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Referred to DHS

Stevens v. BBG et al., 18-cv-5391  
DHHS  
HHS-18-F-0210  
<https://deportationresearchclinic.org/>

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, July 21, 2016 11:31 AM

**To:** (b)(6);(b)(7)(F)

**Cc:** PHO, Juv Placement

**Subject:** RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA  
(b)(6) A#(b)(6)

Would you like a call back or are we set.

000090

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

000092

Referred to DHS





Referred to DHS

000095

Referred to DHS

Referred to DHS

Referred to DHS

000098

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, July 20, 2016 9:45 AM

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); Angela Salomon; (b)(6); (b)(6);  
(b)(6); (b)(6); Breceda, Miriam S;  
Guadalupe.gonzalez@ (b)(6); Mojica, Lorenzo D; Centeno, Raquel (ACF) (CTR)

**Subject:** RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA  
(b)(6) A#(b)(6)

Please see attached and note:

The individual in care cannot be adequately identified by ORR, he has provided no documentation to prove his age or identity, has been vague and inconsistent about his history, and the Consulate has been unable to provide ORR with a definitive determination as to who the individual is. The individual was confronted with substantive evidence that he was an adult and in response he had a mental health crisis and was hospitalized as a result. He continues to refuse to provide any substantive evidence of who he is, contact information for anyone who can vouch for his identity, and when confronted with inconsistencies and the vagueness of his responses he claimed to hear voices to harm himself. The only definitive evidence, in addition to his inconsistent and vague statements; physical appearance, lack of contact information, and the consulates inability to identify him, is a Dental Forensics which puts him above the age of 18 with an 80% plus certainty.

(b)(6)

(b)(6) His presence in the ORR Shelter presents a significant danger threat to the safety, care, and well being of the UACs in care as such ORR is requesting that he be picked up and placed in adult custody.

The individual is currently under psychiatric care at the

(b)(6) and his expected discharge date is Friday (b)(6) /2016.

If you have any additional questions due to the complexity of this case please feel free to contact me directly.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)



---

**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Monday, July 18, 2016 6:24 PM

**To:** Calero, Wilfred (ACF)

**Cc:** Centeno, Raquel (ACF) (CTR); (b)(6) (b)(6) (b)(6)  
(b)(6)

**Subject:** Kokopelli: Age Determination request for (b)(6) A# (b)(6)  
(b)(6)

Hello

The above mentioned client arrived at Southwest Key Casa Kokopelli on (b)(6) 2016. Throughout his stay at Southwest Key Kokopelli, client has no sponsor.

*On initial interview client stated he had no family in COO nor in the USA. He stated his mother died approximately (b)(6). As per client, his mother's name was (b)(6). Client also stated he does not know mother's DOB nor knows who his father is.*

*On 7/13/2016 email was sent to Raquel Centeno and Wilfred Calero to request dental forensic and assistance to obtain birth certificate of client from Honduran Consulate.*

*7/17/2016- When dental forensic results were in, ALCM (b)(6) confronted client. He stated that his date of birth is (b)(6) 1999 and born at (b)(6)*

Honduras. He also stated his mother past away (b)(6) of a heart attack and that a neighbor called by (b)(6) was taking care of him. He stated he lost his documents during his trip while traveling by train and lost all contact information. When asked where he was going with, he stated that with a friend of her mother, but could not recall the name. ALCM asked client about school he attended or other family members in COO, but he stated he is an only child and there is no other family. It was only himself, mother and grandmother who died when he was a child and he could not remember her name. He also stated he does not remember what school he went to nor the name nor how many years he attended. He claimed he's being through a lot and he tends to forget things. He stated that he was under controlled medication in home country due to depression and anxiety. ALCL follow up with client and stated he was hearing his mother telling him that we wanted to hurt him and that he must die.

(b)(6) 2016 - Client was admitted in the hospital because of delays on the psychiatric evaluation and also for the behavior displayed by the client. Client has several IRs due to abuse, gang threats and attempted suicide in COO.

Attached you will find his dental forensic results for your review.

This case is being recommended for Age Redetermination; please be advised that we are ready to proceed with transfer of client to ICE custody; upon your approval. TB screening still pending

Sincerely,

(b)(6)

(b)(6)

Southwest Key Programs

Casa Kokopelli

email -

(b)(6) [@swkey.org](mailto:(b)(6)@swkey.org)

Cell:

(b)(6)

"Courage is very important. Like a muscle, it is strengthened by use."

-Ruth Gordon

<b>Sender:</b>	(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)>@ice.dhs.gov
<b>Recipient:</b>	"Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2016/07/21 14:34:47
<b>Delivered Date:</b>	2016/07/21 14:35:59



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 370 L'Enfant Promenade, S.W., Washington, DC 20447  
 www.acf.hhs.gov/programs/orr

**Memo of Age Determination**

**November 26, 2016**

TO: ICE – DHS – PHOENIX, AZ

Through: SWK Kokopelli

FROM: Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services

SUBJECT: Adult Age Re-determination - (b)(6) A#(b)(6)

I reviewed the documentation gathered by SWK Kokopelli and the statements provided by Ms. (b)(6) (hereinafter Ms.(b)(6)) family and it appears that Ms.(b)(6) who was placed in ORR care on (b)(6), 2016 under the name (b)(6) (b)(6) **DOB Jan 10, 1999 (A#(b)(6))** has now been determined to be (b)(6) **DOB (b)(6), 1998 and thus 18 years of age .**

Ms. (b)(6) arrived to SWK Kokopelli on (b)(6), 2016. She stated during her initial intake that she was born on (b)(6) 1999 and was being sponsored by her Aunt, (b)(6) (b)(6) in Alabama. On November 22, 2016 Program Case Manager received Ms. (b)(6) birth certificate. The certificate was in an older format so Program Case Manager requested that the family provided a new version of the birth certificate accordingly.

On November 24, 2016, Program Case Manager received copies of the newer version of Ms. (b)(6) birth certificate. Program Case Manager attempted to review the newly received birth certificate (See Attached) in the RENAP system for consistencies. It was discovered however that there was a significant inconsistency, that Ms. (b)(6) was in fact born in 1998 making her 18 years of age. On November 25, 2016, Program Case Manager confronted Ms. (b)(6) her mother in Guatemala, and the proposed sponsor in the United States, and all admitted that Ms.(b)(6) lied and that she is

Based on the aforementioned, ORR is respectfully requesting that arrangements be made to pick up Ms. (b)(6) from SWK Kokopelli for transportation into ICE Adult Custody.

Respectfully,

/s/ Wilfred Calero

Wilfred Calero, BA, JD  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

/s/ Ivonne Velazquez

Ivonne Velazquez, BSW, MSW, LCSW  
Federal Field Specialist Supervisor  
Division of Children's Services  
Office of Refugee Resettlement  
202-281-9535  
[ivonne.velzquez@acf.hhs.gov](mailto:ivonne.velzquez@acf.hhs.gov)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	(b)(6);(b)(7)(F) L <(b)(6);(b)(7)(F)@ice.dhs.gov>"
<b>CC:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Subject:</b>	RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA (b)(6) (b)(6) A# (b)(6)
<b>Date:</b>	2016/07/21 14:29:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Would you like a call back or are we set.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
 wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS





000110

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Wednesday, July 20, 2016 9:45 AM  
**To:** PHO, Juv Placement  
**Cc:** Velazquez, Ivonne (ACF); Angela Salomon; (b)(6); (b)(6); (b)(6); (b)(6); (b)(6); Breceda, Miriam S (b)(6) @ (b)(6); Mojica, Lorenzo D; Centeno, Raquel (ACF) (CTR)  
**Subject:** RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA (b)(6) (b)(6) A# (b)(6)

Please see attached and note:

The individual in care cannot be adequately identified by ORR, he has provided no documentation to prove his age or identity, has been vague and inconsistent about his history, and the Consulate has been unable to provide ORR with a definitive determination as to who the individual is. The individual was confronted with substantive evidence that he was an adult and in response he had a mental health crisis and was hospitalized as a result. He continues to refuse to provide any substantive evidence of who he is, contact information for anyone who can vouch for his identity, and when confronted with inconsistencies and the vagueness of his responses he claimed to hear voices to harm himself. The only definitive evidence, in addition to his inconsistent and vague statements; physical appearance, lack of contact information, and

the consulates inability to identity him, is a Dental Forensics which puts him above the age of 18 with an 80% plus certainty.

(b)(6)

(b)(6)

(b)(6) His presence in the ORR Shelter presents a significant danger threat to the safety, care, and well being of the UACs in care as such ORR is requesting that he be picked up and placed in adult custody.

The individual is currently under psychiatric care at the (b)(6)

(b)(6) and his expected discharge date is Friday (b)(6) 2016.

If you have any additional questions due to the complexity of this case please feel free to contact me directly.

Thanks for your attention on this matter.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

---

**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Monday, July 18, 2016 6:24 PM

**To:** Calero, Wilfred (ACF)

**Cc:** Centeno, Raquel (ACF) (CTR); (b)(6); (b)(6); (b)(6)

(b)(6)

**Subject:** Kokopelli: Age Determination request for (b)(6) A#(b)(6)

Hello

The above mentioned client arrived at Southwest Key Casa Kokopelli on 7/8/2016. Throughout his stay at Southwest Key Kokopelli, client has no sponsor.

*On initial interview client stated he had no family in COO nor in the USA. He stated his mother died approximately (b)(6). As per client, his mother's name was (b)(6). Client also stated he does not know mother's DOB nor knows who his father is.*

*On 7/13/2016 email was sent to Raquel Centeno and Wilfred Calero to request dental forensic and assistance to obtain birth certificate of client from Honduran Consulate.*

*7/17/2016- When dental forensic results were in, ALCM (b)(6) confronted client. He stated that his date of birth is (b)(6) 1999 and born at (b)(6) Honduras. He also stated his mother past away (b)(6) of a heart attack and that a neighbor called by (b)(6) was taking care of him. He stated he lost his documents during his trip while traveling by train and lost all contact information. When asked where he was going with, he stated that with a friend of her mother, but could not recall the name. ALCM asked client about school he attended or other family members in COO, but he stated he is an only child and there is no other family. It was only himself, mother and grandmother who died when he was a child and he could not remember her name. He also stated he does not remember what school he went to nor the name nor how many years he attended. He claimed he's being through a lot and he tends to forget things. He stated that he was under controlled medication in home country due to depression and anxiety. ALCL follow up with client and stated he was hearing his mother telling him that we wanted to hurt him and that he must die.*

*(b)(6) 2016 - Client was admitted in the hospital because of delays on the psychiatric evaluation and also for the behavior displayed by the client. Client has several IRs due to abuse, gang threats and attempted suicide in COO.*

*Attached you will find his dental forensic results for your review.*

*This case is being recommended for Age Redetermination; please be advised that we are ready to proceed with transfer of client to ICE custody; upon your approval. TB screening still pending*

*Sincerely,*

(b)(6)

Southwest Key Programs  
Casa Kokopelli

email - (b)(6)@swkey.org  
Cell: (b)(6)

"Courage is very important. Like a muscle, it is strengthened by use."  
-Ruth Gordon

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	(b)(6):(b)(7)(F) <(b)(6):(b)(7)(F)@ice.dhs.gov>; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2016/07/21 14:29:47
<b>Delivered Date:</b>	2016/07/21 14:29:00

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, June 02, 2016 2:53 PM

**To:** PHO, Juv Placement

**Subject:** Re: Las Palmas- Adult in Care: Age Determination based on BC: (b)(6)

(b)(6) (b)(6)

---

Officer

Mark the Asst Program Director is on scene. His cell is (b)(6)

You may want to call him.

Will Calero

---

Referred to DHS

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**From:** Calero, Wilfred (ACF) [<mailto:Wilfred.Calero@acf.hhs.gov>]

**Sent:** Thursday, June 02, 2016 2:24 PM

**To:** PHO, Juv Placement; (b)(6);(b)(7)(F)



**Cc:** Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR); (b)(6)  
Alejandra Aguilar; Claudia M Ruiz; Cynthia Marrujo; Ana

**Subject:** Re: Las Palmas- Adult in Care: Age Determination based on BC: (b)(6)  
(b)(6) (b)(6)

---

Officer (b)(6);(b)(7)(F)

This individual threatened a staff at Las Palmas and ran away from program. It appears that he is now possibly in LE custody.

Trying to reach you to determine what you would like LE to do as the individual cannot be returned to the program.

Thanks.

Will Calero

2026954996

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Referred to DHS

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, June 02, 2016 1:25 PM

**To:** PHO, Juv Placement; (b)(6);(b)(7)(F) (b)(6)

**Cc:** Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR); (b)(6)  
Alejandra Aguilar; Claudia M Ruiz; Cynthia Marrujo; Weech, Ana V

**Subject:** FW: Las Palmas- Adult in Care: Age Determination based on BC: (b)(6)  
(b)(6) (b)(6)

---

Please see attached. Mr. (b)(6) is medically clear and ready for pick up.

If you need any additional information please let me know.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"; "(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)>@ice.dhs.gov"
<b>Subject:</b>	FW: Kokopelli: ADULT Age Determination request for (b)(6) A#(b)(6) (b)(6)
<b>Date:</b>	2016/10/03 18:51:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
wilfred.calero@acf.hhs.gov

---

**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Monday, October 03, 2016 1:13 PM

**To:** Calero, Wilfred (ACF)

**Subject:** Re: Kokopelli: ADULT Age Determination request for (b)(6)

A#(b)(6)

Hello

Find it attached

(b)(6)

SWK- Casa Kokopelli  
Email: (b)(6)@swkey.org

The information contained in this message may contain privileged and confidential information. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please destroy all copies of the original message.)

---

**From:** Calero, Wilfred (ACF) <[Wilfred.Calero@acf.hhs.gov](mailto:Wilfred.Calero@acf.hhs.gov)>

**Sent:** Monday, October 3, 2016 12:04 PM

**To:** (b)(6)

**Subject:** Fw: Kokopelli: ADULT Age Determination request for (b)(6) A# (b)(6)  
(b)(6)

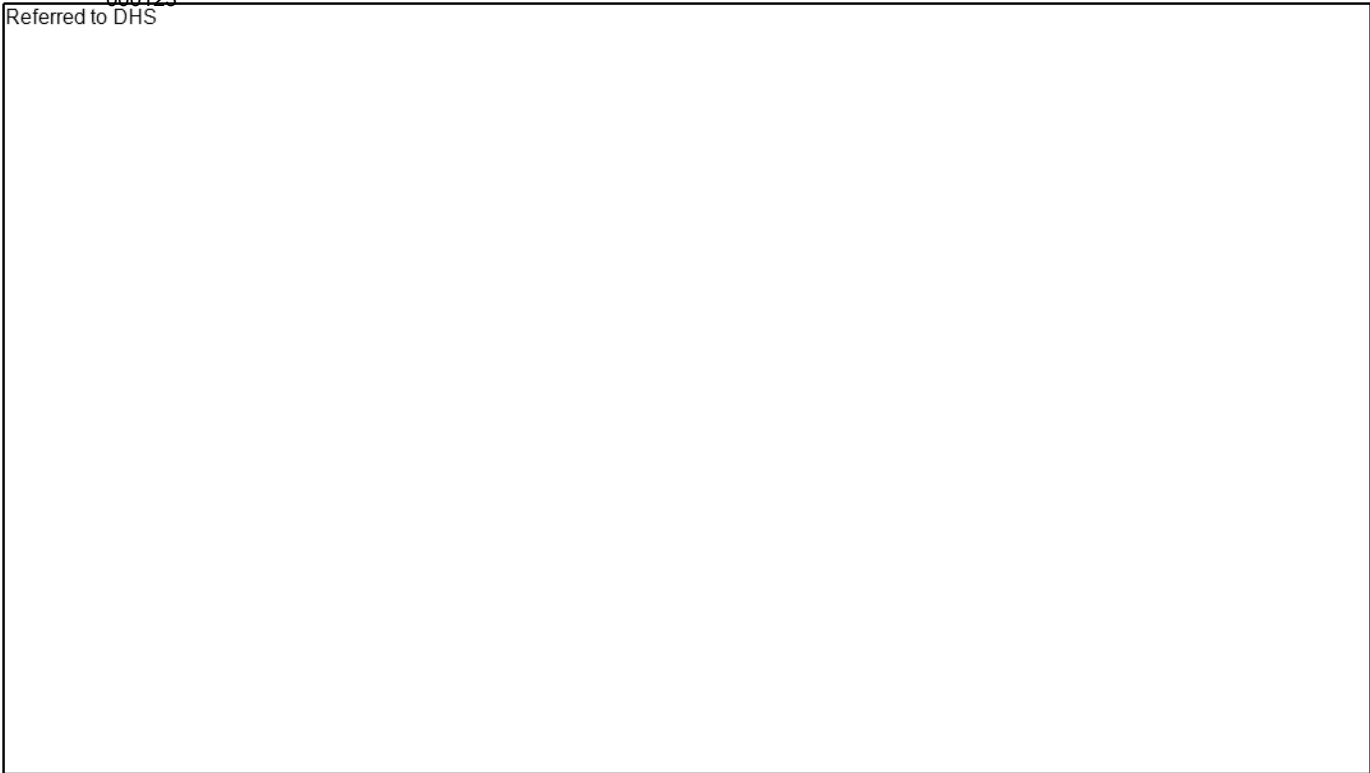
Can someone get medical documents to ICE on this one.

Thanks.

Will

Referred to DHS

Referred to DHS



---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Monday, October 03, 2016 10:19 AM

**To:** PHO, Juv Placement

**Cc:** (b)(6); (b)(6); (b)(6); Lavinia Gonzalez; Gonzalez, Guadalupe M; Miriam.Breceda@ (b)(6); Centeno, Raquel (ACF) (CTR)

**Subject:** RE: Kokopelli: ADULT Age Determination request for (b)(6)

A# (b)(6)

See Attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"; {(b)(6);(b)(7)(F)} <{(b)(6);(b)(7)(F)}@ice.dhs.gov>"
<b>Sent Date:</b>	2016/10/03 18:51:42
<b>Delivered Date:</b>	2016/10/03 18:51:00



Resident: (b)(6)

Effective Date: (b)(6)

Location: (b)(6)

Initial Admission:

Admission: (b)(6)

A#: (b)(6)

Date of Birth:

Gender: F

Score: NA

Category: NA

Physician:

**A. General Information**

## 1. Healthcare Provider

a. Name and Designation:

b. Telephone:

## 2. Date of visit

(b)(6)

## 3. Name of program staff with child

## 4. Program Name

Southwest Key Programs-Kokopelli 921

**B. Medical Information****PPD/Tuberculin skin test (TST)**

## 1. Date Applied

## 2. Date Read

## 3. Result in mm

## 4. Interpretation

- a. Positive  
 b. Negative

**TB Blood test (Interferon-Gamma Release Assay (IGRA)):**

## 5. Date Drawn

(b)(6)

## 6. Test type

- a. QuantiFERON TB Gold In-Tube test (QFT-GIT)  
 b. T-SPOT TB test (T-Spot)

## 7. Results:

- a. Positive  
 b. Negative  
 c. Indeterminate/Borderline/Equivocal

**Chest X-ray**

## 8. Date

(b)(6)

## 9. Findings

- a. Normal  
 b. Abnormal

Resident: (b)(6)

10. TB Determination

- a. Negative for TB condition
- b. Latent tuberculosis infection (LTBI)
- c. Active TB Suspected

11. Additional Information



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 15, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Myriam Hillin  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6)  
 AKA (b)(6) A# (b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on November 30, 2016 as a juvenile as a result of Mr. (b)(6), knowingly misreporting his date of birth as (b)(6) 1999 and his identity upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager upon being transferred to his current Facility, Case Manager (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager immediately looked for a copy of the birth certificate of Mr. (b)(6) in Portal as a result of being transfer from Fort Bliss Dona Ana. Immediately the document was sent for verification to the Phoenix Guatemalan Consulate.

On February 14, 2017 Mr. (b)(6) was interviewed by the Guatemalan consulate, where he confessed that he was indeed (b)(6) and that his date of birth was (b)(6) 1996. On February 17, 2017 the Guatemalan Consular e-mailed ORR the results of the results from the identity the minor had disclosed and verified that he was indeed (b)(6)

Case Manager then proceeded to contact and interview Ms. (b)(6) s mother, (b)(6) on February 17, 2017 who admitted to the Case Manager that the correct date of birth of her son is (b)(6) 1996. She stated that she they have heard in town the minor would go quickly and safer if he went to the United States take the identity of a minor. Then a minor from their village let them use his birth certificate free of charge so Mr. (b)(6) can impersonate him and come to the United States as a minor.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Mr. (b)(6) provided incorrect identity and date of birth with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult

Along with this Memo ORR is submitting the following documents:

- Identity Taken BC
- Photograph

000128

- TB Clearance
- Consular Verification of BC Mr. (b)(6)
- Immunizations

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that Mr. (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**

Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**January 18, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6) A# (b)(6)  
 AKA: (b)(6)

(b)(6) was transferred to and placed in HHS ORR care on December 09, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing a false birth certificate with a date of birth of (b)(6), 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) was interviewed by assigned Case Manager, (b)(6). Case Manager requested a copy of Mr. (b)(6)'s birth certificate from his mother, Ms. (b)(6), who resides in Honduras. Ms. (b)(6) faxed to Case Manager a copy of Mr. (b)(6)'s birth certificate showing a date of birth (b)(6), 1999.

On February 13, 2017 Honduran Consular Representative in Dallas, TX (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6)'s mother provided the program. **According to the verification of the Registro Nacional de las Personas archives (b)(6) was registered with a date of birth May 7, 1998.**

Case Manager then contacted Ms. (b)(6) to inform her about the discrepancy between the date of birth in the document she sent on behalf of her son and the verified version of the document. Ms. (b)(6) would not admit to the Case Manager that the correct date of birth for her son was (b)(6), 1998 and that the document was altered. Ms. (b)(6) continued to state her son's date of birth was 1999 and 1998 but she was unsure why the document received from the Honduran Consulate would have a different date of birth.

Case Manager provided an opportunity for Mr. (b)(6) to explain the discrepancy between the birth certificate he provided and the verified birth certificate. Mr. (b)(6) continued to deny his true date of birth.

While in ORR care Mr. (b)(6) reported that he was seeking reunification with his unrelated sponsor, (b)(6) (b)(6), who resides in (b)(6) CA (b)(6) with phone number (b)(6). According to Mr. (b)(6) the sponsor was not aware he was in the process of sponsoring an adult.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6)'s new information about his correct identity and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

000130

- Altered birth certificate
- Birth certificate Verification
- Photograph
- TB Clearance
- Self-Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-603-4235  
[Myriam.Hilin@acf.hhs.gov](mailto:Myriam.Hilin@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Subject:</b>	RE: Kokopelli: ADULT Age Determination request for (b)(6) A#(b)(6) (b)(6)
<b>Date:</b>	2016/10/21 10:02:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Did you get the documentation you needed in this case?

