



## ORR Transfer Notification

### ORR Notification to ICE Chief Counsel of Transfer of Unaccompanied Alien Child and Request to Change Address/Venue

ORR has determined that the Juvenile Respondent named below should be transferred to another ORR funded facility. The Director of the Office of Refugee Resettlement, U.S. Department of Health and Human Services requests that the Chief Counsel, Immigration and Customs Enforcement, U.S. Department of Homeland Security, file a Motion for Change of Venue and/or Change of Address with the Executive Office for Immigration Review for this UAC.

#### Request Details

**Date of Request:**

**Name of Requestor:**

**Title:**

**Telephone Number:**

**Request:**

Change of Address

Change of Venue

#### Juvenile Respondent's Biographical Information

**Name:**

**A#:**

**Alias:**

**Country of Origin:**

**DOB:**

#### Next Court Appearance

**Next Scheduled Court Appearance:**

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 notify the Department of Homeland Security (DHS) of the transfer of a UAC within the ORR care provider network so that DHS may file a Motion for Change of Venue and/or Change of Address with the Executive Office for Immigration Review to ensure the UAC's immigration case is transferred to the local immigration court, if applicable. 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 (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](mailto:UACPolicy@acf.hhs.gov).

**Receiving ORR Facility Point of Contact Information**

**Name:**

**Title:**

**Telephone Number:**

**The transfer is scheduled to  
take place on:**

**Juvenile Respondent's New Address (insert mailing address if different)**

**Receiving ORR Facility Name** *(if applicable):*

**Telephone Number:**

**Alternate Telephone:**

**New Street Address**

**Address:**

**City:**

**State:**

**Zip:**

**New Mailing Address** *(if different)*

**Address:**

**City:**

**State:**

**Zip:**

**ORR Transfer Notice**  
**Office of Refugee Resettlement**

**Juvenile Respondent's Originating Address (insert mailing address if different)**

**Originating ORR Facility name** *(if applicable):*

**Telephone Number:**

**Alternate Telephone:**

**Prior Street Address**

**Address:**

**City:**

**State:**

**Zip:**

**Prior Mailing Address *(if different)***

**Address:**

**City:**

**State:**

**Zip:**

For non-emergency transfers, notification should be made at least 48 hours before the juvenile respondent is physically transferred. If notification is not made at least 48 hours in advance of transfer, please explain reason(s) below:

*\*In cases where the child remains in an ORR funded facility, the facility staff is responsible for notifying the child of all correspondence from the U.S. Department of Homeland Security (DHS) and for filing all DHS documents in the child's case file.*

**Change of Venue (fill out only if also requesting a Change of Venue)**

**Good cause exists to change venue in this matter pursuant to 8 C.F.R 1003.20(b) for the following reason(s):**

Facility bed space is limited. ORR has decided to relocate the respondent to an area where space is available/appropriate services can be provided

Facility Name (if above box is checked)

The UAC has special needs (e.g., pregnancy of juvenile, medical needs, etc.)

Please specify:

Juvenile respondent is suitable for a less restrictive level of care

Juvenile respondent requires a more restricted level of care

Other

If Other, please specify: