the United States.

You may decline this hearing. You may do so by submitting this optional form or by notifying the hearing officer in writing. You may speak to an attorney to discuss how to proceed with this hearing. If you would like to speak to an attorney, please inform staff at this facility who will put you in touch with an attorney free of charge, or you may speak to your own attorney if you have one.

Even if you decline this hearing, you may request a hearing at any time you remain in ORR custody by completing a new *Request for Risk Determination Hearing* (form RDH-1).

 I decline a hearing to determine whether I present a risk of danger to the community if released.

I am the representative of the above-named unaccompanied child. The child declines the hearing.

*If you have not filed a Notice of Attorney Representation (L-3A) (Link TBA) or an Appointment of Representation (RDH-3) (Link TBA), please include with this form.*

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

Child’s Signature Representative’s Signature

Child’s Name Date Representative’s Name Date

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 or the child’s legal representative to opt out of 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.](mailto:UCPolicy@acf.hhs.gov)

**RDH-2 | Version 1**

**MM/DD/YYYY**

**Page 1 of 1**