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Thursday, October 20, 2016 10:24 AM  
**To:** PHO, Juv Placement  
**Cc:** Velazquez, Ivonne (ACF); (b)(6); (b)(6); (b)(6); Lavinia Gonzalez; Gonzalez, Guadalupe M; Breceda, Miriam S; Centeno, Raquel (ACF) (CTR)  
**Subject:** RE: Kokopelli: ADULT Age Determination request for (b)(6)  
A#(b)(6)

Please see attached.

Thanks.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2016/10/21 10:02:27
<b>Delivered Date:</b>	2016/10/21 10:02:00



Referred to DHS

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, July 20, 2016 9:45 AM

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); Angela Salomon; (b)(6); (b)(6); (b)(6); (b)(6) Breceda, Miriam S; Guadalupe.gonzalez@ (b)(6); Mojica, Lorenzo D; Centeno, Raquel (ACF) (CTR)

**Subject:** RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA (b)(6) A# (b)(6)

Please see attached and note:

The individual in care cannot be adequately identified by ORR, he has provided no documentation to prove his age or identity, has been vague and inconsistent about his history, and the Consulate has been unable to provide ORR with a definitive determination as to who the individual is. The individual was confronted with substantive evidence that he was an adult and in response he had a mental health crisis and was hospitalized as a result. He continues to refuse to provide any substantive evidence of who he is, contact information for anyone who can vouch for his identity, and when confronted with inconsistencies and the vagueness of his responses he claimed to

hear voices to harm himself. The only definitive evidence, in addition to his inconsistent and vague statements; physical appearance, lack of contact information, and the consulates inability to identify him, is a Dental Forensics which puts him above the age of 18 with an 80% plus certainty.

(b)(6)

who all have been identified as potential adults in care. His presence in the ORR Shelter presents a significant danger threat to the safety, care, and well being of the UACs in care as such ORR is requesting that he be picked up and placed in adult custody.

The individual is currently under psychiatric care at the

(b)(6) and his expected discharge date is Friday (b)(6) 2016.

If you have any additional questions due to the complexity of this case please feel free to contact me directly.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

---

**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Monday, July 18, 2016 6:24 PM

**To:** Calero, Wilfred (ACF)

**Cc:** Centeno, Raquel (ACF) (CTR); (b)(6); (b)(6); (b)(6); (b)(6)

**Subject:** Kokopelli: Age Determination request for (b)(6) A#(b)(6)  
(b)(6)

Hello

The above mentioned client arrived at Southwest Key Casa Kokopelli on 7/8/2016. Throughout his stay at Southwest Key Kokopelli, client has no sponsor.

*On initial interview client stated he had no family in COO nor in the USA. He stated his mother died approximately (b)(6). As per client, his mother's name was (b)(6). Client also stated he does not know mother's DOB nor knows who his father is.*

*On 7/13/2016 email was sent to Raquel Centeno and Wilfred Calero to request dental forensic and assistance to obtain birth certificate of client from Honduran Consulate.*

7/17/2016- When dental forensic results were in, ALCM (b)(6) confronted client. He stated that his date of birth is (b)(6) 999 and born at (b)(6) Honduras. He also stated his mother past away (b)(6) of a heart attack and that a neighbor called by (b)(6) was taking care of him. He stated he lost his documents during his trip while traveling by train and lost all contact information. When asked where he was going with, he stated that with a friend of her mother, but could not recall the name. ALCM asked client about school he attended or other family members in COO, but he stated he is an only child and there is no other family. It was only himself, mother and grandmother who died when he was a child and he could not remember her name. He also stated he does not remember what school he went to nor the name nor how many years he attended. He claimed he's being through a lot and he tends to forget things. He stated that he was under controlled medication in home country due to depression and anxiety. ALCL follow up with client and stated he was hearing his mother telling him that we wanted to hurt him and that he must die.

(b)(6) 2016 - Client was admitted in the hospital because of delays on the psychiatric evaluation and also for the behavior displayed by the client. Client has several IRs due to abuse, gang threats and attempted suicide in COO.

Attached you will find his dental forensic results for your review.

This case is being recommended for Age Redetermination; please be advised that we are ready to proceed with transfer of client to ICE custody; upon your approval. TB screening still pending

Sincerely,

(b)(6)

(b)(6)

Southwest Key Programs

Casa Kokopelli

email -

(b)(6)@swkey.org

Cell: (b)(6)

"Courage is very important. Like a muscle, it is strengthened by use."

-Ruth Gordon

Referred to DHS

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"
<b>CC:</b>	"(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"
<b>Subject:</b>	FW: Casa Phoenix - ADULT Age Determination; (b)(6) A# (b)(6) (b)(6)
<b>Date:</b>	2017/02/07 18:14:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See Attached.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"
<b>Sent Date:</b>	2017/02/07 18:14:49
<b>Delivered Date:</b>	2017/02/07 18:14:00



000141

(b)(6) (MRN (b)(6))

# Maricopa Integrated Health System Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

## Imaging Result Report

**Patient:** (b)(6)  
**DOB:** (b)(6) 1999  
**Sex:** Female

**MRN #:** (b)(6)  
**Ord #:**  
**Phone:**

## Final XR Chest Ap Only

**Exam Date & Time:** Mon (b)(6) 2017 8:38 AM **Accession #:** (b)(6)

**Reason For Exam:**

**Ordering Diagnosis:** Encounter for routine child health examination without abnormal findings

**EXAM DESCRIPTION:**  
XR CHEST AP ONLY  
Accession # (b)(6)

**CLINICAL HISTORY:**  
r/o TB

**COMPARISON:**  
None.

**TECHNIQUE:**  
Single frontal view chest.

**FINDINGS:**  
**SUPPORT DEVICES:** None.  
**HEART:** Normal.  
**LUNGS:** Low lung volumes. Clear. No consolidation, effusion or pneumothorax.  
**VASCULATURE:** Normal.  
**MEDIASTINUM:** Normal.  
**SOFT TISSUES:** Normal.  
**BONES:** Normal.

(b)(6)

**IMPRESSION:**  
1. No radiographic evidence of granulomatous infection.  
2. No acute cardiopulmonary disease.  
Report dictated by resident, Tanner Jugler, MD, 10870. The attending radiologist's signature indicates that the study has been interpreted and the report approved.

(b)(6) (MRN (b)(6))

Thank you for making MIHS a part of your patient care.  
MIHS is an ACR Accredited Imaging Facility.  
Reading Radiologist: Poya Hedayati, MD  
Tanner K Jugler, MD

Released By: Poya Hedayati, MD on 1/23/2017 9:40 AM  
CC: SW KEYS KIDS - FAX

Ord Prov: (b)(6)  
Ord Prov Phone: (b)(6)  
Ord Prov Fax: None Specified  
Ord Prov Address: (b)(6)

PCP: None Specified  
Auth Prov: (b)(6)  
Att Prov:

Resident: (b)(6)

Effective Date: (b)(6)

Location: (b)(6)

Initial Admission:

Admission: (b)(6)

A#: (b)(6)

Date of Birth:

Gender: F

Score: NA

Category: NA

Physician: Burzinski, Heather

**A. General Information**

## 1. Healthcare Provider

a. Name and Designation:

(b)(6)

b. Telephone:

(b)(6)

## 2. Date of visit

(b)(6)

## 3. Name of program staff with child

(b)(6)

## 4. Program Name

922 - Southwest Key - Casa Phoenix

**B. Medical Information****PPD/Tuberculin skin test (TST)**

## 1. Date Applied

## 2. Date Read

## 3. Result in mm

## 4. Interpretation

- a. Positive  
 b. Negative

**TB Blood test (Interferon-Gamma Release Assay (IGRA)):**

## 5. Date Drawn

(b)(6)

## 6. Test type

- a. QuantiFERON TB Gold In-Tube test (QFT-GIT)  
 b. T-SPOT TB test (T-Spot)

## 7. Results:

- a. Positive  
 b. Negative  
 c. Indeterminate/Borderline/Equivocal

**Chest X-ray**

## 8. Date

(b)(6)

## 9. Findings

- a. Normal  
 b. Abnormal

Resident: (b)(6)

10. TB Determination

- a. Negative for TB condition
- b. Latent tuberculosis infection (LTBI)
- c. Active TB Suspected

11. Additional Information

000145



REPÚBLICA DE HONDURAS

# Registro Nacional de las Personas



## PADRÓN FOTOGRAFICO DE IDENTIDAD

No. Identidad: (b)(6)



Numero de identidad: (b)(6)

Nombre identificación:

Nombre Registro Civil:

Sexo: **FEMENINO**

Fecha nacimiento: (b)(6) 1997

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación:

Lugar de solicitud:

(b)(6)



REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

## CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero:  ubicada en el folio  del tomo   
*número de identidad*

del año \_\_\_\_\_ y que pertenece a:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      sexo **FEMENINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a)  *municipio*      b)  *departamento*      c) **HONDURAS** *país*  
d)  *día*      e)  *mes*      f) **1997** *año*

2.) apellidos, nombre y nacionalidad del padre:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      d) **HONDUREÑA** *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      d) **HONDUREÑA** *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en  *municipio*       *departamento*

a los:  *días del mes de* **FEBRERO**

del dos mil

**DIECISIETE**



REPUBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

### CERTIFICACIÓN DE ACTA DE NACIMIENTO

El infrascrito Registrador Civil Municipal **CERTIFICA** que en el archivo de nacimiento que se tiene en esta oficina:  
se encuentra en el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo: (b)(6)  
del año **1999** y que pertenece a:

a.) (b)(6) b.) (b)(6)  
Primer Apellido Segundo Apellido  
c.) (b)(6)  
Nombre SEXO  F  M

Con Número de Identidad (b)(6)

y cuya información sobresaliente es la siguiente:

1.) Lugar, fecha y orden de nacimiento:  
a.) (b)(6) b.) (b)(6) c.) **HONDURAS**,  
Municipio Departamento País  
ch.) (b)(6) d.) (b)(6) e.) (b)(6) f.) (b)(6)  
Día (Letras) Mes (Letras) Año (Número) Orden de Parto Múltiple

2.) Apellidos, nombres y nacionalidad del padre:  
a.) (b)(6) b.) (b)(6)  
Primer Apellido Segundo Apellido  
c.) (b)(6) ch.) **HONDUREÑA**  
Nombre Nacionalidad

3.) Apellidos, nombres y nacionalidad de la madre:  
a.) (b)(6) b.) (b)(6)  
Primer Apellido Segundo Apellido  
c.) (b)(6) ch.) **HONDUREÑA**  
Nombre Nacionalidad

4.) Abuelos paternos:  
a.) (b)(6) b.) (b)(6)  
Nombre y Apellido del Abuelo Nacionalidad  
c.) (b)(6) d.) (b)(6)  
Nombre y Apellido de la Abuela Nacionalidad

5.) Abuelos maternos:  
a.) (b)(6) b.) (b)(6)  
Nombre y Apellido del Abuelo Nacionalidad  
c.) (b)(6) d.) (b)(6)  
Nombre y Apellido de la Abuela Nacionalidad

6.) Notas marginales autorizadas:  
**NINGUNA**

Extendida en (b)(6) (b)(6)  
Municipio Departamento  
a los (b)(6) de (b)(6) de dos mil **DIEZ Y SIETE**.



(b)(6)





ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

**Memo of Age Determination**  
**February 07, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6) **A#** (b)(6)

(b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on (b)(6) 2017 as a juvenile as a result of Ms. (b)(6) knowingly misreporting her date of birth upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from her mother in Honduras, (b)(6) Ms. (b)(6) mother sent her BC on 01/25/2017 showing UC DOB: 7/4/1999.

On February 7, 2017 Ms. (b)(6) recognized by a written statement to be (b)(6) 19 years old who was pretending to be a minor of 17 years of age. Case manager requested on 01/25/2017 BC verification from Honduras consulate. Case Manager (b)(6) received on 02/07/2017 verified BC along with photo ID from the Honduras consulate showing UC correct DOB 7/4/1997 making UC 19 years of age.

In view of the concerns related to (b)(6) age in accordance with ORR policy and procedures the reunification process was not initiated.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Ms. (b)(6) birth certificates, Ms. (b)(6) own retraction of her true identity admitting she is an adult, the credible testimony of Ms. (b)(6) corroborating her date of birth admitting she is 19 years old and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Ms. (b)(6) is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Client BC
- Consulate Photo ID
- Photograph
- TB Clearance
- Self-Statement
- Immunization

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is over 19 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for the care and custody of Ms. (b)(6) and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)

(b)(6)



000152

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Sunday, October 16, 2016 12:00

**To:** PHO, Juv Placement; (b)(6)

**Cc:** Velazquez, Ivonne (ACF); (b)(6); (b)(6); Lavinia Gonzalez; Gonzalez, Guadalupe M; Miriam Breceda; Centeno, Raquel (ACF) (CTR); Abish Carrillo

**Subject:** Re: Kokopelli: ADULT Age Determination request for (b)(6)  
(b)(6) A# (b)(6)

---

The dental indicates that there is an 80 probability that he is older than 18 which is consistent with his statement. This meets the policy guidelines which do not specifically require a birth certificate. What policy or protocol are u referring to when you state ICE will not pick him up without a birth certificate I would like a specific reference so that I can staff with my supervisor.

This individual has admitted he is an adult this was confirmed by his family and a dental forensic exam. He is an adult and can no longer be housed at our facility we have no legal authority to hold him. As such if he request to leave we have no legal standing

to stop him from walking out of facility. He has already presented indicators that he will flee and the program is taking on liability housing him.

Please advise if we can get this resolved.

I would be more than happy to discuss it further with you or have your supervisor speak with my supervisor.

Thanks for your attention on this matter.

Will Calero

2026954996

---

**From:** PHO, Juv Placement <[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)>

**Sent:** Sunday, October 16, 2016 2:20:44 PM

**To:** (b)(6) PHO, Juv Placement

**Cc:** Calero, Wilfred (ACF); Velazquez, Ivonne (ACF); (b)(6) (b)(6)  
(b)(6) Lavinia Gonzalez; Gonzalez, Guadalupe M; Breceda, Miriam S; Centeno, Raquel (ACF) (CTR); Abish Carrillo

**Subject:** RE: Kokopelli: ADULT Age Determination request for (b)(6)  
(b)(6) A# (b)(6)

ICE will not take custody of the individual without further documentation indicating he is in fact an adult. Please provide a birth certificate/communication with the consulate.

(b)(6);(b)(7)(F)

Deportation Officer

Phoenix, Arizona

(b)(6);(b)(7)(F) (duty)

(b)(6);(b)(7)(F) (desk)

---

**From:** (b)(6) [mailto:(b)(6)]@swkey.org

**Sent:** Sunday, October 16, 2016 11:16

**To:** PHO, Juv Placement

**Cc:** Calero, Wilfred (ACF); Ivonne Velazquez; (b)(6) (b)(6)  
(b)(6); Lavinia Gonzalez; Gonzalez, Guadalupe M; Breceda, Miriam S; Centeno, Raquel  
(ACF) (CTR); Abish Carrillo

**Subject:** Re: Kokopelli: ADULT Age Determination request for (b)(6)  
(b)(6) A# (b)(6)

---

The probability is 80 % that he is over the age of 18 the ranges were from 15 to 23 years of age

Sent from my iPhone

Referred to DHS



Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Sunday, October 16, 2016 5:40

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); (b)(6); (b)(6);  
(b)(6) Lavinia Gonzalez; Gonzalez, Guadalupe M; Breceda,  
Miriam S; Centeno, Raquel (ACF) (CTR); Abish Carrillo

**Subject:** RE: Kokopelli: ADULT Age Determination request for (b)(6)  
(b)(6) A# (b)(6)

---

Please see attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

Referred to DHS

---

**From:** (b)(6) [mailto:(b)(6)]@swkey.org

**Sent:** Tuesday, July 19, 2016 9:59 AM

**To:** PHO, Juv Placement; Calero, Wilfred (ACF)

**Cc:** Ivonne Velazquez; Angela Salomon; (b)(6) (b)(6)  
Nilda Watkins; Ximena Lizama; Guadalupe.gonzalez@(b)(6); Breceda, Miriam S;  
Mojica, Lorenzo D; Centeno, Raquel (ACF) (CTR)

**Subject:** Re: Kokopelli: ADULT Age Determination: (b)(6) / A# (b)(6)  
(b)(6)

Hello

all of her medical documentation was inside the the manila envelope provided to the ICE transportation agent, do you need extra copies?

(b)(6)

(b)(6)

SWK- Casa Kokopelli

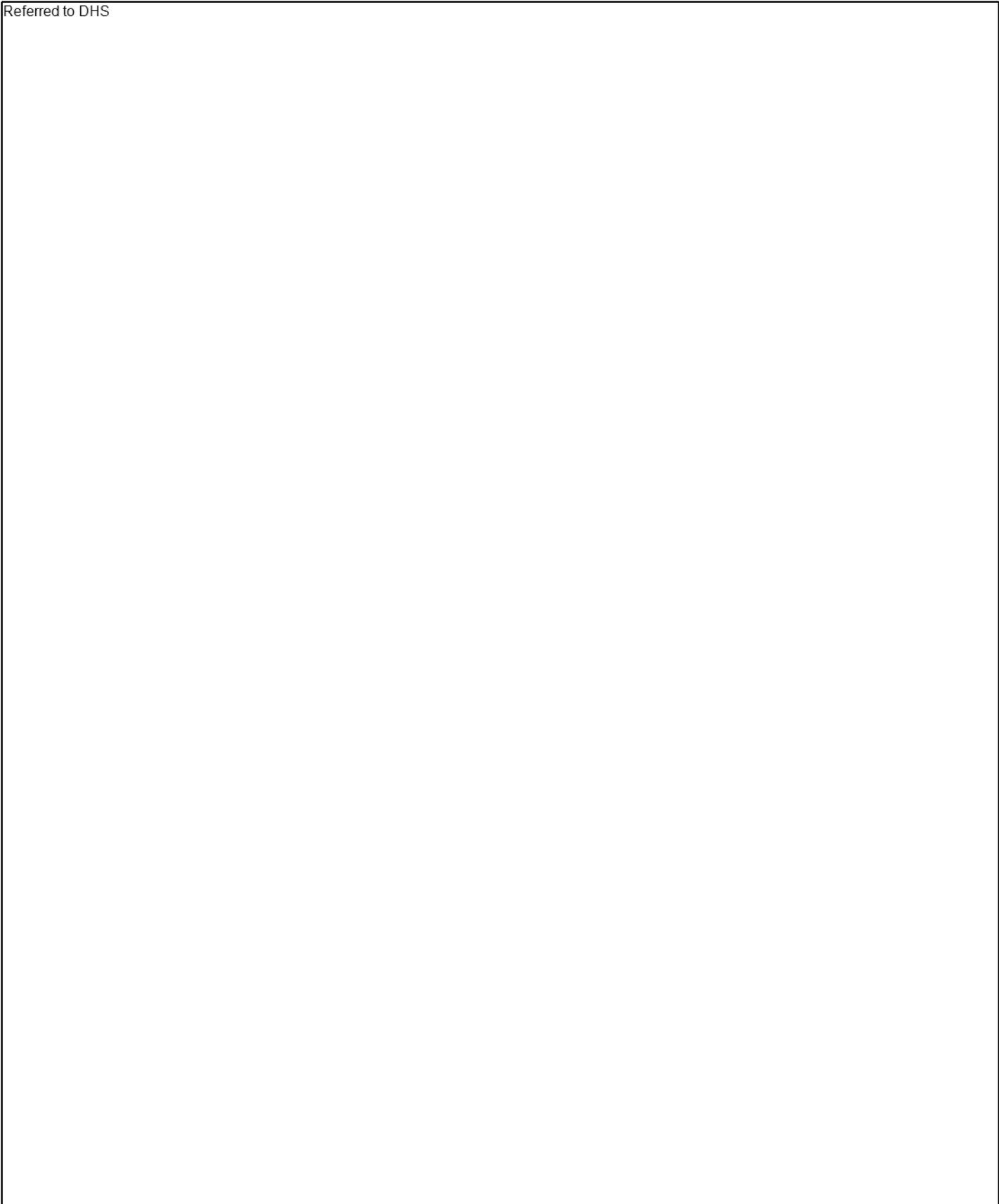
Email: (b)(6)@swkey.org

The information contained in this message may contain privileged and confidential information. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited.

If you are not the intended recipient, please destroy all copies of the original message.)

---

Referred to DHS



Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Monday, July 18, 2016 2:10 PM

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); Angela Salomon; (b)(6) (b)(6)  
(b)(6); (b)(6); Nilda Watkins; Ximena Lizama;  
Guadalupe.gonzalez@(b)(6); Breceda, Miriam S; Mojica, Lorenzo D; Centeno,  
Raquel (ACF) (CTR)

**Subject:** RE: Kokopelli: ADULT Age Determination: (b)(6) A#(b)(6)-  
(b)(6)

Please see attached. Ms. (b)(6) is medically clear and ready for pick up.

If you have any questions please give me a call.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996



(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Monday, October 03, 2016 10:19 AM

**To:** PHO, Juv Placement

**Cc:** (b)(6); (b)(6); (b)(6); Lavinia Gonzalez;  
Gonzalez, Guadalupe M; Miriam.Breceda@ (b)(6); Centeno, Raquel (ACF) (CTR)

**Subject:** RE: Kokopelli: ADULT Age Determination request for (b)(6)

(b)(6) A#(b)(6)

---

See Attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, October 20, 2016 10:24 AM

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); (b)(6); (b)(6); (b)(6)  
(b) Lavinia Gonzalez; Gonzalez, Guadalupe M; Breceda, Miriam S; Centeno, Raquel  
(ACF) (CTR)

**Subject:** RE: Kokopelli: ADULT Age Determination request for (b)(6)  
(b)(6) A#(b)(6)

---

Please see attached.

Thanks.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS



Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Saturday, November 5, 2016 16:19

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); Elizabeth Briseno Lopez; (b)(6); (b)(6)  
Lavinia Gonzalez; Gonzalez, Guadalupe M; Breceda, Miriam S; Silva, Briseida;  
Centeno, Raquel (ACF) (CTR); Ismeralda Espinoza

**Subject:** RE: Kokopelli- ADULT Age Determination: (b)(6)

(b)(6) A# (b)(6)

See Attached.

