

Historical Disclosure (Form A-9E)

UC Basic Information



First Name: _____ Status: _____
Last Name: _____ AKA: _____
Date of Birth: _____ Gender: _____
A No.: _____ LOS: _____
Age: _____ LOC: _____
Child's Country of Birth: _____ Current Program: _____
Admitted Date: _____ Current Location: _____
ORR Placement Date: _____

Event Information

Select Different Event

Event Information section auto-populated from information entered in Child-Level Event (Form A-9A)

Location of Event:

Approximate Date of Event:

Event ID:

Date Reported to Care Provider:

Time Reported to Care Provider:

Short Synopsis:

Child-Level Event

Emergency SIR Non-Emergency SIR Behavioral Note Historical Disclosure

Historical Disclosure

[See UC Policy Guide Section 5 for related policies](#)

- | | | |
|--|--|--|
| <input type="checkbox"/> Abuse/Neglect in DHS Custody | <input type="checkbox"/> Family separation by DHS | <input type="checkbox"/> Previous enrollment in DHS Migrant Protection Protocols program |
| <input type="checkbox"/> Past Abuse/Neglect Not in ORR Care or DHS Custody | <input type="checkbox"/> Abuse/neglect by CBP or ICE | |
| Alleged perpetrator: <input type="text" value="v"/> | <input type="checkbox"/> Restraints or isolation in CBP or ICE custody | |
| | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Forced marriage with adult still in home country |
| | <input type="checkbox"/> Verbal or emotional abuse | <input type="checkbox"/> Forced marriage with adult in United States |

- Parent/Guardian/Caregiver
- Military Personnel
- Police/Government Official
- Foot Guide/Coyote
- Other Adult
- Other Child

- Neglect/abandonment
- Sexual abuse
- Sexual harassment
- Labor trafficking concerns
- Sex trafficking concerns
- Smuggling

- Domestic violence
- Adolescent/teen dating violence
- Inappropriate health intervention
- Past mental health concerns
- Witnessing traumatic events
- Other harmful or traumatic events

Self-Disclosed Juvenile Delinquency

- Self-Disclosure of past juvenile delinquency charges
- Self-Disclosure of past juvenile delinquency convictions
- Self-Disclosure of past harm to others that lacks a charge or conviction

Incident Information:

Full Description of Incident *

Was the UC or Anyone Else Injured?: *

Yes No

Specify:

Actions Taken

Staff Response and Intervention *

Follow-up and/or Resolution:

Recommendations:

Reporting:

Was it reported to State Licensing? *

Yes No

Date of Report:

Time of Report:

Was the Incident Investigated?

Yes No

Date Notified the Incident

Case/Confirmation Number:

will be investigated:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Select File

>| Upload

>| Reset

Other fields in this subsection only appear if "yes" is selected for Was it reported to State Licensing?

Was it reported to CPS? *

Yes No

Date of Report:

Time of Report:

Was the Incident Investigated?

Yes No

Date Notified the Incident

Case/Confirmation Number:

will be investigated:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Select File

>| Upload

>| Reset

Other fields in this subsection only appear if "yes" is selected for Was it reported to CPS?

Was it reported to Local Law Enforcement? *

Yes No

Date of Report:

Time of Report:

Officer Name:

Officer Badge:

Was the Incident Investigated?

Yes No

Date Notified the Incident will be investigated:

Case/Confirmation Number:

Explain

Results/Findings of Investigation:

Attach Reports/Findings:

Select File

>| Upload

>| Reset

Other fields in this subsection only appear if "yes" is selected for Was it reported to Local Law Enforcement?

Was it reported to DOJ/FBI? *

Yes No

Date of Report:

Time of Report:

Notes

Was it reported to OIG? *

Yes No

Date of Report:

Time of Report:

Notes

Was it reported to DHS? *

Yes No

Date of Report:

Time of Report:

Notes

Was it reported to Office on Trafficking in Persons (Shepherd)? *

Yes No

Date of OTIP Submission:

Outcome of OTIP Submission:

Notes

Date of Report, Time of Report, and Explain fields in these subsections only appear if "yes" is selected for Was it reported to...?

ORR Notifications: *

>| Add New Row

| Name | Agency/Title | Date Notified | Time Notified | Email | Telephone Number |
|------|---------------------|---------------|---------------|-------|------------------|
| | ORR/FFS | | | | |
| | ORR/PO | | | | |
| | Medical Coordinator | | | | |
| | Case Coordinator | | | | |

Reporter and Follow-Up Contact: *

> | Add New Row

| Type | Name | Title | Email | Telephone Number |
|-----------------------|----------------------|----------------------|----------------------|----------------------|
| Staff Filing Report | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Contact for Follow-Up | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

> | Save

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR care provider programs to inform ORR of situations that affect the safety and well-being of a child that occurred before the child entered ORR custody. Public reporting burden for this collection of information is estimated to average 1.5 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. The OMB control number is 0970-0547 and the expiration date is 05/31/2023. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.