



Administration for Children & Families Office of Refugee Resettlement

Risk Determination Hearing Transcript Request

If you are the unaccompanied child listed below, the child's parent/legal guardian, or the child's authorized representative, you may use this optional form to request a Risk Determination Hearing transcript. Please submit this form following the instructions below.

I am the unaccompanied child listed below, the child's parent/legal guardian, or the child's authorized representative and I request a transcript of the following administrative hearing:

Child's Name

DAB Docket No. U - -

Date of Proceeding

Signature

Street Address

Name of Person Requesting Transcript

Date

City

State

Zip Code

Relation to Unaccompanied Child

Email Address

Phone Number

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

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/legal guardian, or the child's representative to request a written transcript of the 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.