Thanks.

Wilfred Calero

000174

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6) <(b)(6)>@swkey.org"
<b>Subject:</b>	Fw: ADULT - AGE REDETERMINATION- (b)(6) A#: (b)(6)
<b>Date:</b>	2017/02/15 18:39:12
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See attached.

Will Calero

---

**From:** (b)(6) <(b)(6)>@swkey.org

**Sent:** Wednesday, February 15, 2017 5:52:10 PM

**To:** Calero, Wilfred (ACF)

**Cc:** Joanna Garcia Arellano; 922 ALOHA; 922 Medical Dept; Maria Rios; Alexander Gonzalez Rodriguez; 922 CM Leads; Melissa Quintero; Maria Soto Santiago; 922 Shift Leaders

**Subject:** ADULT - AGE REDETERMINATION- (b)(6) A#: (b)(6)  
(b)(6)

Hello Will,

I am provided all the documentation for minor mentioned above that helped determine that the minor was over age I will be including:

.  
ORR Memo of Age Determination-

(b)(6) A#: (b)(6)

.  
TB Clearance-

(b)(6) A#: (b)(6)

.  
True ID-

(b)(6) A#: (b)(6)

.  
Altered BC-

(b)(6) A#: (b)(6)

.  
Photo-

(b)(6) A#: (b)(6)

.  
True

BC- (b)(6) A#: (b)(6)

Thank you,

(b)(6)

**Case Manager**

**(602)396-7040 Ext. (b)(6)**

**Fax number: (602)865-8472**

**Casa Phoenix 922**

(b)(6)

**Phoenix, AZ**

(b)(6)

Available from Tuesday-Saturday from 10:00am -6:00pm Arizona Time Zone

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) <(b)(6)@swkey.org>
<b>Sent Date:</b>	2017/02/15 18:39:11
<b>Delivered Date:</b>	2017/02/15 18:39:12

Submit

OMB Control No: 0970-0466  
Expiration date: 11/30/2018Supplemental Form: TB Screening  
Unaccompanied Children's Program  
Office of Refugee Resettlement (ORR)

Child	Last name:	(b)(6)	M17	Gender:
	DOB:	(b)(6) / 1999	12/15/2016	
Healthcare Provider or Health Dept.	Name:	DR. RELFORD PATTERSON, MD	Phone number:	Clinic/Practice:
	Street address:	920 BOUGAINVILLE BLVD	(305) 257-2549	HOMESTEAD
Program	Name of program staff with child:	(b)(6)	City/Town:	State:
			HOMESTEAD	FL
			Date of visit:	12/16/16
			Program name:	HOMESTEAD

## Medical Information

(to be completed by healthcare provider's office or health department)

PPD/Tuberculin skin test (TST):	Date applied:	Date read:
	Result: mm	Interpretation: <input type="radio"/> Positive <input type="radio"/> Negative
TB blood test (Interferon-Gamma Release Assay [IGRA]):	Date drawn:	12/16/16
	Test Type: <input type="radio"/> QuantiFERON®-TB Gold In-Tube test (QFT-GIT) <input checked="" type="radio"/> T-SPOT®.TB test (T-Spot)	Result: <input type="radio"/> Positive <input checked="" type="radio"/> Negative <input type="radio"/> Borderline/Equivocal/Indeterminate
Chest x-ray:	Date:	12/15/16
	Findings:	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal

## Additional Information

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.





REPUBLICA DE HONDURAS  
TRIBUNAL NACIONAL DE ELECCIONES  
REGISTRO NACIONAL DE LAS PERSONAS  
DIVISION DEL REGISTRO CIVIL

Nº (b)(6)

**CERTIFICACION DE ACTA DE NACIMIENTO**



El infrascrito DIRECTOR GENERAL DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el decreto No. 150 Capitulo IV, literal O, Capitulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982, CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número (b)(6) ubicada en el folio (b)(6) del tomo (b)(6) del año 1999 y que pertenece a: *Numero de identidad*

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*  
c) (b)(6) *Nombres* SEXO F  M

y cuya información es la siguiente:

1.-) Lugar y Fecha y orden de nacimiento:

a) (b)(6) *Municipio* b) (b)(6) *Departamento* c) HONDURAS *País*  
d) (b)(6) *Día* e) (b)(6) *Mes* f) 1999 *Año* g) UNICO *Orden de Partos Múltiples*

2.) Apellido, nombre y nacionalidad del padre:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*  
c) (b)(6) *Nombres* d) HONDUREÑA *Nacionalidad*

3.) Apellido, nombre y nacionalidad del madre:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*  
c) (b)(6) *Nombres* d) HONDUREÑA *Nacionalidad*

4) Notas marginales autorizadas:

NINGUNA

Extendida en: (b)(6) (b)(6)

A los: (b)(6) días del mes de (b)(6)

Del dos mil DIECISEIS

(b)(6)



Firma y Sello del Director General



jcsami01



**REPÚBLICA DE HONDURAS**  
**REGISTRO NACIONAL DE LAS PERSONAS**  
**REGISTRO CIVIL MUNICIPAL**

## CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)  
número de identidad

del año \_\_\_\_\_ y que pertenece a:

a) (b)(6) primer apellido                      b) (b)(6) segundo apellido

c) (b)(6) nombre                      sexo **MASCULINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) (b)(6) municipio                      b) (b)(6) departamento                      c) **HONDURAS** pais

d) (b)(6) dia                      e) (b)(6) mes                      f) **1995** año

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) primer apellido                      b) (b)(6) segundo apellido

c) (b)(6) nombre                      d) (b)(6) nacionalidad

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) primer apellido                      b) (b)(6) segundo apellido

c) (b)(6) nombre                      d) **HONDUREÑA** nacionalidad

4.) notas marginales autorizadas:

**NINGUNA**

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extendida en (b)(6) municipio                      **FRANCISCO MORAZÁN** departamento

a los: (b)(6) dias del mes de (b)(6)

del dos mil **DIECISIETE** (b)(6)

(b)(6)





ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 15, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfredo Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an UC in ORR care

RE: (b)(6) A# (b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care on December 15, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing a false birth certificate with a date of birth of July 16, 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that he appeared to be overage. Case Manager proceeded to verify document by emailing Wilfredo Calero and (b)(6) a copy of Mr. (b)(6) birth certificate to be verified by the Honduran Consulate.

On February 15, 2017 Case Manager received an email from CFS with the verification of date of birth confirming the real date of birth for Mr. (b)(6) to be **June 16, 1995**. Case Manager immediately contacted Mrs. (b)(6) Mr. (b)(6) s mother, to question her about the discrepancy between the birth certificate she provided and the birth certificate that was verified. Mrs. (b)(6) reported that the birth certificate that was emailed to the Case Manager was provided to her by the guide who helped Mr. (b)(6) travel to the US. Mrs. (b)(6) (b)(6) was not able to provide the name of the individual who provided her with the altered documentation. Mrs. (b)(6) (b)(6) confirmed Mr. (b)(6) true date of birth to be June 16, 1995.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Phoenix Honduran Consulate and Case Manager for Mr. (b)(6) and his own retraction of his first provided incorrect date of birth including admitting that he is 21 years old and the Phoenix Consulate's corroboration of this information including admitting that this individual has carried out a scheme to alter birth date with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered Birth Certificate
- True Birth Certificate
- Honduran Photo ID
- Photograph
- TB Clearance
- Immunization Records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velazquez@ACF.hhs.gov](mailto:Ivonne.Velazquez@ACF.hhs.gov)



REPÚBLICA DE HONDURAS

# Registro Nacional de las Personas



## PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)



Numero de identidad: (b)(6)

Nombre identificación: (b)(6)

Nombre Registro Civil: (b)(6)

Sexo: MASCULINO

Fecha nacimiento: (b)(6) 1995

Lugar de domicilio: (b)(6)

(b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud: (b)(6)

(b)(6)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"
<b>Subject:</b>	Fw: ADULT - AGE RE-DETERMINATION- (b)(6) A#(b)(6)
<b>Date:</b>	2017/02/17 12:58:04
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See attached.

Will Calero

---

**From:** (b)(6) <(b)(6)@swkey.org>

**Sent:** Friday, February 17, 2017 12:53:51 PM

**To:** Calero, Wilfred (ACF)

**Cc:** Joanna Garcia Arellano; 922 ALOHA; 922 Medical Dept; Maria Rios; Alexander Gonzalez Rodriguez; Eva Torres; 922 CM Leads; Melissa Quintero; Rosa Marquez; 922 Shift Leaders

**Subject:** ADULT - AGE RE-DETERMINATION- (b)(6) A#(b)(6)  
(b)(6)

Hello Will,

I am provided all the documentation for minor mentioned above that helped determine that the minor was over age I will be including:

· ORR Memo of Age Determination-  
(b)(6) A#(b)(6)

· TB Clearance-  
(b)(6) A#(b)(6)

· Altered BC-  
(b)(6) A#(b)(6)

· Photo-  
(b)(6) A#(b)(6)

· True BC-  
(b)(6) A#(b)(6)



Thank you,

(b)(6)

***Case Manager***

**Phone: 602-396-7040 Ext.** (b)(6)

**E-Fax: 602-926-2456**

***Southwest Key - Casa Phoenix***

***Tue. - Sat. - 9am - 5pm***

(b)(6)@swkey.org

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2017/02/17 12:58:03

000190

<b>Delivered Date:</b> 2017/02/17 12:58:04
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ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 17, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfredo Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an UC in ORR care

**RE** (b)(6), **A#** (b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care on February 07, 2017 as a juvenile as a result of Mr. (b)(6) knowingly providing a false birth certificate with a date of birth of (b)(6) 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that he appeared to be overage. Case Manager proceeded to verify document by emailing Wilfredo Calero and Celestina Buriel a copy of Mr. (b)(6) birth certificate to be verified by the Honduran Consulate.

On February 17, 2017 Case Manager received an email from CFS with the verification of date of birth confirming the real date of birth for Mr. (b)(6) to be (b)(6) **1998**. Case Manager immediately contacted Ms. (b)(6) mother, to question her about the discrepancy between the birth certificate she provided and the birth certificate that was verified. Ms. (b)(6) reported that she is unaware of who altered the birth certificate. Ms. (b)(6) did confirm that Mr. (b)(6) (b)(6) s birthday is (b)(6) 1998.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Phoenix Honduran Consulate and Case Manager for Mr. (b)(6). Follow by his own retraction of his first provided incorrect date of birth including admitting that he is 18 years old and the Phoenix Consulate's corroboration of this information. Including, admitting that this individual has carried out a scheme to alter birth date with the purpose of misleading authorities to believe he was a minor. Therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered Birth Certificate
- True Birth Certificate
- Photograph
- TB Clearance
- Immunization Records

000192

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velazquez@ACF.hhs.gov](mailto:Ivonne.Velazquez@ACF.hhs.gov)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>"
<b>Subject:</b>	Fw: Adult - Age Determinatio - (b)(6) A# (b)(6)
<b>Date:</b>	2017/02/15 22:14:18
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See attached.

Will Calero

---

**From:** (b)(6) <(b)(6)@swkey.org>

**Sent:** Wednesday, February 15, 2017 7:07:35 PM

**To:** Calero, Wilfred (ACF)

**Cc:** Joanna Garcia Arellano; Cameron Mott; Carlos Bueno; Erica Figueroa; Jesus Escobedo; 922 Medical Dept; 922 ALOHA; 922 Shift Leaders; Maria Rios

**Subject:** Adult - Age Determinatio (b)(6) A# (b)(6)

Good Afternoon Will,

I am provided all the documentation for minor mentioned above that helped determine that the minor was over age I will be including:

- Identity Taken BC

- BC of Mr.

(b)(6)

- Photograph

- TB Clearance

- Self-Statement

- Consular Picture verification

- Consular Verification of (b)(6)

- ORR Memo of Age Determination

Thank you very much

(b)(6)

Case Manager

SWK-Casa Phoenix 922

PH: 602-396-7040

Ext: (b)(6)

Fax: 480-393-7093

(b)(6)@swkey.org

Tuesday-Saturday from 9am-5pm

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"
<b>Sent Date:</b>	2017/02/15 22:14:17
<b>Delivered Date:</b>	2017/02/15 22:14:18



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**June 23, 2016**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Myriam Hillin  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6) A# (b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on (b)(6), 2017 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as (b)(6), 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager immediately looked for a copy of the birth certificate of Mr. (b)(6) in Portal as a result that he was transfer from Fort Bliss Dona Ana. Immediately the document was sent for verification to the Phoenix Honduras Consulate.

On February 15, 2017 Honduras Agent Consular Ms. (b)(6) e-mailed ORR the results of the verification of the birth certificate Fort Bliss provided to SWK Casa Phoenix. **According to the verification of the RENAP (Registro Civil**

**Nacional de las Personas).** The Honduran Consulate has verified that the BC provided for (b)(6) (b)(6) is correct. The Honduran Consulate has also provided a family tree for (b)(6) which shows two older brothers: (b)(6) and (b)(6). The Honduran Consulate has provided the BC and photo ID of (b)(6) which appears to be the client that is currently at Casa Phoenix.

Case Manager then proceeded to contact and interview Ms. (b)(6)'s mother (b)(6), (b)(6) on February 15, 2017 who finally admitted to the Case Manager that the correct date of birth of his son is (b)(6) 1996 she stated that she was request by her nephew to send the birth certificated of his younger son, (b)(6), (b)(6) who is living in (b)(6) Honduras. She could not provide details about why or who suggested to her son to impersonate his brother.



000197

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6)'s new information about his date of birth being (b)(6) 1996 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) is 21 years old.

Along with this Memo ORR is submitting the following documents:

- Original BC
- Photograph
- TB Clearance
- Self-Statement
- Consular RENAP picture verification
- Consular RENAP verification of (b)(6) and (b)(6)

Por instrucciones de la Consul Alvarado le remito del sistema RNP de Honduras, copia de lo siguiente:

- Acta de nacimiento de (b)(6) la cual coincide con la copia enviada por usted
- Arbol familiar del joven
- Padron fotografico del hermano del joven (b)(6)

Sin embargo es muy posible que el joven en su custodia sea (b)(6) de quien le adjunto el **padron fotografico y acta de nacimiento**. De ser el (ya que por las comparacion de fotos es lo mas probable... vea los lunares en su cara), su edad es de 21 años.

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that Mr. (b)(6) (b)(6) is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-603-4235  
[Myriam.Hillin@acf.hhs.gov](mailto:Myriam.Hillin@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>	
<b>To:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"	
<b>Subject:</b>	Fw: Adult - Age Re-Determination (b)(6)	A# (b)(6)
<b>Date:</b>	2017/02/12 10:18:05	
<b>Priority:</b>	Normal	
<b>Type:</b>	Note	

See attached.

Will Calero

---

**From:** (b)(6) <(b)(6)@swkey.org>

**Sent:** Saturday, February 11, 2017 9:06:41 PM

**To:** Calero, Wilfred (ACF)

**Cc:** (b)(6); Maria Rios; (b)(6); Erica Figueroa; (b)(6); (b)(6); (b)(6) 922 Medical Dept; 922 ALOHA; 922 Shift Leaders

**Subject:** Age Re-Determination (b)(6) A# (b)(6)

Hello Myriam,

I am attaching the following files to proceed with Adult Age Redetermination process for minor mentioned above and DOB on Portal has been requested.

- • BC of  
[redacted] A# [redacted]
- • Photograph of  
[redacted] A# [redacted]
- • Immunizations of  
[redacted] A# [redacted]
- • Chest X-ray of  
[redacted] A# [redacted]
- • Statement of  
[redacted] A# [redacted]
- • ORR Memo of Age determination  
[redacted] A# [redacted]

Thank You,

[redacted]

(b)(6)

**SWK-Casa Phoenix****Phone: 602-396-7040 EXT. (b)(6)****Fax: 602-801-3465****Email: (b)(6)@swkey.org**

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>
<b>Sent Date:</b>	2017/02/12 10:18:03
<b>Delivered Date:</b>	2017/02/12 10:18:05





ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 11, 2017**

TO: ICE – ERO – Phoenix, AZ  
Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Myriam Hillin  
Federal Field Specialist  
Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6) A# (b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on (b)(6) 2017 as a juvenile as a result of Mr. (b)(6) knowingly providing to apprehending officials a date of birth different from what has now revealed by his birth certificate to be his real date of birth.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6)'s birth certificate from his father Mr. (b)(6) in Honduras. On February 11, 2017 Mr. (b)(6) messaged a copy of her son's birth certificate to the Case Manager. The birth certificate Mr. (b)(6) had message over had the date of birth of (b)(6) 1998.

Case Manager then spoke with Mr. (b)(6) who stated that he did not know his date of birth and he made up a date that he was born. Case Manager then spoke with the father and sister who admitted that Mr. (b)(6) was an adult and was born on (b)(6) 1998. No altered birth certificate was ever received.

Mr. (b)(6) Chest X-ray results returned normal, however his Interferon-Gamma Release Assay [IGRA] results are still pending.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Honduran Consulate and Case Manager for Ms. (b)(6) provided incorrect date of birth with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult

Along with this Memo ORR is submitting the following documents:

- Birth Certificate of (b)(6) DOB (b)(6) 1997
- Photograph
- Immunizations
- Statement
- Chest X-Ray Results

000206

In accordance with ORR policy, the documentation for this individual was reviewed indicating that (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-603-4235  
[Myriam.Hillin@acf.hhs.gov](mailto:Myriam.Hillin@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	(b)(6):(b)(7)(F) - (b)(6):(b)(7)(F) @ice.dhs.gov>"
<b>Subject:</b>	Re: ADULT Age Redetermination - (b)(6) (b)(6) A#(b)(6)
<b>Date:</b>	2016/01/27 20:11:23
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Waiting on program. Just called them.

Will Calero

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Referred to DHS

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, January 27, 2016 5:25 PM

**To:** (b)(6)

**Subject:** RE: ADULT Age Redetermination - (b)(6) (AKA (b)(6) A#(b)(6)

Roger that. Also, I am working on a Memorandum for another adult in Glendale, I believe it is Mr. (b)(6)'s friend he came to US with. I should be done with that one tonight if you want to save a trip and pick them both up. I should be done with it sometime tonight we are just waiting for a good copy of the other guys BC from Honduras and they are in the process of sending it tonight.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

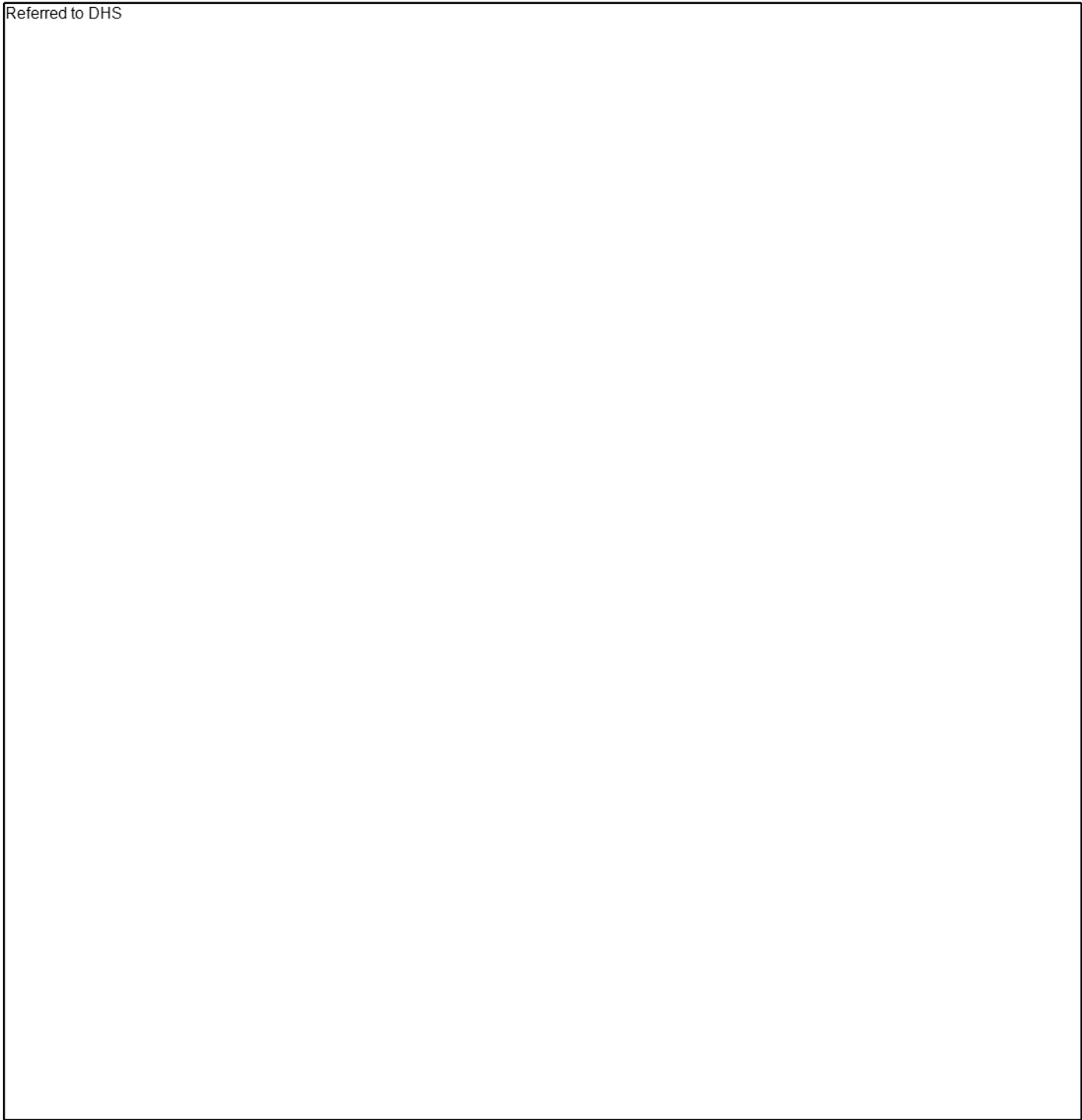
(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

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Referred to DHS

Referred to DHS



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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, January 27, 2016 5:20 PM

**To:** (b)(6);(b)(7)(F)

**Subject:** RE: ADULT Age Redetermination - (b)(6) (AKA (b)(6) A#(b)(6))

They do not have a scanned copy, it was sent by family in Honduras on a cellular phone in a text.

I could ask them to print it and then scan it in an Adobe format if that would help, let me know.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

---

Referred to DHS

Referred to DHS



Referred to DHS

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**From:** Calero, Wilfred (ACF) [<mailto:Wilfred.Calero@acf.hhs.gov>]

**Sent:** Wednesday, January 27, 2016 5:16 PM

**To:** (b)(6);(b)(7)(F)

**Subject:** RE: ADULT Age Redetermination (b)(6) (AKA (b)(6) A#(b)(6)

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, January 27, 2016 4:04 PM

**To:** Juvenile.Phoenix@dhs.gov; (b)(6);(b)(7)(F)

**Cc:** Velazquez, Ivonne (ACF); Bernadette Rodriguez; Melissa Berumen; Centeno, Raquel (ACF) (CTR)

**Subject:** ADULT Age Redetermination - (b)(6) (AKA (b)(6)  
(b)(6) A#(b)(6)

Officer,

Please see attached Age Redetermination Memorandum and Mr. (b)(6)'s true and correct Birth Certificate. Mr. (b)(6) has been medically screened and is clear to travel.

If you have any questions please feel free to contact me directly.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	'(b)(6):(b)(7)(F)' <'(b)(6):(b)(7)(F)@ice.dhs.gov>"
<b>Sent Date:</b>	2016/01/27 20:11:22
<b>Delivered Date:</b>	2016/01/27 20:11:23

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>
<b>Subject:</b>	RE: ADULT Age Redetermination - (b)(6) (AKA (b)(6)) (b)(6) A# (b)(6)
<b>Date:</b>	2016/01/27 20:30:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Officer (b)(6)

I just sent you the Memo and BC for the other adult at Glendale.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, January 27, 2016 5:25 PM

**To:** (b)(6)

**Subject:** RE: ADULT Age Redetermination - (b)(6) (AKA (b)(6))

(b)(6) A#(b)(6)

Roger that. Also, I am working on a Memorandum for another adult in Glendale, I believe it is Mr. (b)(6)'s friend he came to US with. I should be done with that one tonight if you want to save a trip and pick them both up. I should be done with it sometime tonight we are just waiting for a good copy of the other guys BC from Honduras and they are in the process of sending it tonight.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, January 27, 2016 5:20 PM

**To:** (b)(6)

**Subject:** RE: ADULT Age Redetermination (b)(6) (AKA (b)(6))

(b)(6) A#(b)(6)

They do not have a scanned copy, it was sent by family in Honduras on a cellular phone in a text.

I could ask them to print it and then scan it in an Adobe format if that would help, let me know.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Wednesday, January 27, 2016 5:16 PM

**To:** (b)(6)

**Subject:** RE: ADULT Age Redetermination - (b)(6) (AKA (b)(6)

(b)(6) A# (b)(6)

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS



Referred to DHS

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Wednesday, January 27, 2016 4:04 PM  
**To:** Juvenile.Phoenix@dhs.gov; (b)(6)  
**Cc:** Velazquez, Ivonne (ACF); Bernadette Rodriguez; Melissa Berumen; Centeno, Raquel (ACF) (CTR)  
**Subject:** ADULT Age Redetermination - (b)(6) (AKA (b)(6)  
 (b)(6) A# (b)(6)

Officer,

Please see attached Age Redetermination Memorandum and Mr. (b)(6)'s true and correct Birth Certificate. Mr. (b)(6) has been medically screened and is clear to travel.

If you have any questions please feel free to contact me directly.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	(b)(6)@ice.dhs.gov"
<b>Sent Date:</b>	2016/01/27 20:30:58
<b>Delivered Date:</b>	2016/01/27 20:30:00

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"
<b>Subject:</b>	Fw: Adult Age-Redetermination;(b)(6) A# (b)(6)
<b>Date:</b>	2017/02/11 16:12:52
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See Attached.

Will Calero

---

**From:** (b)(6) (b)(6)@swkey.org>

**Sent:** Saturday, February 11, 2017 2:10:39 PM

**To:** Calero, Wilfred (ACF)

**Cc:** Carlos Bueno; Maria Rios; Juliana Granillo

**Subject:** Age-Redetermination (b)(6) A# (b)(6)

Hello Wil,

I provided all the documentation for minor mentioned above that helped determine that the client is over-age.

Included are the following documents:

- •  
True BC
- •  
Altered BC
- •  
Guatemalan Consulate Verification
- •  
Photograph
- •  
TB Clearance
- •  
ORR Memo of Age Redetermination

If any other documents are needed please let me know.

Thank you,

(b)(6)

*Case Manager*

*Southwest Key Programs*

*Casa Phoenix*

*Phone: (602) 396-7040 Ext. (b)(6)*

*Fax: (602) 865-7741*

*Tues.-Sat. 9:00 AM-5:00PM*

*Email:*

(b)(6)@swkey.org

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2017/02/11 16:12:49
<b>Delivered Date:</b>	2017/02/11 16:12:52



Registro Nacional de las Personas  
República de Guatemala

(b)(6)



Correlativo: (b)(6)

**Registro Civil de las Personas  
Certificado de Nacimiento**

VERIFICADOR ID (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Guatemala, departamento de Guatemala,  
**CERTIFICA**

que con fecha (b)(6) de milnovecientos noventa y nueve, en la partida 409 follo 205 del libro 72, del Registro Civil del Municipio de Zacualpa, Departamento de Quiche, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

**Datos del inscrito**

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Quiche, Zacualpa

Lugar de nacimiento

Femenino

Género

**Datos de la madre**

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

Zacualpa

Lugar de origen

Página 1 de 2

Fotografía no disponible

Fotografía no disponible

**Datos del padre**

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

Zacualpa

Lugar de origen

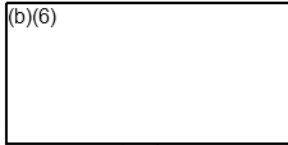
(b)(6)

**Observaciones**  
NO CONSTA NINGUNA ANOTACIÓN

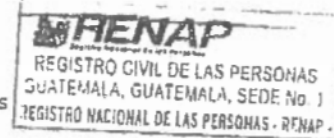
Extendida el día treinta de agosto de dos mil dieciséis por el Registrador Civil de las Personas,  
la cual es auténtica por ser una copia fiel de su original

-----ULTIMA LÍNEA-----

Doy fe (b)(6)



Licenciado Rafael Arturo, Andrade Barillas  
Registrador Civil de las Personas



**Notas Referenciales:**

En datos del menor de edad no consta fotografía por no existir solicitud DPI.  
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.  
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito

Este certificado fue impreso el día treinta de agosto de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través de link: <https://www.renaso.gob.gt/verificacion-de-certificado> o bien llamando al 1516

Constancia de Datos Biográficos

Fecha de emisión: 2017-02-10

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:

(b)(6)

Segundo Nombre:

Tercer Nombre:

Primer Apellido:

(b)(6)

Segundo Apellido:

(b)(6)

Apellido Casada:

CUI:

(b)(6)

ID Partida:

(b)(6)

Sexo:

FEMENINO

Fecha de Nacimiento:

(b)(6) 1993

País, departamento y municipio de nacimiento:

GUATEMALA (b)(6) (b)(6)

Libro:

(b)(6)

Folio:

(b)(6)

Partida:

(b)(6)

Estado civil:

(b)(6)

Teléfono casa:

Teléfono celular:

(b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción:

(b)(6)

Comunidad Lingüística:

Dirección:

(b)(6)

Código Postal:

(b)(6)

Datos Padres

Nombre de la madre:

(b)(6)

Fecha nacimiento de la madre:

Nombre del padre:

(b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA ARIZONA PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

Firma cónsul u operador



# Registro Nacional de las Personas República de Guatemala

(b)(6)



## Registro Civil de las Personas Certificado de Nacimiento

El Infrascrito Registrador Civil del Registro Nacional de las Personas de Zacualpa

**CERTIFICA**

que con fecha dieciocho de noviembre de mil novecientos noventa y tres en la partida 409, del folio 205 y libro 72, fue inscrito el nacimiento de:

### Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6)

de mil novecientos noventa y tres

Femenino

Fecha de nacimiento

Guatemala, Quiché, Zacualpa,

(b)(6)

Género

Lugar de nacimiento

### Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Este municipio

Lugar de origen

### Datos del padre

(b)(6)

Nombres y apellidos del padre

Este municipio

Lugar de origen

Extendida en el municipio de Zacualpa, departamento de Quiché, el día dieciocho de junio de dos mil nueve por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

Ofelia Carolina Arias Gutiérrez

Registrador Civil de las Personas



YHEODHABJA

MCALACHD318





ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 11, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6) A# (b)(6)

Ms. (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on (b)(6) 2017, as a juvenile, which occurred as a result of, Ms. (b)(6) knowingly providing to apprehending officials a date of birth different from what has now revealed by the consulate to be her real date of birth.

Following placement in ORR care, Ms. (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that, Ms. (b)(6) appeared to be overage. On February 04, 2017, assigned case manager, (b)(6) retrieved Ms. (b)(6) birth certificate from the uploads from the previous shelter placement. Case Manager (b)(6) sent the birth certificate to be verified by the Phoenix Guatemalan Consulate. The Guatemalan Consulate verified the birth certificate and determined that Ms. (b)(6) (b)(6) s birth certificate had been altered and her real date of birth is (b)(6) 1993.

Case Manager then spoke with Ms. (b)(6) who did not want to disclose information regarding the alteration of the date of birth on the birth certificate, nor did the family in Guatemala. Ms. (b)(6) s father disclosed that, Ms. (b)(6) is an adult. Case Manager requested a copy of Ms. (b)(6) s true birth certificate from her father, Mr. (b)(6) in Guatemala. On February 11, 2017, Mr. (b)(6) sent, Ms. (b)(6) (b)(6) s true birth certificate.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for, Ms. (b)(6) who provided an incorrect date of birth and birth certificate to carry out a scheme to alter her date of birth with the purpose of misleading authorities to believe she was a minor. Therefore, FFS agrees that there is sufficient and strong evidence to support the claim that the individual in question is an adult

Along with this Memo ORR is submitting the following documents:

- Altered BC (b)(6) DOB (b)(6) 1999
- Consulate Documentation (b)(6) DOB (b)(6) 1993
- Photograph
- Immunizations

000230

In accordance with ORR policy, the documentation for this individual was reviewed indicating that (b)(6)

(b)(6) is 23 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)

(b)(6)

Patient Name: (b)(6)  
 Patient ID: (b)(6)  
 Sex: F  
 DOB: (b)(6) 1999  
 Collection Date/Time: 09/16/2016 10:53AM EDT

Provider: Lopez, Carlos J., MD  
 Location: Kids Kare Pediatrics, Tucson  
 Customer Number: (b)(6)  
 Sample ID: (b)(6)  
 Received Date/Time: 09/17/2016 4:00AM EDT  
 Approval Date/Time: 09/18/2016 2:43PM EDT

**T-SPOT.TB**

T-SPOT.TB Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4. This includes values less than zero.

Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (<http://www.cdc.gov/tb/publications/guidelines/default.htm>) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

Nil (Neg) Control Spot Count	0
Panel A Spot Count	1
Panel B Spot Count	0
Positive Control Spot Count	>20

**Limitations (from the T-SPOT.TB Package Insert, p.15)**

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with *M. xenopi*, *M. kansasii* and *M. gordonae*. While ESAT-6 and CFP10 antigens are absent from BCG strains of *M. bovis* and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with *M. kansasii*, *M. szulgai*, *M. gordonae* or *M. marinum*. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with *M. tuberculosis*. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)>@ice.dhs.gov"
<b>Subject:</b>	RE: ADULT Age Redetermination (b)(6) AKA (b)(6) (b)(6) A (b)(6)
<b>Date:</b>	2016/01/27 19:15:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Officer (b)(6);(b)(7)

(b)(6) we are advising the programs not to send you encrypted documents but if they do the PW for all documents is (b)(6)

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
 wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Wednesday, January 27, 2016 4:04 PM  
**To:** Juvenile.Phoenix@dhs.gov; (b)(6);(b)(7)(F)  
**Cc:** Velazquez, Ivonne (ACF); Bernadette Rodriguez; Melissa Berumen; Centeno, Raquel (ACF) (CTR)  
**Subject:** ADULT Age Redetermination - (b)(6) (AKA (b)(6))  
 (b)(6) A#(b)(6)

Officer,

Please see attached Age Redetermination Memorandum and Mr. (b)(6)'s true and correct Birth Certificate. Mr. (b)(6) has been medically screened and is clear to travel.

If you have any questions please feel free to contact me directly.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	'(b)(6);(b)(7)(F)' <(b)(6);(b)(7)(F)@ice.dhs.gov>"
<b>Sent Date:</b>	2016/01/27 19:15:41
<b>Delivered Date:</b>	2016/01/27 19:15:00

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	Referred to DHS <(b)(6);(b)(7)(F)@ice.dhs.gov>"
<b>Subject:</b>	RE: Glendale - Adult Age Redetermination: (b)(6) A#(b)(6) (b)(6)
<b>Date:</b>	2016/05/10 14:37:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Please See Attached.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Monday, May 09, 2016 7:18 PM

**To:** PHO, Juv Placement; (b)(6);(b)(7)(F)

**Cc:** Bernadette Rodriguez; Alicia Gonzalez-Rivera; Velazquez, Ivonne (ACF); Centeno, Raquel (ACF) (CTR); Iniguez, Melissa

**Subject:** RE: Glendale - Adult Age Redetermination: (b)(6)

(b)(6) / A# (b)(6)

Please see attached. If you need any additional information please let me know. (b)(6) is medically cleared and is ready for pick up.

Thanks for your attention on this matter.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
 wilfred.calero@acf.hhs.gov

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	(b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
<b>Sent Date:</b>	2016/05/10 14:38:10
<b>Delivered Date:</b>	2016/05/10 14:37:00



Registro Nacional de las Personas  
República de Guatemala  
Registro Civil de las Personas  
Certificado de Nacimiento

(b)(6)



El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Unión Cantinil, departamento de Huehuetenango,

**CERTIFICA**

que con fecha (b)(6) de dos mil seis, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de UNIÓN CANTINIL, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Fotografía  
no  
disponible

**Datos del inscrito**

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Masculino

Género

**Datos de la madre**

(b)(6)

Nombres y apellidos de la madre

Fotografía  
no  
disponible  
\*ver nota referencial

Fotografía  
no  
disponible  
\* ver nota referencial

**Datos del padre**

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen



Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

ID: (b)(6)

(b)(6)

**Anotaciones:**

000238 RAZÓN: La presente se reasentó en base al Decreto 09-2006 del Congreso Nacional de la República Guatemala.

Razon: El titular presento partida: (b)(6) Fol. (b)(6) Lib. -- de Chiantla, (b)(6) -2006. Firm sello Registrador Civil.

-----ULTIMA LINEA-----

Extendida el día nueve de junio de dos mil quince por el Registrador Civil de las Personas cual es auténtica por ser una copia fiel de su original.

-----ULTIMA LINEA-----

(b)(6)

(b)(6)

Doy fe

(b)(6)



Registrador Civil de las Personas

**Notas Referenciales:**

- En datos del menor de edad no consta fotografía por no existir solicitud DPI.
- En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de D inscrito.
- En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de D inscrito.

\*245000005441\*

ID: 245000005441

(b)(6)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	(b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
<b>Subject:</b>	RE: Glendale - Adult Age Redetermination: (b)(6) /A#(b)(6);(b)(6)
<b>Date:</b>	2016/05/10 12:13:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Officer (b)(6);(b)(7)(F)

I am having program work on that now.

Thanks.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Monday, May 09, 2016 7:18 PM  
**To:** PHO, Juv Placement; (b)(6);(b)(7)(F)  
**Cc:** Bernadette Rodriguez; Alicia Gonzalez-Rivera; Velazquez, Ivonne (ACF); Centeno, Raquel (ACF) (CTR); Iniguez, Melissa  
**Subject:** RE: Glendale - Adult Age Redetermination: (b)(6)  
 (b)(6) /A# (b)(6)

Please see attached. If you need any additional information please let me know. Mr. (b)(6) is medically cleared and is ready for pick up.

Thanks for your attention on this matter.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
 wilfred.calero@acf.hhs.gov

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>
<b>Sent Date:</b>	2016/05/10 12:13:12
<b>Delivered Date:</b>	2016/05/10 12:13:00

Referred to DHS

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Monday, May 09, 2016 7:18 PM

**To:** PHO, Juv Placement; (b)(6);(b)(7)(F)

**Cc:** Bernadette Rodriguez; Alicia Gonzalez-Rivera; Velazquez, Ivonne (ACF); Centeno, Raquel (ACF) (CTR); Iniguez, Melissa

**Subject:** RE: Glendale - Adult Age Redetermination: (b)(6)

(b)(6) A#(b)(6)

---

Please see attached. If you need any additional information please let me know. Mr (b)(6) is medically cleared and is ready for pick up.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>
<b>Recipient:</b>	"Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"
<b>Sent Date:</b>	2016/05/10 12:08:50
<b>Delivered Date:</b>	2016/05/10 12:11:15

000244

Referred to DHS



Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Monday, July 2, 2018 11:28 AM

**To:** PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>

**Cc:** (b)(6)@swkey.org; Hillin, Myriam (ACF) <Myriam.Hillin@acf.hhs.gov>

**Subject:** [WARNING: MESSAGE ENCRYPTED]Fw: SWK-Lighthouse- Verified Adult:

(b)(6) A#(b)(6)

---

Officer,

Please see attached.

000246

Thanks for your attention on this matter.

Will Calero

Wilfred Calero

Federal Field Specialist

US Dept of Health & Human Services

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

202-695-4996

000247

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

---

**From:** (b)(6) <(b)(6)>@swkey.org

**Sent:** Monday, July 2, 2018 11:19 AM

**To:** Calero, Wilfred (ACF)

**Cc:** Cinthia Cornejo; Yarlwin Valdez; Flor Felix; Hillin, Myriam (ACF)

**Subject:** [WARNING : MESSAGE ENCRYPTED] SWK-Lighthouse- Verified Adult: (b)(6)  
(b)(6)

Good morning,

Please be advised that the above mentioned individual disclosed being an adult.

Adult wrote a statement of his actual name and date of birth. This Case Manger was unable to obtain the birth certificate from the family, pending to receive it. This Case Manager does believe this client is an

adult for his physical appearance and as he self-reported to be an adult. Adult reported that paid an attorney to alter his birth certificate.

Medical: Mr (b)(6) was advised to avoid (b)(6) and was prescribed an EpiPen. TB results are pending.

POC are Shift Leaders/Security Monitors at the phone number (b)(6) or (b)(6)  
(b)(6)

Please note that the BC from COO is pending, CM requested the assistance from the Honduran consulate as well.

Thank you in advance for your assistance to this matter.

Thank you,

(b)(6)

Case Manager

SWK- Casa Lighthouse 926

Sunday-Thursday, 9am-5pm

(602)343-7647 Phone

(602)865-7819 Fax

(b)(6)@swkey.org



1458080706532\_SWK.png

<b>Sender:</b>	PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>
<b>Recipient:</b>	"Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6)@swkey.org"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
<b>Sent Date:</b>	2018/07/02 14:39:56
<b>Delivered Date:</b>	2018/07/02 14:41:16

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>CC:</b>	'(b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)@ice.dhs.gov"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
<b>Subject:</b>	Re: Age Redetermination (Adult) (b)(6) (1 of 2)
<b>Date:</b>	2018/03/02 22:38:53
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Officer (b)(6);(b)(7)(F)

I spoke with the on call ORR Supervisor, Ivonne Velazquez. After explaining the situation I was advised that per ORR there is more than sufficient evidence to establish that the individual aforementioned is an adult per ORR policy and that as such he belongs in ICE Custody. He cannot remain in our care and we have no authority to keep him in care.

Further there is no policy mandate that consular verification is required for an age redetermination.

If you could kindly copy the Juv Detention Officer (b)(6);(b)(7)(F) I would greatly appreciate it. I would also respectfully request if the matter can be elevated through your chain of command for further guidance.

Thanks for your attention on this matter.

Will Calero

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:[Wilfred.Calero@acf.hhs.gov](mailto:Wilfred.Calero@acf.hhs.gov)]

**Sent:** Friday, March 2, 2018 6:31 PM

**To:** PHO, Juv Placement

**Cc:** (b)(6) (b)(6) (b)(6)

**Subject:** RE: Age Redetermination (Adult) (b)(6) (1 of 2)

---



000253

Officer (b)(6);(b)

We have no mechanism to obtain a birth certificate from the consulate after hours. That individual would have to remain in care for three days and since we have evidence that he is not a juvenile he cannot remain at the shelter and for licensing purposes the program would be placing itself in jeopardy.

Please advise if you would like me to elevate the matter to my supervisor.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

US Dept of Health & Human Services

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

---

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [<mailto:Wilfred.Calero@acf.hhs.gov>]

**Sent:** Friday, March 2, 2018 4:59 PM

**To:** PHO, Juv Placement

**Cc:** (b)(6); (b)(6); (b)(6)

**Subject:** [WARNING: MESSAGE ENCRYPTED][WARNING: MESSAGE ENCRYPTED]RE: Age Redetermination (Adult)(b)(6) (1 of 2)

---

Please see attached.

Wilfred Calero

Federal Field Specialist

US Dept of Health & Human Services

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
<b>Sent Date:</b>	2018/03/02 22:38:51
<b>Delivered Date:</b>	2018/03/02 22:38:53

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"
<b>CC:</b>	"(b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"
<b>Subject:</b>	FW: Memo for Age redetermination (b)(6) A# (b)(6)
<b>Date:</b>	2017/02/18 08:49:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See Attached.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"
<b>Sent Date:</b>	2017/02/18 08:50:08
<b>Delivered Date:</b>	2017/02/18 08:49:00



**REPÚBLICA DE HONDURAS**  
**REGISTRO NACIONAL DE LAS PERSONAS**  
**REGISTRO CIVIL MUNICIPAL**

## CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero:  ubicada en el folio  del tomo

numero de identidad

del año  y que pertenece a:

a)  b)

primer apellido segundo apellido

c)  sexo **MASCULINO**

nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a)  b)  c) **HONDURAS**

municipio departamento pais

d)  e)  f) **1997**

dia mes año

2.) apellidos, nombre y nacionalidad del padre:

a)  b)

primer apellido segundo apellido

c)  d)

nombre nacionalidad

3.) apellidos, nombre y nacionalidad de la madre:

a)  b)

primer apellido segundo apellido

c)  d) **HONDUREÑA**

nombre nacionalidad

4.) notas marginales autorizadas:

**NINGUNA**

---



---



---



---

extendida en **DISTRITO CENTRAL** **FRANCISCO MORAZÁN**

municipio departamento

a los: **DIECISEIS** dias del mes de **FEBRERO**

del dos mil **DIECISIETE**

firma y sello del registrador civil municipal

h]xkHrbjnzy@LTF@UcnZpox6u009v499@M]GSJ@A02R@dZ@R1mQ/FXR/jeA0gG@W@R9k]+[EDJtH8ZnJZoQM@p@4tYI@]N]/BacC/Me3n

Resident: (b)(6)	Effective Date: (b)(6) 2016 14:29	Location: (b)(6)
Initial Admission: (b)(6) 2016	Admission: (b)(6) 2016	A#: (b)(6)
Date of Birth: (b)(6) 1999	Gender: M	Score: NA
Category: NA	Physician:	

**A. General Information**

## 1. Healthcare Provider

a. Name and Designation:

Jason Urtis, MD

b. Telephone:

(b)(6)

## 2. Date of visit

(b)(6) 2016

## 3. Name of program staff with child

(b)(6)

## 4. Program Name

SWKey Casa Houston

**B. Medical Information****PPD/Tuberculin skin test (TST)**

## 1. Date Applied

## 2. Date Read

## 3. Result in mm

## 4. Interpretation

- a. Positive  
 b. Negative

**TB Blood test (Interferon-Gamma Release Assay (IGRA)):**

## 5. Date Drawn

(b)(6) 2016

## 6. Test type

- a. QuantiFERON TB Gold In-Tube test (QFT-GIT)  
 b. T-SPOT TB test (T-Spot)

## 7. Results:

- a. Positive  
 b. Negative  
 c. Indeterminate/Borderline/Equivocal

**Chest X-ray**

## 8. Date

(b)(6) 2016

## 9. Findings

- a. Normal  
 b. Abnormal

Resident: (b)(6)

10. TB Determination

- a. Negative for TB condition
- b. Latent tuberculosis infection (LTBI)
- c. Active TB Suspected

11. Additional Information





REPÚBLICA DE HONDURAS

# Registro Nacional de las Personas



## PADRÓN FOTOGRAFICO DE IDENTIDAD

No. Identidad: (b)(6)



Numero de identidad: (b)(6)

Nombre identificación: (b)(6)

Nombre Registro Civil:

Sexo: **MASCULINO**

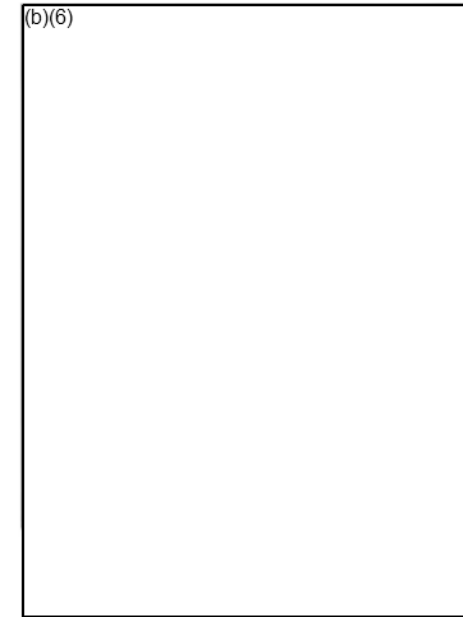
Fecha nacimiento: (b)(6) 1997

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud:





REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

Atención para (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO



El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 99 del Congreso Nacional de fecha 17 de Noviembre de 1982, CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número (b)(6) ubicada en el folio 063 del tomo 00001

Número de Identidad

del Año 1999 y que pertenece a:

a) (b)(6) **Primer Apellido** b) (b)(6) **Segundo Apellido**

c) (b)(6) **Nombre** SEXO  F  M

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) **Municipio** b) (b)(6) **Departamento** c) **HONDURAS** **País**

d) (b)(6) **Día** e) (b)(6) **Mes** f) **1999** **Año**

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) --- **Primer Apellido** b) --- **Segundo Apellido**

c) --- **Nombre** d) --- **Nacionalidad**

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **Primer Apellido** **N. Identidad: 0407-1968-00052**

b) --- **Segundo Apellido**

c) (b)(6) **Nombre** d) **HONDUREÑA** **Nacionalidad**

4.) Notas marginales autorizadas:

NINGUNA

Extendida en **SAN PEDRO SULA** **CORTES**  
Municipio Departamento

a los **OCHO** **DICIEMBRE**  
Años del mes de

del DOS MIL **DIECISEIS** (b)(6)



FIRMA Y SELLO DEL DIRECTOR



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 17, 2017**

TO: ICE – ERO – Phoenix, AZ  
Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfred Calero  
Federal Field Specialist  
Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6) A# (b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care on (b)(6) 2017 as a juvenile as a result of Mr. (b)(6) knowingly providing a false date of birth of (b)(6) 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that he appeared to be overage. Case Manager proceeded to verify document by emailing Wilfredo Calero and Celestina Buriel a copy of Mr. (b)(6)'s birth certificate to be verified by the Honduran Consulate.

On February 17, 2017 Case Manager received an email from CFS with the verification of date of birth confirming the real date of birth for Mr. (b)(6) to be (b)(6) 1997 and a Photo ID of Mr. (b)(6) Case Manager immediately contacted Ms. (b)(6) Mr. (b)(6)'s sister, to question her about the discrepancy between the birth certificate she provided and the birth certificate that was verified. Miss. (b)(6) reported that the birth certificate was never altered and denied any type of fraud.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) new information about his date of birth being (b)(6) 1997 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Photograph
- TB Clearance
- Honduras ID

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement

000264  
202-695-4996  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**

Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>CC:</b>	(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Gonzalez, Guadalupe M <Guadalupe.Gonzalez@GDIT.com>"; "Breceda, Miriam S <Miriam.Breceda@<(b)(6)>>; "Silva, Briseida <Briseida.Silva@<(b)(6)>>; "Rodriguez, Erika <Erika.Rodriguez1@<(b)(6)>>; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
<b>Subject:</b>	RE: Kokopelli – ADULT Age Redetermination: (b)(6) A# (b)(6)
<b>Date:</b>	2016/12/19 18:45:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See Attached.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Monday, December 19, 2016 3:48 PM  
**To:** PHO, Juv Placement  
**Cc:** (b)(6); (b)(6); (b)(6); (b)(6); (b)(6);  
Gonzalez, Guadalupe M; Breceda, Miriam S; Silva, Briseida; Rodriguez, Erika; Centeno, Raquel (ACF)  
(CTR)  
**Subject:** FW: Kokopelli – ADULT Age Redetermination (b)(6) A# (b)(6)

Please see attached.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"; (b)(6) (b)(6)@swkey.org"; "Gonzalez, Guadalupe M <Guadalupe.Gonzalez@(b)(6)>"; "Breceda, Miriam S <Miriam.Breceda@(b)(6)>";

	"Silva, Briseida <Briseida.Silva@(b)(6)>; "Rodriguez, Erika <Erika.Rodriguez1@(b)(6)>; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
<b>Sent Date:</b>	2016/12/19 18:45:46
<b>Delivered Date:</b>	2016/12/19 18:45:00



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 370 L'Enfant Promenade, S.W., Washington, DC 20447  
 www.acf.hhs.gov/programs/orr

**Memo of Age Determination**

**December 19, 2016**

TO: ICE – DHS – PHOENIX, AZ

Through: SWK Kokopelli

FROM: Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services

SUBJECT: Adult Age Re-determination - (b)(6) A#(b)(6)

I reviewed the documentation gathered by SWK Kokopelli and the statements provided by Ms. (b)(6) (hereinafter Ms. (b)(6)) family and it appears that Ms. (b)(6) who was placed in ORR care on Dec 12, 2016 under the name (b)(6) (b)(6) **DOB (b)(6) 1999 (A#(b)(6))** has now been determined to be (b)(6) **DOB (b)(6) 1989 and thu 27 years of age .**

Ms. (b)(6) arrived at SWK Kokopelli on (b)(6) 2016. Throughout her stay in SWK Kokopelli, Ms. (b)(6) was being sponsored by her brother (b)(6) Ms. (b)(6) came to the US with her alleged nephew (b)(6) (b)(6) who is also currently under Casa Kokopelli care.

During initial interview Ms. (b)(6) stated that she has 8 siblings: (b)(6) (b)(6) (b)(6) Ms. (b)(6) stated that (b)(6) is the mother of the client that is currently in care, however, her alleged nephew (b)(6) states that (b)(6) is his cousin and not his aunt. When Program Case Manager asked Ms. (b)(6) about what school she went to, she said that she does not remember the name even though she last attended in 2015 7<sup>th</sup> grade. Ms. (b)(6) stated that the school is far from her home and that if Program Case Manager needs schools documents it would be really hard to get them. Ms. (b)(6) (b)(6) reported to Program Clinician that she has been working since age 8 in housekeeping.



Program Case Manager contacted Ms. (b)(6) s mother to further assess the age of Ms. (b)(6) and her relationship to the proposed sponsor, primarily because of Ms. (b)(6) s physical appearance and concerns she is an adult. Ms. (b)(6) s mother stated that she has (b) children total, Program Case Manager requested all birth certificates but 7 birth certificates were provided. Ms. (b)(6) s mother stated she only has two daughter's (b)(6), the oldest, and (b)(6) Program Case Manager was unable to obtain the birth certificate for the oldest daughter in the family, (b)(6)

On December 18, 2016, Program Case Manager forwarded Ms. (b)(6) s birth certificate to the Guatemalan Consulate for further verification. On December 19, 2016, the Guatemalan Consulate verified Ms. (b)(6) s birth certificate but it reflected that her true and correct date of birth is (b)(6) 1989, making Ms. (b)(6) 27 years of age. (See Attached) Program Case Manager confronted Ms. (b)(6) s mother in COO and the mother confirmed that Ms. (b)(6) was in fact born on (b)(6) 1989 and 27 years of age. Program Case Manager requested a copy of Ms. (b)(6) s true and correct date birth certificate but it has yet to be received. Program Case Manager then confronted Ms. (b)(6) (b)(6) about her identity and her age, and Ms. (b)(6) readily admitted that her true and correct date of birth is (b)(6) 1989 and thus 27 years of age. Ms. (b)(6) provided Program Case Manager with a written statement confirming her real date of birth. (See Attached)

Based on the aforementioned, ORR is respectfully requesting that arrangements be made to pick up Ms. (b)(6) from SWK Kokopelli for transportation into ICE Adult Custody.

Respectfully,

/s/ Wilfred Calero

Wilfred Calero, BA, JD  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

/s/ Ivonne Velazquez

Ivonne Velazquez, BSW, MSW, LCSW  
Federal Field Specialist Supervisor  
Division of Children's Services  
Office of Refugee Resettlement  
202-281-9535  
[ivonne.velazquez@acf.hhs.gov](mailto:ivonne.velazquez@acf.hhs.gov)

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, November 10, 2016 20:30

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); Mitchell Padilla; Jennifer Zamudio

**Subject:** RE: ADULT-Age redetermination Memo - (b)(6)

A# (b)(6)

---

See Attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"
<b>CC:</b>	(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>
<b>Subject:</b>	FW: REQUEST FOR MEMO OF AGE REDETERMINATION for (b)(6) A# (b)(6)
<b>Date:</b>	2017/02/06 05:22:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See Attached.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>
<b>Sent Date:</b>	2017/02/06 05:23:00
<b>Delivered Date:</b>	2017/02/06 05:22:00



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 4, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Myriam Hillin  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an UC in ORR care

**RE:** (b)(6) A# (b)(6)  
 AKA: (b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on January 19, 2017 as a juvenile as a result of Mr. (b)(6) knowingly providing to apprehending officials a different date of birth from what he has now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that he appeared to be overage. Upon placement Mr. (b)(6) stated his date of birth to be (b)(6) 1999. Case Manager proceeded then to contact Mr. (b)(6)'s family in Guatemala to request a copy of his birth certificate. On January 24, 2017, Mr. (b)(6)'s mother, Mrs. (b)(6) provided a copy of her son's birth certificate to the Case Manager who proceeded to verify the document by emailing Myriam Hillin and Celestina Buriel a copy of Mr. (b)(6)'s birth certificate to be verified by the Guatemalan Consulate.

On February 4, 2017 Case Manager received an email from FSS with the verification of date of birth confirming the real date of birth for Mr. (b)(6) to be **September 3, 1997**. Case Manager immediately contacted Mrs. (b)(6) to question her about the discrepancy between the birth certificate she provided and the birth certificate that was verified. Mrs. (b)(6) reported that the birth certificate that was emailed to the Case Manager was provided to her by the guide who helped Mr. (b)(6) travel to the US. Mrs. (b)(6) was not able to provide the name of the individual who provided her with the altered documentation. Case Manager and Clinician spoke with Mr. (b)(6) who also confirmed that an unknown individual provided the altered documentation and informed him that minors are able to travel to the US. Mr. (b)(6) confirmed his actual date of birth to be (b)(6) 1997.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Phoenix Guatemalan Consulate and Case Manager for Mr. (b)(6) and his own retraction of his first provided incorrect date of birth including admitting that he is 19 years old and the Phoenix Consulate's corroboration of this information including admitting that this individual has carried out a scheme to alter birth date with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

000275

- Altered Birth Certificate
- Verification of DOB
- Self-statement
- Photograph
- TB Clearance
- Immunization Records

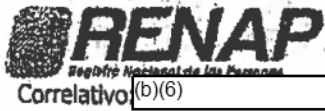
In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-603-4235  
[Myriam.Hilin@acf.hhs.gov](mailto:Myriam.Hilin@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velazquez@ACF.hhs.gov](mailto:Ivonne.Velazquez@ACF.hhs.gov)



(b)(6)

VERIFICADOR ID

### Registro Civil de las Personas Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Huehuetenango, departamento de Huehuetenango,

CERTIFICA

que con fecha (b)(6) de mil novecientos noventa y nueve, en la partida (b)(6) folio (b) del libro (b)(6) del Registro Civil del Municipio de CHIANTLA, Departamento de HUEHUETENANGÓ, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible  
\*ver nota referencial\*

#### Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Huehuetenango, Chiantla

Lugar de nacimiento

Masculino

Género

#### Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

Aldea La Capellanía

Lugar de origen

Fotografía no disponible

Fotografía no disponible

#### Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

Aldea San Nicolás

Lugar de origen



(b)(6)

(b)(6)

(b)(6)



**Observaciones**  
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día seis de enero de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----- ULTIMA LINEA -----

Doy fe

(b)(6)

Leslie Jacqueline , Vanegas Salazar  
Registrador Civil de las Personas



Este certificado fue impreso en papel bond el día seis de enero de dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convengan deberá verificar su autenticidad a través del link: <https://www.renap.gov.gt/verificacion-de-certificado> o bien llamando al 1516.

## REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: (b)(6)

No. solicitud:

## Datos de Pago

No. Oficina Renap Solicitud:

## Datos Personales

Primer Nombre:

(b)(6)

Segundo Nombre:

(b)(6)

Tercer Nombre:

Primer Apellido:

(b)(6)

Segundo Apellido:

(b)(6)

Apellido Casada:

CUI:

(b)(6)

ID Partida:

(b)(6)

Sexo:

MASCULINO

Fecha de Nacimiento:

(b)(6) 1997

País, departamento y municipio de nacimiento:

GUATEMALA

HUEHUETENANGO

CHIANTLA

Libro:

(b)(6)

Folio:

(b)(6)

Partida:

(b)(6)

Estado civil:

SOLTERO

Teléfono casa:

Teléfono celular:

(b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción:

(b)(6)

Comunidad Lingüística:

Dirección:

(b)(6)

Código Postal:

(b)(6)

## Datos Padres

Nombre de la madre:

(b)(6)

Fecha nacimiento de la madre:

Nombre del padre:

(b)(6)

Fecha nacimiento del padre:

## Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA

ARIZONA

PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verdadera y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

Firma cónsul u operador

(b)(6)



(b)(6)



Facility #: ---  
Date: (b)(6) 2017

Casa Phoenix - Phoenix, AZ - ALF  
Immunization Report

Facility Code: ---  
User: (b)(6)

Time: 16:06:01 MT

Resident: (b)(6) Consent Status: All Date Range: 01/01/2017 - 01/31/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningococcal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - Zone A 301 1 - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 01/23/2017	
Hepatitis B	Consented	- - 01/23/2017	
HPV	Consented	- - 01/23/2017	
Influenza	Consented	- - 01/23/2017	
IPV	Consented	- - 01/23/2017	
Meningococcal	Consented	- - 01/23/2017	
MMR	Consented	- - 01/23/2017	
Tdap	Consented	- - 01/23/2017	
Varicella (chicken pox)	Consented	- - 01/23/2017	

Resident: (b)(6)

Effective Date: (b)(6) 2017 13:36

Location: (b)(6)

Initial Admission: (b)(6) 2017

Admission: (b)(6) 2017

A#: (b)(6)

Date of Birth: (b)(6) 1999

Gender: M

Score: NA

Category: NA

Physician: Burzinski, Heather

**A. General Information**

## 1. Healthcare Provider

a. Name and Designation:

(b)(6), NP

b. Telephone:

(b)(6)

## 2. Date of visit

(b)(6) 2017

## 3. Name of program staff with child

(b)(6)

## 4. Program Name

922 - Southwest Casa Phoenix

**B. Medical Information****PPD/Tuberculin skin test (TST)**

## 1. Date Applied

## 2. Date Read

## 3. Result in mm

## 4. Interpretation

- a. Positive  
 b. Negative

**TB Blood test (Interferon-Gamma Release Assay (IGRA)):**

## 5. Date Drawn

(b)(6) /2017

## 6. Test type

- a. QuantiFERON TB Gold In-Tube test (QFT-GIT)  
 b. T-SPOT TB test (T-Spot)

## 7. Results:

- a. Positive  
 b. Negative  
 c. Indeterminate/Borderline/Equivocal

**Chest X-ray**

## 8. Date

(b)(6) 2017

## 9. Findings

- a. Normal  
 b. Abnormal

Resident: (b)(6)

## 10. TB Determination

- a. Negative for TB condition  
 b. Latent tuberculosis infection (LTBI)  
 c. Active TB Suspected

## 11. Additional Information

(b)(6)/17 Abnormal CXR: 3mm benign calcified granuloma in left lung. (b)(6) 2/1/17 Radiologist reported a 3 mm calcified granuloma in the left mid lung. IGRA negative 17 yo male reported to be generally healthy. A negative IGRA result will indicate no TB condition, and no further TB examinations are needed. The chest radiography should be repeated in 12 months. Please notify the sponsor or whoever has custody next about this recommendation. Proper portal entry documentation is attached. Michael L. Bartholomew, M.D., FAAP CDR, U.S. Public Health Service Unaccompanied Children's Program Office of Refugee Resettlement Administration for Children and Families

D.G.E. No. 133

G. 29447 - IMM - 9 - 92/0

República de Guatemala - Registro Civil.

CODIGO

### NACIMIENTO

NUMERO DEL LIBRO DE NACIMIENTOS (b)(6) NUMERO DEL ACTA (b)(6) FOLIO

#### I. DATOS DEL COMPARECIENTE.

A) NOMBRES (b)(6) APELLIDOS (b)(6) PATERNO MATERNO

B) EDAD 21 AÑOS C) CEDULA DE VECINDAD (b)(6) REGISTRO (b)(6)

D) DOMICILIO Aldea Capellanía, Chiantla.-

#### II. DATOS DEL LUGAR DONDE OCURRIO EL NACIMIENTO

C) LUGAR Y DIRECCION (b)(6)  
(ADEMAS DEL NOMBRE INDIQUE SI ES CIUDAD, PUEBLO, ALDEA, CASERIO O FINCA)

#### III. DATOS DEL NIÑO.

A) NOMBRES (b)(6) APELLIDOS (b)(6) PATERNO MATERNO

B) PESO AL NACER 8 (LIBRAS) (ONZAS) C) FECHA (b)(6) 997 HORA 10:00

D) SEXO 1. MASCULINO 2. FEMENINO 1  
PARTO SIMPLE O MULTIPLE 1. SIMPLE 2. DOBLE 3. MULTIPLE 1

#### IV. DATOS DEL PADRE.

A) NOMBRES (b)(6) APELLIDOS (b)(6) PATERNO MATERNO

B) EDAD 21 AÑOS C) RESIDENCIA HABITUAL (b)(6)

D) GRUPO ETNICO 1. INDIGENA 2. NO INDIGENA 2  
E) ESTADO CIVIL 1. SOLTERO 2. CASADO 3. UNIDO 4. VIUDO 5. DIVORCIADO 2

F) NACIDO EN San Nicolás G) NACIONALIDAD Guatemalteco

#### V. DATOS DE LA MADRE.

A) NOMBRES (b)(6) APELLIDOS (b)(6) PATERNO MATERNO

B) EDAD 21 AÑOS C) RESIDENCIA HABITUAL (b)(6)

D) GRUPO ETNICO 1. INDIGENA 2. NO INDIGENA 2  
E) ESTADO CIVIL 1. SOLTERA 2. CASADA 3. UNIDA 4. VIUDA 5. DIVORCIADA 2

F) NACIDA EN (b)(6) NACIONALIDAD Guatemalteca

H) OCUPACION (b)(6)

#### VI. OTROS DATOS DEL NACIMIENTO.

(b)(6)

DE ELLOS CUANTOS  
NACIERON MUTUAMENTE  
¿ CUANTOS VIVEN? 2

F) FIRMADO POR EL REGISTRADOR

E) CHANTLA 26 de septiembre de 1997

F) FIRMA DEL COMPARECIENTE (b)(6)

G) FIRMA DEL REGISTRADOR CI

NOTA: GUARDESE CON CUIDADO DEJE EN LA IGLESIA LE SERVIRA PARA SACAR CON RAPIDEZ SU FE DE EDAD

IMPRESION DIGITAL DE LA  
HUELLA DEL COMPARECIENTE  
CUANDO NO SEEA HERMANO



We're sorry, but your incoming fax may be incomplete. Please call the sender to verify your fax or to request a re-send.

Your fax may be incomplete because one or more of the following has occurred:

1. Fax transmission was interrupted.
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3. Unable to convert to desired file format.

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You will not be charged for this additional page.

<b>From:</b>	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
<b>To:</b>	(b)(6)@cbp.dhs.gov>; (b)(6)@ice.dhs.gov>; "Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"
<b>CC:</b>	(b)(6)@CBP.DHS.GOV>"
<b>Subject:</b>	RE: Topics of Interest
<b>Date:</b>	2018/10/01 11:32:27
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Good morning,

In anticipation of the upcoming phone call I wanted to attach a brief presentation of the age redetermination process that some programs in Phoenix follow.

Myriam

Myriam Hillin, MA-MSPC  
 Federal Field Specialist  
 Division of Unaccompanied Children's Operations (DUCO)  
 Office of Refugee Resettlement  
 Western Region – Phoenix  
 202-603-4235  
[Myriam.Hillin@acf.hhs.gov](mailto:Myriam.Hillin@acf.hhs.gov)

Referred to DHS

Referred to DHS

<b>Sender:</b>	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
<b>Recipient:</b>	(b)(6)@cbp.dhs.gov"; (b)(6)@ice.dhs.gov"; "Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; (b)(6)@CBP.DHS.GOV>"
<b>Sent Date:</b>	2018/10/01 11:32:24
<b>Delivered Date:</b>	2018/10/01 11:32:27

# Age Redetermination Process

Phoenix AZ

# During Intakes

## Reasonable Doubt Exists

- Quick visual appraisal UAC does not know his/her age Provides different DOB Has no information to contact parents or relatives in the US or country of origin (COO) Cannot remember biographical information Claims to speak dialect only Presentation and demeanor at interview (cannot remember basic biographical information, no eye contact, visibly nervous, fidgeting, passing, etc.)

# Intakes

- Case is referred immediately to a Case Manager or Clinician to conduct immediate assessment If possible CM contacts family in COO or prospective sponsor and receives contradictory information Facilitation of supervised phone call reveals individual informs family member to be called by a different name or CM overhears family discussing plan to alter information

# Age Assessment Procedure

- Physical appearance in relationship to reported age (e.g. UAC claims to be 14, 15 but is physically much, much older) Case Manager examines the UAC's social history to establish age in context to life events Consider where UAC fits temporally within the family in relation to older or younger siblings Account of the UAC's past history Clinician assess mental & cognitive development

# Documentary evidence

- UAC carried BC in hand Family provides BCFont in document is visibly different Second page of document is unavailable or different from the first page Search of social media School documents



# Age Assessment Procedure continued

- Information provided by family and/or prospective sponsor that may mitigate the UAC's age is inconsistent with age reported by UAC. More than one person interviewed expresses doubt about the UAC's age. Anecdotal information provided by family is inconsistent with the UAC's report.

# Range of approaches

- Relevant staff assesses UAC's behavior is inconsistent with UAC's reported age. Teachers, clinicians, youth workers observe UAC ask hypothetical questions about events in shelters, outings, exits. Request dental exams

# Other Red Flags

- UAC asks for exits, outings, travel distances, hypothetical questions about events....Has children, reports being married, reports having sexual relationships with adult females. Mexicans claim to be Guatemalans b/c Mexicans are deported quickly Traveling as a minor reduces costs paid to smugglers Guaranties release Possessing family trees, Honduran consulate, picture IDs Intermediaries – radio announcements – waves or groups arrive together - females with partners instead of parents Registered late due to fines – abandoned and claimed to be adopted and raised by family that registered child as their own years later estimating the age- claiming to be twins – siblings groups Arrives with BC on hand, does not have contact numbers for anyone in COO or US

# Suggestions

- Confront UAC with the dental  
Explain the benefit of being honest  
Remove fear and shame

# Consulates

- Interview UAC Verify documents and registration Honduran consulate has family trees and picture IDs

# Topics of Interest

- 1. What advice/tactics do Federal Field Specialist use that Border Patrol Tucson Coordination Center (TCC) can use to improve age and relationship validation to identify and deter human trafficking? Cannot ignore physical appearance (looking older or younger than reported age). When doubt exists refer to a questionnaire that prompts responses related to family members and social history Contact family in COO or US to obtain documents (families use WhatsApp -) Have documents to be verified immediately – Must partner with consulates Consulates must understand the importance of cooperation There are no consequences for cases of fraud – Social Media is valuable tool Advertisement in media including TV commercials & radio ads offering assistance with documents to enter the US In rural areas in Guatemala the local market that makes copies also offers to alter documents as needed Third parties (gestores) in COO work with registrar offices to obtain new copies of birth certificates with changes prior to travel. 2. What systems and databases are already in place where the TCC can contribute to, in order to identify and prevent human trafficking? There is no official system to track these cases. ORR has a Portal that could provide some data, however, no priority/understanding exists to facilitate/identify previous fraud. E.g. It is believed that b/c Western region reports highest number of adults and fraud, then the highest number of adults and fraud occurs in the Western Region. This leap of logic is unfounded since reporting does not equal occurrence. 3. What can the TCC do to reduce the amount of age redetermination cases in the future? When in doubt have a protocol to follow that includes contacting relatives, accessing social media, contacting consulates to assist. Use same protocol that program uses.

# SPECIFIC TRENDS

- UAC arrives and verbally misreports his/her DOB. Family sends correct BC UAC is an adult. UAC arrives taking the identity of a younger sibling, relative or friend. UAC arrives and verbally reports an altered date of BC, family sends the document of the UAC, but changes DOB (different font). UAC real DOB is close to age out or aged out recently.

# Reasons for FRAUD of relationships

- Travelers are aware of ORR policies. CAT.1 parents have fewer requirements (before were not fingerprinted) CAT.3 unrelated sponsors must prove bonafide relationships (Photoshop-change of names of parents in documents to claim legal relationships) Females seeking reunification with adult males (individuals met on internet, etc., parental arrangements, etc.) For younger children – siblings groups traveling with a cousin or nephew)



- CAT.3 unrelated sponsors who financed journey to US and secure jobs (residing with employer) Increasing fraud due to prior successful entrance with false documents by cousins, brothers, etc.

- Cannot ignore physical appearance

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, November 10, 2016 20:22

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); Erica Palacios; Jennifer Zamudio; Agredano-Lozano, Obed (ACF) (CTR)

**Subject:** RE: ADULT AGE Redetermination for UC (b)(6) AKA (b)(6)  
(b)(6) A# (b)(6)

---

See Attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

000305

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Saturday, November 5, 2016 16:08

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); Centeno, Raquel (ACF) (CTR); (b)(6)

(b)(6); (b)(6)

(b)(6)

**Subject:** FW: Kokopelli-ADULT Age Redetermination: (b)(6)

(b)(6) /A#(b)(6)

---

See Attached:

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS



Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, January 21, 2016 12:38 PM

**To:** Phoenix, Juvenile; (b)(6);(b)(7)(F)

**Cc:** Velazquez, Ivonne (ACF); Griselda Neri; Bernadette Rodriguez; Yennisleys Machado; Centeno, Raquel (ACF) (CTR)

**Subject:** ADULT Age Redetermination – (b)(6) (AKA (b)(6))  
A#(b)(6)

---

Officer,

Please see attached. Ms. (b)(6) appears to have no medical issues and is clear for travel. If you need any additional information please let me know.

Will Calero

000311

(b)(6)

2026954996

Referred to DHS

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Monday, December 19, 2016 3:48 PM

**To:** PHO, Juv Placement

**Cc:** (b)(6) (b)(6) (b)(6) Lavinia Gonzalez; (b)(6) (b)(6) Gonzalez, Guadalupe M; Breceda, Miriam S; Silva, Briseida; (b)(6) Centeno, Raquel (ACF) (CTR)

**Subject:** FW: Kokopelli – ADULT Age Redetermination: (b)(6) A# (b)(6)

---

000314

Please see attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

Referred to DHS



Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, December 1, 2016 19:06

**To:** PHO, Juv Placement

**Cc:** (b)(6); (b)(6); (b)(6); (b)(6); (b)(6);  
(b)(6); Breceda, Miriam S; Silva, Briseida; (b)(6); Centeno, Raquel (ACF)  
(CTR)

**Subject:** FW: Kokopelli – ADULT Age Redetermination: (b)(6) A# (b)(6)

See Attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

000318

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Saturday, November 5, 2016 16:14

**To:** PHO, Juv Placement

**Cc:** Velazquez, Ivonne (ACF); (b)(6); (b)(6); (b)(6);  
(b)(6) Gonzalez, Guadalupe M; Breceda, Miriam S; Silva, Briseida; Centeno,  
Raquel (ACF) (CTR); Rosina Cabanillas

**Subject:** FW: Kokopelli – ADULT Age Redetermination: (b)(6)  
AKA (b)(6) A# (b)(6)

---

See Attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

000321

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

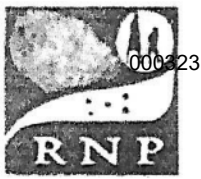
Referred to DHS

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>	
<b>To:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"	
<b>CC:</b>	"(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>; "(b)(6) <(b)(6)@swkey.org>"	
<b>Subject:</b>	RE: ADULT AGE REDETERMINATION: (b)(6)	A#(b)(6)
<b>Date:</b>	2017/02/15 10:29:00	
<b>Priority:</b>	Normal	
<b>Type:</b>	Note	

See Attached.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
[ilfred.calero@acf.hhs.gov](mailto:ilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>	
<b>Recipient:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov); (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>"	
<b>Sent Date:</b>	2017/02/15 10:30:06	
<b>Delivered Date:</b>	2017/02/15 10:29:00	



REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

Hijo Menor  
Nº (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina; se encuentra el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6) del Año 1998 y que pertenece a:

a) (b)(6) b) (b)(6)  
Primer Apellido Segundo Apellido  
c) (b)(6) SEXO F  M   
Nombre

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) CEDROS b) FRANCISCO MORAZÁN c) HONDURAS  
Municipio Departamento País  
d) (b)(6) e) (b)(6) f) 1999  
Día Mes Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) (b)(6) b) (b)(6) N. Identidad: (b)(6)  
Primer Apellido Segundo Apellido  
c) (b)(6) d) HONDUREÑA  
Nombre Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) b) (b)(6) N. Identidad: (b)(6)  
Primer Apellido Segundo Apellido  
c) (b)(6) d) HONDUREÑA  
Nombre Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en CEDROS FRANCISCO MORAZÁN  
Municipio Departamento

a los: DIECINUEVE días del mes de OCTUBRE

del DOS MIL DIECISEIS (b)(6)

FIRMA Y SELLO DEL REGISTRADOR CIVIL





REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

## CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero:  ubicada en el folio  del tomo   
*número de identidad*

del año \_\_\_\_\_ y que pertenece a:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      sexo **MASCULINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) **CEDROS** *municipio*      b) **FRANCISCO MORAZÁN** *departamento*      c) **HONDURAS** *pais*  
d)  *día*      e)  *mes*      f) **1997** *año*

2.) apellidos, nombre y nacionalidad del padre:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      d) **HONDUREÑA** *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      d) **HONDUREÑA** *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en **DISTRITO CENTRAL** *municipio*      **FRANCISCO MORAZÁN** *departamento*

a los: **TRECE** dias del mes de **FEBRERO**

del dos mil **DIECISIETE**

*firma y sello del registrador civil municipal*

nVxKEf0I9z+Ob@otvDQEM@l...@AsW@4uo@j@mXo@G1/qX35m/dF+e@ktr@BotS6qFM9Y3nC4p20@Yk5@9U4\@6v/dZ\$6c/AWt





ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 14, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an Adult

**RE:** (b)(6) A#(b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on 01/31/2017 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his Identity upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was assigned to Case Manager (b)(6) to whom it was not immediately apparent that he could be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his father, Mr. (b)(6) in Honduras.

On February 07, 2017 Case Manager noticed a discrepancy in the Birth Certificate Received. Case Manager requested that the document be verified by the Honduras Consulate. On February 14, 2017 the Birth Certificate was received from the Honduran Consulate in Dallas, Texas reporting Mr. (b)(6) true identity as (b)(6) with date of birth of (b)(6) 1997.

To ensure custody and consistency with the statutory requirements under the Trafficking Victims Protection Reauthorization Act of 2008 (TVRA), Office of Refugee Resettlement (ORR) policy requires that when available information is inconclusive medical age assessment procedures may be used to determine age.

Thus, January 10, 2017 Mr. (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine his chronological age. Dr. Arvanitis provided a report concluding that "**The average empirical probability that this individual has reached his 18<sup>th</sup> birthday expressed as a percentage is 82.50%**". Per ORR policy if "an individual's estimated probability of being 18 or older is 75 percent or greater, ORR will refer the individual to DHS (and) this applies to all medical methods and approaches identified by the medical community as 'appropriate methods for assessing age'".

Case Manager provided the opportunity to Mr. (b)(6) Mr. (b)(6) father, to clarify the information about the Verified Birth Certificate and the Birth Certificate provided to Case Manager from country of origin discrepancies. Mr. (b)(6) did not want to disclose any new information about the true date of birth of Mr. (b)(6) to confirm Mr. (b)(6) is an adult.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Honduran Consulate and Case Manager for Mr. (b)(6) provided incorrect date of birth with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult

Along with this Memo ORR is submitting the following documents:

- Birth Certificate

000326

- Alter Birth Certificate
- TB Clearance
- Photo
- Vaccinations

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is a 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)



(b)(6)

<b>Name:</b> (b)(6)	<b>BC Name:</b>
<b>A#:</b> (b)(6)	
<b>DOB:</b> (b)(6) 1999	<b>BC DOB:</b>
<b>POB:</b> Honduras	<b>BC POB:</b>
<b>Entry Date:</b> 01/31/2017	
<b>Height:</b> (b)(6)	<b>Weight:</b> (b)(6)
<b>Zone:</b>	<b>Room:</b> <b>Bed:</b>
<b>Case Manager:</b>	<b>Clinician:</b>
<b>Known Allergies and/or Diagnosis:</b>	
<b>Tattoos, Scars, or Birth Marks:</b>	

Title	Name	Contact Number
Emergency	Phoenix Police Department	(b)(6)
Program Director	(b)(6)	(b)(6)
Assistant Program Director		
Lead Clinician		
Lead Case Manager		
Shift Supervisor	(b)(6)	
Lead Medical Coordinator		
ORR/DUCS (Hot Line)		
DHS/ICE Juvenile Coordinator: (Runaway Only)	(b)(6);(b)(7)(F)	(b)(6);(b)(7)(F)
Federal Field Specialist	Myriam Hillin	(202) 603-4235

Patient Name: (b)(6)

Date of Birth: (b)(6) 1999

Patient ID: (b)(6)

Exam Date: (b)(6) 2016

Description: (b)(6)

Accession #: (b)(6)

NORTHERN WESTCHESTER HOSPITAL - YORKTOWN IMAGING

1940 Commerce Street  
Yorktown Heights, NY 10598  
914-245-5200

PATIENT NAME: ANDINOTORRES, CESAR OBANDO DATE OF BIRTH: (b)(6) 1999

ORDERING MD: (b)(6)

PRIMARY CARE MD: ATTENDING MD: (b)(6)

MEDICAL REC#: (b)(6) ACCOUNT#: (b)(6)

LOCATION: NYIS ORDER DATE/TIME: 11/02/16 1134

PROCEDURE: CHEST ONE VIEW

ORDER #: (b)(6)

CC: ; ; ;

End of cc's

History: Screening for active TB

PA chest x-ray (b)(6) /2016.

There no acute infiltrates or consolidation. There are no pleural effusions. The heart size is within normal limits. The mediastinum and hilar contours are preserved. There is no pulmonary congestion.

Impression:

No evidence of acute pulmonary disease.

Electronically Signed:

Peter Khouri MD

(b)(6) /16 1310



\*\*\* End of Report \*\*\*

## Supplemental TB Screening

## General Information (to be completed by program staff)

Child	Last name: ANDINO (b)(6)	First name:	
	(b)(6)		
	DOB: (b)(6) 1999 Q4-16 Honduras	Gender: MALE	
Healthcare Provider or Health Dept.	Name: LINCOLN HALL	Phone number: (914) 248-7474	Clinic/Practice: Lincoln Hall - Health Center
	Street address: P.O. Box 600, RT 202	City/Town: LINCOLNDALE	State: NEW YORK Date of visit: / /
Program	Name of program staff with child: LINCOLN HALL - HEALTH CENTER PERSONNEL	Program name: LINCOLN HALL	

## Medical Info (to be completed by provider's office or health dept.)

PPD/Tuberculin skin test (TST):  Tubersol	Date applied: 11 / 1 / 16	Date read: 11 / 14 / 16
	(Time): 5:30pm Arm: (L) R	Read by: (b)(6)
	Admin by: [Signature]	Read by: [Signature]
	LOT# C5034AA EXP Date: 10-13-18	
	Result: 0 mm	Interpretation: <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
TB blood test (Interferon-Gamma Release Assay [IGRA]):	Date drawn: ____ / ____ / ____	Test Type: <input type="checkbox"/> QuantiFERON®-TB Gold In-Tube test (QFT-GIT) <input type="checkbox"/> T-SPOT®.TB test (T-Spot)
	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Borderline/ Equivocal/ Indeterminate	
Chest x-ray:	Date: ____ / ____ / ____	Findings: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
TB Determination:	<input type="checkbox"/> Negative for TB condition <input type="checkbox"/> Latent tuberculosis infection (LTBI) <input type="checkbox"/> Active TB suspected	
Additional Information:		

Lincoln Hall



A non-profit educational center providing residential and community services for boys and their families.

# LINCOLN HALL HEALTH CENTER

## STANDING ORDER FORM

*ORR Program guidance revision – December 2<sup>nd</sup>, 2015*

IN ADDITION TO A TST RESULT  
ALL UAC's AGE 15 OR OLDER MUST RECEIVE (PA – ONLY)  
SINGLE VIEW CXR – AS ACTIVE TB SCREEN

Intake Date: 11-1-16

Date of X-Ray: 11-2-16

### STANDING ORDER

Screen for Active Tuberculosis Infection

**SINGLE VIEW – PA View ONLY**

ORR – Billing Code: # 71010 (PA Only billing code)

(b)(6)
(b)(6)
DOB: (b)(6) 1999
Q4-16 Honduras

(b)(6)

Primary Care Provider  
Lincoln Hall – A Boy's Haven  
(914) 248-7474 x292

(b)(6)

**Patient Information**

Patient Name (First - MI - Last) (b)(6)      DOB (b)(6)/1999      Gender M      Mother's Maiden NY      Tracking Schedule ACIP      Patient ID (b)(6)

Address (b)(6)

Comments (b)(6)

History    Add Imm - Scan    Add Imm - Manual    Edit Patient    Reports    Blood Lead    Print    Print Confidential

Vaccine Group	Date Administered	Series	Vaccine [Trade Name]	Dose Owned?	Reaction	Hist?	Edit
HepA	<u>11/10/2016</u>	1 of 2	HepA-Ped 2 Dose [Havrix-Peds 2 Dose ®]	Full			
HepB	<u>11/10/2016</u>	1 of 3	HepB-Peds [Engerix-B Peds ®]	Full			
HPV	<u>11/10/2016</u>	1 of 3	HPV9 [Gardasil 9 ®]	Full			
Influenza	<u>11/10/2016</u>	1 of 1	Flu quadrivalent injectable p-free [Fluzone Quadrivalent PF ®]	Full			
Mening	<u>11/10/2016</u>	1 of 1	Meningococcal-MCV4O [Menveo ®]	Full			
MMR	<u>11/10/2016</u>	1 of 2	MMR [MMR II ®]	Full			
Polio	<u>11/10/2016</u>	1 of 4	Polio-Inject [IPOL ®]	Full			
Td/Tdap	<u>11/10/2016</u>	1 of 3	Tdap > 7 years [Boostrix ®]	Full			
Varicella	<u>11/10/2016</u>	1 of 2	Varicella [Varivax ®]	Full			

Current Age: 16 years, 11 months, 27 days

**Vaccines Recommended by Selected Tracking Schedule**

Add Selected

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
	<u>DTP/aP</u>		Maximum Age Exceeded		
<input type="checkbox"/>	<u>HepA</u>	05/10/2017	05/10/2017	06/10/2017	
<input type="checkbox"/>	<u>HepB</u>	12/08/2016	12/08/2016	01/10/2017	
<input type="checkbox"/>	<u>HPV</u>	12/08/2016	01/10/2017	11/14/2025	11/13/2026
<input type="checkbox"/>	<u>Influenza</u>	12/08/2016	08/01/2017	12/10/2017	
	<u>Mening</u>		Complete		
<input type="checkbox"/>	<u>MMR</u>	12/08/2016	12/08/2016	01/10/2017	
<input type="checkbox"/>	<u>Polio</u>	12/08/2016	12/08/2016	02/10/2017	
<input type="checkbox"/>	<u>Td/Tdap</u>	12/08/2016	12/08/2016	01/10/2017	
<input type="checkbox"/>	<u>Varicella</u>	12/08/2016	12/08/2016	01/10/2017	

**Risk Assessment and Lead Test Recommendations**

Although routine risk assessment based blood lead testing is not required for children either less than 6 months of age or those six years and older, health care providers may choose to test children at any age for blood lead based upon their assessment of the child's risk.

- Click here to review the [NYSDOH Guidelines for the Identification and Management of Lead Exposure in Children](#)

*11-10-16 none screened no health insurance T° 98.6*

# CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina, se encuentra el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6) del Año 1997 y que pertenece a:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*  
c) (b)(6) *Nombre* SEXO  F

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) **PUERTO CORTÉS** *Municipio* b) **CORTÉS** *Departamento* c) **HONDURAS** *País*  
d) (b)(6) *Día* e) (b)(6) *Mes* f) **1995** *Año*

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*  
c) (b)(6) *Nombre* d) **HONDUREÑA** *Nacionalidad*

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *Primer Apellido* b) ----- *Segundo Apellido*  
c) (b)(6) *Nombre* d) **HONDUREÑA** *Nacionalidad*

Notas marginales autorizadas:

19/12/2012) APARECE NOTA MARGINAL LEGAL DE RECTIFICACIÓN

Empleada en **PUERTO CORTÉS** *Municipio* **CORTÉS** *Departamento*

**VEINTISEIS** (b)(6) **ENERO**

OS MIL **DIECISEIS**

(b)(6)



<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"
<b>CC:</b>	"(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Leon, Jessica E <Jessica.Leon2@(b)(6)>; "Lovejoy, Jenna L <Jenna.Lovejoy@(b)(6)>; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
<b>Subject:</b>	RE: ADULT - AGE REDETERMINATION- (b)(6) A#: (b)(6)
<b>Date:</b>	2017/02/15 10:40:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See Attached.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov)"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Leon, Jessica E <Jessica.Leon2@(b)(6)>; "Lovejoy, Jenna L <Jenna.Lovejoy@(b)(6)>; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
<b>Sent Date:</b>	2017/02/15 10:40:43
<b>Delivered Date:</b>	2017/02/15 10:40:00

(b)(6)





ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 14, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfredo Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an UC in ORR care

**RE:** (b)(6) A# (b)(6)

Ms. (b)(6) was transferred to and placed in HHS-ORR care on November 16, 2016 as a juvenile as a result of Ms. (b)(6) knowingly providing a false birth certificate with a date of birth of (b)(6) 1999 to apprehending officials.

Following placement in ORR care Ms. (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that she appeared to be overage. Case Manager proceeded to verify document by emailing Wilfredo Calero and Celestina Buriel a copy of Ms. (b)(6) birth certificate to be verified by the Honduran Consulate.

On February 13, 2017 Case Manager received an email from CFS with the verification of date of birth confirming the real date of birth for Ms. (b)(6) to be (b)(6) 1993. Case Manager immediately contacted Mrs. (b)(6) to question her about the discrepancy between the birth certificate she provided and the birth certificate that was verified. Mrs. (b)(6) reported that the birth certificate that was emailed to the Case Manager was provided to her by the guide who helped Ms. (b)(6) travel to the US. Mrs. (b)(6) was not able to provide the name of the individual who provided her with the altered documentation. Case Manager and Clinician spoke with Mrs. (b)(6) who also confirmed that an unknown individual provided the altered documentation and informed her that minors are able to travel to the US. Ms. (b)(6) confirmed her actual date of birth to be (b)(6) 1993.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Phoenix Honduran Consulate and Case Manager for Ms. (b)(6) and her own retraction of her first provided incorrect date of birth including admitting that she is 23 years old and the Phoenix Consulate's corroboration of this information including admitting that this individual has carried out a scheme to alter birth date with the purpose of misleading authorities to believe she was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered Birth Certificate
- True Birth Certificate
- Self-statement
- Photograph
- TB Clearance

000336

- Immunization Records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is 23 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-603-4235  
[Myriam.Hilin@acf.hhs.gov](mailto:Myriam.Hilin@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velasquez@ACF.hhs.gov](mailto:Ivonne.Velasquez@ACF.hhs.gov)



REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha (b)(6) de 1982 CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6) del año 1999 y que pertenece a:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*  
c) (b)(6) *Nombre* SEXO F  M

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) *Municipio* b) (b)(6) *Departamento* c) HONDURAS *País*  
d) (b)(6) *Día* e) (b)(6) *Mes* f) 1999 *Año*

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) (b)(6) *Primer Apellido* b) ----- *Segundo Apellido*  
c) (b)(6) *Nombre* d) HONDUREÑA *Nacionalidad*

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*  
c) (b)(6) *Nombre* d) HONDUREÑA *Nacionalidad*

3.) Notas marginales autorizadas:

NINGUNA

Extendida en YORO YORO

A los VEINTE días del mes de OCTUBRE

del DOS MIL DIECISEIS

(b)(6)





REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

## CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero:  ubicada en el folio  del tomo   
número de identidad

del año \_\_\_\_\_ y que pertenece a:

a)  primer apellido      b)  segundo apellido  
c)  nombre      sexo **FEMENINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a)  municipio      b)  departamento      c) **HONDURAS** pais  
d)  dia      e)  mes      f) **1993** año

2.) apellidos, nombre y nacionalidad del padre:

a)  primer apellido      b)  segundo apellido  
c)  nombre      d) **HONDUREÑA** nacionalidad

3.) apellidos, nombre y nacionalidad de la madre:

a)  primer apellido      b)  segundo apellido  
c)  nombre      d) **HONDUREÑA** nacionalidad

4.) notas marginales autorizadas:

NINGUNA

extendida en **DISTRITO CENTRAL** municipio      **FRANCISCO MORAZÁN** departamento

a los: **TRECE** dias del mes de **FEBRERO**

del dos mil **DIECISIETE**

### Boys and Girls - Los Fresnos

810 West Ocean Blvd Suite A | Los Fresnos, TX 78566 | Phone: (956) 233-3778

<b>Patient Name:</b>	(b)(6)	<b>Ref. Physician:</b>	
<b>DOB:</b>	(b)(6)	<b>Date:</b>	Dec 30, 2016 12:52:59 PM CST
<b>GENDER:</b>	F	<b>Accn. Number:</b>	(b)(6)
<b>Patient ID:</b>	(b)(6)	<b>Modality:</b>	CR

#### X-RAY CHEST, FRONTAL VIEW

**HISTORY:** screening for TB

**TECHNIQUE:** Frontal view of the chest was obtained.

**COMPARISON:** None

**FINDINGS:** Heart is not enlarged. There is no evidence of acute infiltrate, pulmonary edema or pleural effusion. There is thoracolumbar scoliosis to the right.

#### IMPRESSION

No acute finding. No evidence of TB.

Dr. Miguel A. Ochoa, MD | Board Certified Radiologist | Dec 30, 2016 12:51:30 PM CST 

*Reviewed  
1-2-17  
C. M. Lopez*

(b)(6)









REPÚBLICA DE HONDURAS

## Registro Nacional de las Personas



## PADRÓN FOTOGRAFICO DE IDENTIDAD

No. Identidad: (b)(6)



Numero de identidad: (b)(6)

Nombre identificación: (b)(6)

Nombre Registro Civil:

Sexo: FEMENINO

Fecha nacimiento: (b)(6) 1993

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud: (b)(6)

(b)(6)

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Subject:</b>	RE: Kokopelli: ADULT Age Out (b)(6) # (b)(6)
<b>Date:</b>	2016/10/21 10:49:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Did you get what you needed in this case, if not let me know and I will have them working on it. By the way, tell me exactly what you need and I will make sure that it is attached to ever Age Out and Age Redetermination that we forward.

Thanks.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, October 20, 2016 4:44 PM

**To:** PHO, Juv Placement

**Subject:** Fw: Kokopelli: ADULT Age Out (b)(6) # (b)(6)

---

**From:** (b)(6) (b)(6)@swkey.org>

**Sent:** Thursday, October 20, 2016 4:22:51 PM

**To:** Calero, Wilfred (ACF)

**Cc:** 921 Case Managers; Elizabeth Briseno Lopez; Angela Salomon; (b)(6); (b)(6)

(b) Lavinia Gonzalez; Centeno, Raquel (ACF) (CTR); Breceda, Miriam S; Lupita Gonzalez;

Rodriguez, Erika; Briseida.Silva@ (b)(6)

**Subject:** Kokopelli: ADULT Age Out (b)(6) A # (b)(6)

Please be advised that the following mentioned client's true name, AKA and DOB is as follows:

True Name: (b)(6)

AKA Name: (b)(6)

True DOB: (b)(6) /1998

AKA DOB: (b)(6) /1998

A# (b)(6)

Please know the client will be separated from the community after midnight tonight and will be ready to be picked up.

His/hers TB results were are pending.

(b)(6)  
**Case Manager/ Trabajador de Caso**  
**Southwest Key Programs - Kokopelli**  
**Email:** (b)(6)@swkey.org  
**Tel:** (b)(6)  
**Fax: 480-393-7685**

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2016/10/21 10:49:38
<b>Delivered Date:</b>	2016/10/21 10:49:00

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"
<b>Subject:</b>	Fw: Age Re-Determination (b)(6)
<b>Date:</b>	2017/02/17 14:00:24
<b>Priority:</b>	Normal
<b>Type:</b>	Note

See attached.

Will Calero

---

**From:** (b)(6) <(b)(6)@swkey.org>

**Sent:** Friday, February 17, 2017 1:51:29 PM

**To:** Calero, Wilfred (ACF)

**Cc:** (b)(6); (b)(6); (b)(6); (b)(6); (b)(6); (b)(6)

(b)(6); 922 Medical Dept; 922 ALOHA; 922 Shift Leaders

**Subject:** Age Re-Determination (b)(6)

Hello Wilfred,

I am attaching the following files to proceed with Adult Age Redetermination process for minor mentioned above and DOB on Portal has been requested.

• •

Altered Birth Certificate

• •

True Birth Certificate

• •

Honduran Photo ID

• •

Photograph

• •

TB Clearance

• •

Immunization Records

Thank You,

(b)(6)

**Case Manager**

**SWK-Casa Phoenix**

**Phone: 602-396-7040 EXT. (b)(6)**

**Fax: 602-801-3465**

**Email: (b)(6)@swkey.org**

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>Recipient:</b>	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2017/02/17 14:00:23
<b>Delivered Date:</b>	2017/02/17 14:00:24





ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

330 C Street, S.W., Washington, DC 20201 | [www.acf.hhs.gov](http://www.acf.hhs.gov)

**Memo of Age Determination**  
**February 17, 2017**

TO: ICE – ERO – Phoenix, AZ  
 Phoenix Juvenile Coordinators  
[JuvPlacement.PHO@ice.dhs.gov](mailto:JuvPlacement.PHO@ice.dhs.gov)

Through: SWK Casa Phoenix

FROM: Wilfredo Calero  
 Federal Field Specialist  
 Division of Children's Services

**SUBJECT:** Age Re-Determination of an UC in ORR care

**RE:** (b)(6) A#(b)(6)

Mr. (b)(6) was transferred to and placed in HHS-ORR care on February 7, 2017 as a juvenile as a result of Mr. (b)(6) knowingly providing a false date of birth of (b)(6) 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that he appeared to be overage. Case Manager proceeded to verify document by emailing Wilfredo Calero and Celestina Buriel a copy of Mr. (b)(6) birth certificate to be verified by the Honduran Consulate.

On February 17, 2017 Case Manager received an email from CFS with the verification of date of birth confirming the real date of birth for Mr. (b)(6) to be (b)(6) 1996 and a Photo ID of Mr. (b)(6). Case Manager immediately contacted Mr. (b)(6), Mr. (b)(6)'s father, to question him about the discrepancy between the birth certificate he provided and the birth certificate that was verified. Mr. (b)(6) reported that the birth certificate was never altered and denied any type of fraud.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Dallas Honduran Consulate and Case Manager for Mr. (b)(6) and his own retraction of his first provided incorrect date of birth and the Phoenix Consulate's corroboration of this information including admitting that this individual has carried out a scheme to alter birth date with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered Birth Certificate
- True Birth Certificate
- Honduran Photo ID
- Photograph
- TB Clearance
- Immunization Records

000350

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Approved by:

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
202-281-9535 – Velazquez, Ivonne (ACF)  
[Ivonne.Velazquez@ACF.hhs.gov](mailto:Ivonne.Velazquez@ACF.hhs.gov)

Referred to DHS

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**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

**Sent:** Thursday, August 11, 2016 9:04 AM

**To:** (b)(6);(b)(7)(F)

**Subject:** (b)(6) A# (b)(6)

---

Agent (b)(6);(b)(7)(F)

Just wanted to let you know that Mr. (b)(6) attorney, Ms. (b)(6) has made an inquiry regarding his care. Per ORR Policy I have to advise her that his case is being reviewed for Age Redetermination, as such that he has admitted to being an adult. I am also preparing his Age Redetermination for ICE Pick Up today and that will be coordinated with ICE most likely sometime today.

Wanted to know if you want me to pass on your information to the attorney for contact.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

Referred to DHS

<b>From:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
<b>To:</b>	(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>
<b>Subject:</b>	RE: (b)(6) A# (b)(6)
<b>Date:</b>	2016/08/11 16:24:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Agent (b)(6);(b)(7)(F)

I followed up with Officer (b)(6);(b)(7)(F) and he agrees that he will serve as the point of contact for the attorney. So I will be providing his contact information to the attorney today. In regards to the reaction it was over the phone so I did not have the benefit of seeing her reaction in person but I found it to be questionably disingenuous. I provided her with a brief summary of what transpired; that her client disclosed he was an adult, that his family provided a birth certificate with his actual and correct age, and that ICE would be taking him into custody. She responded "oh", sounded somewhat surprised, and only asked how old he disclosed that he was and I responded 20 or 21 years of age. I then advised her that I would be providing her with Officer (b)(6);(b)(7)(F)'s number to follow up.

I have attached a copy of the individual's photograph at time of admission into our program, his national ID so that it can provide some context of how his physical appearance would to a reasonable person indicate that he was not 17 years of age as he alleged and more likely than not an adult. Of further note, is that the program called me on a Sunday evening, on the first or second day that the individual arrived to advise me of their concerns that he was an adult which again is indicative of how pronounced his physical appearance was and their immediacy of their concern. I am only sorry that the program did not ask the individual directly if the attorney was aware that he was an adult.

If you need any further information please let me know.

Wilfred Calero  
 Federal Field Specialist  
 Division of Children's Services  
 Office of Refugee Resettlement  
 202-695-4996  
 (b)(6)  
 wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Thursday, August 11, 2016 9:04 AM  
**To:** (b)(6)  
**Subject:** (b)(6)

Agent (b)(6);(b)(7)(F)

Just wanted to let you know that Mr. (b)(6) attorney, Ms. (b)(6), has made an inquiry regarding his care. Per ORR Policy I have to advise her that his case is being reviewed for Age Redetermination, as such that he has admitted to being an adult. I am also preparing his Age Redetermination for ICE Pick Up today and that will be coordinated with ICE most likely sometime today.

Wanted to know if you want me to pass on your information to the attorney for contact.

Wilfred Calero  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
202-695-4996  
(b)(6)  
[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Sender:</b>	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO,
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	WIL>
<b>Recipient:</b>	"(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>"
<b>Sent Date:</b>	2016/08/11 16:24:40
<b>Delivered Date:</b>	2016/08/11 16:24:00



<b>To:</b>	(b)(6);(b)(7)(F)	(b)(6);(b)(7)(F)	@ice.dhs.gov>"
<b>Subject:</b>	RE: (b)(6)	A#	(b)(6)
<b>Date:</b>	2016/08/18 21:13:33		
<b>Priority:</b>	Normal		
<b>Type:</b>	Note		

Agent (b)(6);(b)(7)

I was wondering if there was any follow up with Mr. (b)(6)'s case. The only reason I ask is that we are seeing a significant surge in adults lying about their identities, providing false documentation to ORR, and even applying for immigration benefits with those false identities. The situation is concerning because the smuggling operators are quite familiar with our processes and they are simply changing their tactics to respond to our efforts to uncover this fraud. Last month we had approximately 100 adults in Southern Region, including Arizona, California, Washington, and Oregon the majority from Phoenix programs.

Agent (b)(6);(b)(7) this is a child welfare system that has in my estimation a 10% and possibly even higher of adults passing through out system. Some of these individuals are lying about who they are, getting new identities through our system, and some are even being granted immigration status, adjusting status with I360/Special Immigrant Visa's juveniles. I have two cases where I had adults who were already adjudicated as dependents with I360's pending. My concerns are two fold, one for the integrity of our system, which is designed to assist and place juveniles, second that the smugglers are using our system not only to avoid the adult immigration process but to provide individuals with new identities in the United States which clearly poses a threat to security.

I have to date not been able to get anyone to listen to these concerns from an enforcement perspective. I also understand the jurisdictional limitations that your Office is charged with but if there is a way that you can find a link, possibly consider sitting down with my colleagues and I, maybe even include our OIG folks,

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

wilfred.calero@acf.hhs.gov

Referred to DHS

---

**From:** Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]  
**Sent:** Thursday, August 11, 2016 9:04 AM  
**To:** (b)(6);(b)(7)(F)  
**Subject:** (b)(6) A# (b)(6)

Agent (b)(6);(b)(7)(F)

Just wanted to let you know that Mr. (b)(6) attorney, Ms (b)(6) has made an inquiry regarding his care. Per ORR Policy I have to advise her that his case is being reviewed for Age Redetermination, as such that he has admitted to being an adult. I am also preparing his Age Redetermination for ICE Pick Up today and that will be coordinated with ICE most likely sometime today.

Wanted to know if you want me to pass on your information to the attorney for contact.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-695-4996

(b)(6)

[wilfred.calero@acf.hhs.gov](mailto:wilfred.calero@acf.hhs.gov)

<b>Recipient:</b>	(b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>
<b>Sent Date:</b>	2016/08/18 21:08:41
<b>Delivered Date:</b>	2016/08/18 21:13:33
<b>Message Flags:</b>	Unsent

Referred to DHS

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Good afternoon,

We have received dental report for UC in attachment. Please note that percentage of UC attaining 18 years old is 75.82%.

We have verified two birth certificates provided for UC. First birth certificate was fraudulent. The second birth certificate states that UC is a minor.

UC is denying being an adult.

Please advise on how to proceed.

Thank you,

(b)(6)

**BCFS Health and Human Services- San Antonio**

**Highway 90 Campus**

7404 West Highway 90 | San Antonio, Texas 78227

**office**

210-674-3010

| fax 210-208-5280

**direct**

(b)(6)

**| cell**

(b)(6)

**website**

[www.DiscoverBCFS.net](http://www.DiscoverBCFS.net)

Arizona • California • Colorado • Florida • Illinois • Massachusetts • New York • North Carolina  
• Ohio • Oregon

• Tennessee • Texas • Washington, D.C.

Africa • Eastern Europe • Latin America • South Asia





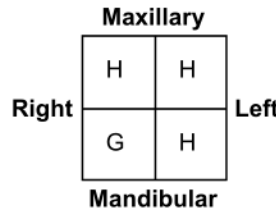
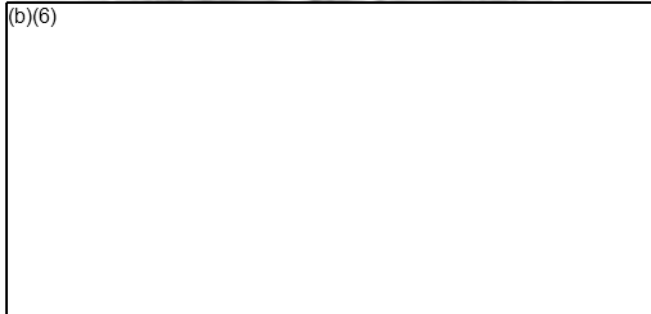
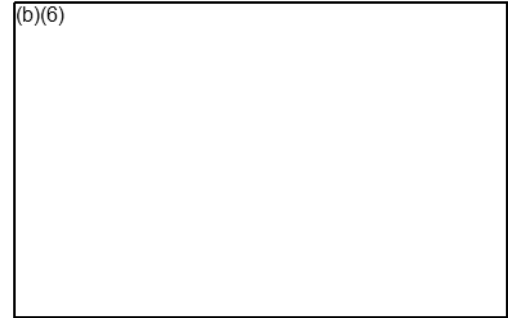
The University of Texas  
Health Science Center at San Antonio

Mail Code 7914  
7703 Floyd Curl Drive  
San Antonio, Texas 78229-3900

David R. Senn, DDS, D-ABFO  
Forensic Odontology  
Director  
Center for Education and Research in Forensics (CERF)

Forensic Services 210 567-3379  
Education & Research 210 567-1755  
  
senn@uthscsa.edu

**Date:** 09/20/2018 **Case #:** (b)(6)  
**First Name:** (b)(6) **Last Name:** (b)(6)  
**Sex:** Female **Ancestry:** American Hispanic  
**Reported DOB:** (b)(6) 2001 **Nationality:** Honduras  
**Reported Age:** 17  
**Case Agency:** BCFS Foster Care Services, San Antonio, TX  
**Location:** University of Texas HSC-Dental School  
**Odontologist:** David R. Senn, DDS, D-ABFO (TX Lic. 09119)  
**Radiologist:** Jose Viteri, RDH  
**Photographer:** Jose Viteri, RDH



**Calculated Statistical Data**

**Avg. Mean Age:** 19.42  
**2 Std. Dev.:** 3.82  
**Age Range -:** 15.60  
**Age Range +:** 23.24  
**Avg. E.P.:** 75.82%

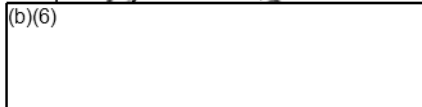
The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

The panoramic radiograph was reviewed and evaluated. Ms. (b)(6) has 30 permanent teeth. Except for the lower right 3rd molar (#32) all teeth are fully developed. She is missing both lower 1st molars (#s 19 & 30) and has mesial restorations in her two upper central incisors.(#s 8 & 9) Radiologically, the teeth and surrounding structures appear to be within normal limits except that the alveolar bone in the area of the lower incisors appears to have receded and there is evidence of marked deposits of calculus on those incisors. Ms. (b)(6) should seek prompt professional dental care.

**Conclusion:**

Based upon radiographic analysis of (b)(6) A (b)(6), using the above stated published statistical data, I conclude that the mean estimated age for a female with third molar development equal to that of (b)(6) A (b)(6), is 19.42 plus or minus 3.82 years. The range of possible ages for such a female is 15.60 to 23.24 years. The empirical statistical probability of (b)(6) A (b)(6) having attained 18 years of age is 75.82%.

Respectfully Submitted,



David R. Senn, DDS, D-ABFO (TX Lic. 09119)

The attachment within this message was blocked in part by the HHS Security policy due to possible security vulnerabilities. For assistance please contact the help desk.  
ffpe15



Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

**From:** Lopez, Anna Lee (ACF) <Anna.Lopez@acf.hhs.gov>

**Sent:** Monday, December 03, 2018 3:44 PM

**To:** (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov;

**Cc:** Cabrera, Elizabeth (ACF) (CTR) <Elizabeth.Cabrera@acf.hhs.gov>; (b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6) @swkey.org; Saenz, Amanda (ACF) (CTR) <Amanda.Saenz@acf.hhs.gov>; Curry, Thomas (ACF) <Thomas.Curry@ACF.hhs.gov>

**Subject:** Re: ADULT IN CARE REMOVAL REQUEST Fw: (b)(6) Age Determination Adult: (b)(6) A#xxx-xxx (b)(6)

Hello,

The password for all documents is:

(b)(6)

Thank you,

*Anna Lee Lopez*

Federal Field Specialist

U.S. Department of Health and Human Services

Administration for Children and Families

Office of Refugee Resettlement/Division of Children's Services

[Anna.Lopez@acf.hhs.gov](mailto:Anna.Lopez@acf.hhs.gov)

(202) 570-5751

---

**From:** Lopez, Anna Lee (ACF)

**Sent:** Monday, December 3, 2018 3:43 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov;  
(b)(6);(b)(7)(F)@ice.dhs.gov;  
(b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)@ice.dhs.gov;  
(b)(6);(b)(7)(F)@ice.dhs.gov;  
(b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)@ice.dhs.gov;  
(b)(6);(b)(7)(F)@ice.dhs.gov;  
(b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F)

**Cc:** Cabrera, Elizabeth (ACF) (CTR); (b)(6); (b)(6); (b)(6); (b)(6);  
(b)(6); (b)(6);  
(b)(6)@swkey.org; \_  
(b)(6)@swkey.org; (b)(6)@swkey.org; (b)(6) Saenz, Amanda  
(ACF) (CTR); Curry, Thomas (ACF)

**Subject:** ADULT IN CARE REMOVAL REQUEST Fw: (b)(6) Age  
Determination Adult: (b)(6) A#xxx-xxx-(b)(6)

Hello Officers:

Adult: (b)(6) A#\*\*\*\*\* (b)(6)

Please refer to the Age Determination Memo and the supporting documents attached in request for removal of this adult located at the SWK (b)(6) care provider program in Brownsville, TX.

Please advise of a pick-up time so that the program is prepared timely. (The password for all documents will follow. The A# for this person is listed on UC Age Determination Memo.)

Thank you,

*Anna Lee Lopez*

Federal Field Specialist

U.S. Department of Health and Human Services

Administration for Children and Families

Office of Refugee Resettlement/Division of Children's Services

[Anna.Lopez@acf.hhs.gov](mailto:Anna.Lopez@acf.hhs.gov)

(202) 570-5751

Referred to DHS



<b>From:</b>	Lopez, Anna Lee (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C4BA710FEE074BD8A6A840CE5A80BBD9-LOPEZ, ANNA>
<b>To:</b>	"(b)(6) <(b)(6)@swkey.org>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6) <(b)(6)@swkey.org>; "Curry, Thomas (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc32c125cbac4d43adc7881db2050836-Curry, Thom>; "Barrera, Servando (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9399fcb9044172a9582e684c80afee-Barrera, Se>"
<b>CC:</b>	"(b)(6) <(b)(6)@swkey.org>; "Saenz, Amanda (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fde24097c5047c9902e2ba6d2584c30-Saenz, Aman>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6)@swkey.org"
<b>Subject:</b>	Re: SWK Processing Center, Age redetermination case: (b)(6) A#(b)(6)
<b>Date:</b>	2018/11/23 10:10:05
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Good morning,

It appears the ORR Grantee Care Provider program completed an Age-Determination case without ORRs involvement, which is out of compliance with ORR Policy. The assigned FFS will follow up as needed upon his return to duty.

Thank you,

*Anna Lee Lopez*

Federal Field Specialist

U.S. Department of Health and Human Services

Administration for Children and Families

Office of Refugee Resettlement/Division of Children's Services

[Anna.Lopez@acf.hhs.gov](mailto:Anna.Lopez@acf.hhs.gov)

(202) 570-5751

---

**From:** (b)(6) <(b)(6)@swkey.org>

**Sent:** Thursday, November 22, 2018 7:16 AM

**To:** Garcia, Jesus E; (b)(6)

**Cc:** Marie Nicole Hinojosa; Barrera, Servando (ACF); Lopez, Anna Lee (ACF); Saenz, Amanda (ACF) (CTR); (b)(6); (b)(6); (b)(6);(b)(7)(F)

(b)(6);(b)(7)(F); (b)(6);(b)(7)(F)

(b)(6);(b)(7)(F)

**Subject:** Re: SWK Processing Center, Age redetermination case: (b)(6) A#(b)(6)

Good morning,

Minor has been picked up.

Thank you,

(b)(6)

(b)(6)

Southwest Key Programs (b)(6)

Office Phone: (b)(6)

Cell Phone: (b)(6)

Fax: (956)467-1872

Email: (b)(6)@swkey.org

Referred to DHS

Referred to DHS

Referred to DHS

---

**From:** (b)(6) <(b)(6)@swkey.org>

**Sent:** Wednesday, November 21, 2018 4:56 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>

**Cc:** (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; Barrera, Servando (ACF) <Servando.Barrera@acf.hhs.gov>; anna.lopez@acf.hhs.gov; Amanda.Saenz@acf.hhs.gov; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6);(b)(7)(F)@ice.dhs.gov>

**Subject:** RE: SWK Processing Center, Age redetermination case: (b)(6)  
(b)(6) A#(b)(6)

Good Afternoon Officers,

Please be advised I will be recalling this email as I know FFS has to send certain attachments. FFS will be sending out that information shortly and we will await a date and time for pick up. Please let me know if you have any questions or concerns. I apologize for any confusion this may have caused.

Thank you,

(b)(6)

(b)(6)

Southwest Key Processing Center

(b)(6)@swkey.org

Office Number: 956-620-2047 EXT: (b)(6)

Cell Phone:

(b)(6)

Fax Number: 512-551-0065

Please consider the environment before printing this e-mail

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If you have received this message in error, please notify sender immediately by e-mail and delete all copies of this message. Thank you.

---

**From:** (b)(6)

**Sent:** Wednesday, November 21, 2018 4:03 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>

**Cc:** (b)(6) <(b)(6)@swkey.org>; (b)(6)

<(b)(6)@swkey.org>;

Barrera, Servando (ACF) <Servando.Barrera@acf.hhs.gov>;

---

anna.lopez@acf.hhs.gov; \_  
Amanda.Saenz@acf.hhs.gov; (b)(6)  
(b)(6)@swkey.org; (b)(6) <(b)(6)@swkey.org>;  
(b)(6);(b)(7)(F)@ice.dhs.gov>

**Subject:** RE: SWK Processing Center, Age redetermination case: (b)(6)  
(b)(6) A# (b)(6)

Password: (b)(6)

Thank you,

(b)(6)

(b)(6)

Southwest Key Processing Center

(b)(6)@swkey.org

Office Number: 956-620-2047 EXT: (b)(6)

Cell Phone:  
(b)(6)

Fax Number: 512-551-0065

Please consider the environment before printing this e-mail

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If you have received this message in error, please notify sender immediately by e-mail and delete all copies of this message. Thank you.

---

**From:** (b)(6)

**Sent:** Wednesday, November 21, 2018 4:03 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>

**Cc:** (b)(6) <(b)(6)@swkey.org>; (b)(6)  
<(b)(6)@swkey.org>;  
'Barrera, Servando (ACF)' <Servando.Barrera@acf.hhs.gov>;

-  
anna.lopez@acf.hhs.gov; \_  
Amanda.Saenz@acf.hhs.gov; (b)(6)  
<(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>;  
(b)(6);(b)(7)(F)@ice.dhs.gov>

**Subject:** FW: SWK Processing Center, Age redetermination case: (b)(6)  
(b)(6) A#(b)(6)

Good Afternoon,

I do apologize for the late notice and wanted to notify you that we just received this BC authentication. Please let us know when it is possible for this person to be picked up. I spoke with officer (b)(6);(b)(7)(C) and he advised me to send it over to you officer (b)(6);(b)(7)(C) If you should need any additional information please let me know. Password will be sent shortly.

Thank you,

(b)(6)

(b)(6)





---

**Cc:** (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>;

-  
Servando.Barrera@acf.hhs.gov; Chavez, Christopher P <(b)(6)@GDIT.com>; Saenz, Amanda (ACF) (CTR) <Amanda.Saenz@acf.hhs.gov>

**Subject:** SWK Processing Center, Age redetermination case: (b)(6)  
A# (b)(6)

Good Afternoon,

Please be advise that it was confirmed that the following individual in care is an adult:

- (b)(6) A# (b)(6)

Attached is the birth certificate and birth certificate authentication.

Please confirm when the individual will be picked up.

Password will be send shortly.

Best regards,



Image result for southwest key logo

(b)(6)

**Email:**

(b)(6)@swkey.org

**Phone:** 956-620-2063

**Ext** (b)(6)

**WhatsApp:** (b)(6)

**Fax:** 956-517-2213

(b)(6)

---

Casa (b)(6)

---

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<b>Sender:</b>	Lopez, Anna Lee (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C4BA710FEE074BD8A6A840CE5A80BBD9-LOPEZ,
----------------	--

	ANNA>
<b>Recipient:</b>	<p>'(b)(6) &lt;(b)(6)&gt;@swkey.org";  (b)(6):(b)(7)(F)@ice.dhs.gov";  '(b)(6) &lt;(b)(6)&gt;@swkey.org";  "Curry, Thomas (ACF) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc32c125cbac4d43adc7881db2050836-Curry, Thom&gt;";  "Barrera, Servando (ACF) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9399fcb9044172a9582e684c80afee-Barrera, Se&gt;";  '(b)(6) &lt;(b)(6)&gt;@swkey.org";  "Saenz, Amanda (ACF) (CTR) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fde24097c5047c9902e2ba6d2584c30-Saenz, Aman&gt;";  '(b)(6) &lt;(b)(6)&gt;@swkey.org";  '(b)(6) &lt;(b)(6)&gt;@swkey.org";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  (b)(6):(b)(7)(F)@ice.dhs.gov";  '(b)(6)@swkey.org"</p>
<b>Sent Date:</b>	2018/11/23 10:10:02
<b>Delivered Date:</b>	2018/11/23 10:10:05



00

southwest key  
PROGRAMS

<b>From:</b>	(b)(6) <(b)(6)@swkey.org>
<b>To:</b>	(b)(6):(b)(7)(F)@ice.dhs.gov"; "Lopez, Anna Lee (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4ba710fee074bd8a6a840ce5a80bbd9-Lopez, Anna>"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>;
<b>CC:</b>	"Cabrera, Elizabeth (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=71813626a0764caba603cd04789e78e8-Cabrera, El>"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Saenz, Amanda (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fde24097c5047c9902e2ba6d2584c30-Saenz, Aman>; "Curry, Thomas (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc32c125cbac4d43adc7881db2050836-Curry, Thom>; "Saenz, Amanda (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fde24097c5047c9902e2ba6d2584c30-Saenz, Aman>; (b)(6) <(b)(6)@swkey.org>;
<b>Subject:</b>	RE: ADULT IN CARE REMOVAL REQUEST Fw: Casa El Presidente: Age Re-determination adult: (b)(6) A#*-**-(b)(6)
<b>Date:</b>	2018/12/06 09:59:04
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Good Morning,

Please be advised that we are ready, thanks

Thank You

(b)(6)

(b)(6)

Southwest Key Programs- (b)(6)

(b)(6)

Brownsville, TX (b)(6)

Email: (b)(6)@swkey.org

Office: (b)(6)

Cell: (b)(6)

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Referred to DHS



Referred to DHS

000390

Referred to DHS

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**From:** Lopez, Anna Lee (ACF) <[Anna.Lopez@acf.hhs.gov](mailto:Anna.Lopez@acf.hhs.gov)>

**Sent:** Thursday, December 06, 2018 7:10 AM

**To:** (b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F) @ice.dhs.gov;  
(b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov;  
(b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov;  
(b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F) @ice.dhs.gov; (b)(6);(b)(7)(F) @ice.dhs.gov;  
(b)(6);(b)(7)(F) @ice.dhs.gov;  
(b)(6);(b)(7)(F) @ice.dhs.gov

**Cc:** Cabrera, Elizabeth (ACF) (CTR) <Elizabeth.Cabrera@acf.hhs.gov>; (b)(6)  
(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>;  
(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6)  
(b)(6) <(b)(6)@swkey.org>;  
(b)(6) @swkey.org; \_  
(b)(6) @swkey.org; (b)(6) @swkey.org; (b)(6)  
<(b)(6)@swkey.org>; Saenz, Amanda (ACF) (CTR)  
<Amanda.Saenz@acf.hhs.gov>;  
Curry, Thomas (ACF) <Thomas.Curry@ACF.hhs.gov>; Saenz, Amanda (ACF) (CTR)  
<Amanda.Saenz@acf.hhs.gov>; (b)(6) <(b)(6)@swkey.org>

**Subject:** [WARNING: MESSAGE ENCRYPTED]\*\*\*\*WARNING: MESSAGE ENCRYPTED\*\*\*\*ADULT IN CARE REMOVAL REQUEST Fw: (b)(6)  
Age Re-determination adult: (b)(6) A#\*\*\*\_\*\*\*\_ (b)(6)

Hello Officers:

Adult: (b)(6) A#\*\*\*\*\* (b)(6)

Please refer to the Age Determination Memo and the supporting documents attached in request

for removal of this adult located at the SWK (b)(6) care provider program in Brownsville, TX.

Please advise of a pick-up time so that the program is prepared timely. (The password for all documents will follow. The A# for this person is listed on UC Age Determination Memo.)

Thank you,

*Anna Lee Lopez*

Federal Field Specialist

U.S. Department of Health and Human Services

Administration for Children and Families

Office of Refugee Resettlement/Division of Children's Services

[Anna.Lopez@acf.hhs.gov](mailto:Anna.Lopez@acf.hhs.gov)

(202) 570-5751

<b>Sender:</b>	<p>(b)(6) (b)(6) @swkey.org&gt;</p> <p>(b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      "Lopez, Anna Lee (ACF) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4ba710fee074bd8a6a840ce5a80bbd9-Lopez, Anna&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6);(b)(7)(F) @ice.dhs.gov&gt;;      (b)(6) &lt;(b)(6) @swkey.org&gt;;      (b)(6) (b)(6) @swkey.org&gt;;      (b)(6) (b)(6) @swkey.org&gt;;      (b)(6) &lt;(b)(6) @swkey.org&gt;;      (b)(6) &lt;(b)(6) @swkey.org&gt;;  <b>Recipient:</b> (b)(6) &lt;(b)(6) @swkey.org&gt;;      (b)(6) (b)(6) @swkey.org&gt;;      "Cabrera, Elizabeth (ACF) (CTR) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=71813626a0764caba603cd04789e78e8-Cabrera, El&gt;;      (b)(6) (b)(6) @swkey.org&gt;;      (b)(6) (b)(6) @swkey.org&gt;;      (b)(6) (b)(6) @swkey.org&gt;;      (b)(6) &lt;(b)(6) @swkey.org&gt;;      (b)(6) &lt;(b)(6) @swkey.org&gt;;      (b)(6) &lt;(b)(6) @swkey.org&gt;;      (b)(6) (b)(6) @swkey.org&gt;;      "Saenz, Amanda (ACF) (CTR) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fde24097c5047c9902e2ba6d2584c30-Saenz, Aman&gt;;      "Curry, Thomas (ACF) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc32c125cbac4d43adc7881db2050836-Curry, Thom&gt;;      "Saenz, Amanda (ACF) (CTR) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fde24097c5047c9902e2ba6d2584c30-Saenz, Aman&gt;;      (b)(6) (b)(6) @swkey.org&gt;"</p>
<b>Sent Date:</b>	2018/12/06 09:57:48
<b>Delivered Date:</b>	2018/12/06 09:59:04

Referred to DHS

Referred to DHS

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**From:** Curry, Thomas (ACF) <Thomas.Curry@ACF.hhs.gov>

**Sent:** Monday, November 26, 2018 11:24 AM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>; Bellevue Ed.D., Elsie (ACF) <Elsie.Bellevue@acf.hhs.gov>

**Cc:** (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>

**Subject:** RE: BANGLADESH Possible Age Out A (b)(6) XXX (b)(6)

---

Hello Officer (b)(6);(b)(7)(F)

Please be advised that dental forensics were completed on this individual in accord with ORR policies. The results revealed that this individual is a minor.

The individual related that he used a false passport showing he was an adult; so that he would be able to move freely through Latin American countries on his way to enter the US.



000397

Thank you,

Thomas Curry, PhD, LPC-S

**Federal Field Specialist Supervisor**

*South Texas Region*

*U.S. Department of Health and Human Services*

*Administration for Children and Families*

*Office of Refugee Resettlement*

*Division of Unaccompanied Children's Operations*

Phone: 202-604-2233

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

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**From:** Curry, Thomas (ACF) [mailto:Thomas.Curry@ACF.hhs.gov]

**Sent:** Tuesday, December 06, 2016 12:46 PM

**To:** (b)(6);(b)(7)(F)

**Cc:** Barnes, Edwin O; Hormiga, Richard E; Mason, Robert; Cortez, Rolando D; (b)(6) (b)(6)@upbring.org); (b)(6) (b)(6)@upbring.org); Alvarez, Cecilia (ACF) (CTR)

**Subject:** Age Redetermination [Bokenkamp]: (b)(6) (A# (b)(6))

Good Afternoon Office (b)(6);(b)

I am writing to request your assistance in transferring the above named alien, who is in HHS custody, to be transferred to adult custody following an age redetermination.

Attached to this email are a written statement from the alien attesting to her true identity and DOB, a copy of the verified BC, and a copy of the alien's NTA at the time of apprehension.

Upon apprehension by immigration authorities, the above named alien provided a false name and date of birth that has been recorded on the NTA. While in ORR

care, the alien admitted to ORR grant funded care-provider staff that her real name is (b)(6) (b)(6). The alien provided a copy of her birth certificate with what she is reporting is her true name. The Birth Certificate was authenticated with the Honduran government. The authentication process revealed that Ms. (b)(6) reached her 18<sup>th</sup> birthday as of (b)(6) 2014. Ms. (b)(6) is currently 20-years old.

In accord with ORR policy 1.6.1 and 1.6.2, the above referenced alien (b)(6) (A# (b)(6) (b)(6) - AKA (b)(6) - has been determined to be an adult of 20 years of age. Your assistance in transferring this individual to adult custody is appreciated.

000403

Please feel free to reach out to me if I can be of any assistance to you, or if there is additional information you require.

Sincerely,

---

**From:** Freeman, Patrice (ACF) (CTR)

**Sent:** Tuesday, December 06, 2016 10:25 AM

**To:** Curry, Thomas (ACF); Alvarez, Cecilia (ACF) (CTR)

**Cc:** Cabrera, Elizabeth (ACF) (CTR)

**Subject:** FW: BC Authentication EMRP A# XXX XXX 585

---

FYI

Patrice Freeman

Contract Field Specialist (ctr)

Division of Children's Services

Office of Refugee Resettlement

U.S. Department of Health and Human Services

2900 Louisiana

000404

Houston, TX 77006

202-308-8163

[Patrice.freeman@acf.hhs.gov](mailto:Patrice.freeman@acf.hhs.gov)

[Tachandra.freeman@\[REDACTED\]](mailto:Tachandra.freeman@[REDACTED])

**From:** [REDACTED] [mailto:[REDACTED]@gmail.com]

**Sent:** Tuesday, December 06, 2016 10:01 AM

**To:** Freeman, Patrice (ACF) (CTR)

**Cc:** [REDACTED] [REDACTED]@consuladohouston.com; [REDACTED]

**Subject:** Re: BC Authentication [REDACTED] A# XXX XXX [REDACTED]

**Patrice Freeman**

Me dirijo a usted, en ocasión de remitirle la Verificación del Acta de Nacimiento de [REDACTED]

**Adjunto lo indicado**



**Distinguida consideracion**

2016-12-05 10:28 GMT-06:00 Freeman, Patrice (ACF) (CTR) <[Patrice.Freeman@acf.hhs.gov](mailto:Patrice.Freeman@acf.hhs.gov)>:

Hello Consul,

Please assist us in verifying the enclosed BC for (b)(6) (AKA (b)(6)  
(b)(6).

We sincerely appreciate your assistance in this case.

Patrice Freeman

Contract Field Specialist (ctr)

Division of Children's Services

Office of Refugee Resettlement

U.S. Department of Health and Human Services

2900 Louisiana

Houston, TX 77006

202-308-8163

[Patrice.freeman@acf.hhs.gov](mailto:Patrice.freeman@acf.hhs.gov)

[Tachandra.freeman@\(\(b\)\(6\);\(b\)\(7\)\)](mailto:Tachandra.freeman@((b)(6);(b)(7)))

--

(b)(6)

*Agente Consular*

*Consulado de Honduras en McAllen, Texas*

*Consulado 956-627 3172*

Referred to DHS

Referred to DHS

000409

Referred to DHS

Referred to DHS

---

**From:** Curry, Thomas (ACF) [<mailto:Thomas.Curry@ACF.hhs.gov>]

**Sent:** Friday, November 04, 2016 10:11 AM

**To:** (b)(6);(b)(7)(F)

**Cc:** Alvarez, Cecilia (ACF) (CTR); (b)(6) (b)(6) @upbring.org); (b)(6) @upbring.org; (b)(6) @upbring.org); (b)(6) @upbring.org); (b)(6) @upbring.org); Barnes, Edwin O; Hormiga, Richard E

**Subject:** Age redetermination [Bokenkamp]; (b)(6) (A# (b)(6)

Good Morning Officer (b)(6);(b)(7)(F)

I am writing to request your assistance in transferring the above named alien, who is in HHS custody, to be transferred to adult custody following an age redetermination.

Upon apprehension by immigration authorities, the above named alien provided a false name and date of birth that has been recorded on the NTA. While in ORR care, the alien admitted to ORR grant funded care-provider staff that her real name is (b)(6) (b)(6) The alien provided a copy of her birth certificate with what she is reporting is her true name. The Birth Certificate was authenticated with the Honduran government. The authentication process revealed that Ms. (b)(6) reached her 18<sup>th</sup> birthday as of (b)(6) 2016.

In accord with ORR policy 1.6.1 and 1.6.2, the above referenced alien (b)(6) (A# (b)(6) (b)(6) - AKA (b)(6) - has been determined to be an adult of 18 years of age. Your assistance in this case is appreciated.

Please feel free to reach out to me if I can be of any assistance to you, or if there is additional information you require.

Sincerely,

Thomas Curry, PhD, LPC

U.S. Department of Health and Human Services

Administration for Children and Families

Office of Refugee Resettlement/Division of Children's Services

Phone: 202-604-2233

**From:** (b)(6) [mailto:(b)(6)@gmail.com]

**Sent:** Thursday, November 03, 2016 10:58 AM

**To:** Cabrera, Elizabeth (ACF) (CTR)

**Cc:** Freeman, Patrice (ACF) (CTR); (b)(6); (b)(6); (b)(6)  
(b)(6)

**Subject:** Fwd: BC Authentication Bokenkamp (b)(6) A# (b)(6)

Respetables,

Tengo a bien atender su atenta solicitud sobre la certificación de acta de nacimiento (b)(6) (no esta muy legible en el escaner) emitida en Nueva Frontera, Santa Bárbara el 11 de diciembre de 2015.



En relación a lo anterior, se adjunta: certificación de acta de nacimiento que corresponde al número de identidad: (b)(6)  
(b)(6) con folio (b)(6) tomo (b)(6)

Atentos saludos.

----- Forwarded message -----

From: (b)(6)@interhonduras.com>

Date: 2016-11-01 8:20 GMT-05:00

Subject: BC Authentication Bokenkamp: (b)(6) A# (b)(6)

To: (b)(6) <(b)(6)@gmail.com>

AMDG

(b)(6)

De manera atenta se le solicita atender el requerimiento de la Oficina de Reasentamientos y Refugiados (ORR), en asistencia al debido proceso.

Saludos cordiales,



cid:image002.png@01D193E4.DDB92520

---

**From:** Cabrera, Elizabeth (ACF) (CTR) [mailto:[Elizabeth.Cabrera@acf.hhs.gov](mailto:Elizabeth.Cabrera@acf.hhs.gov)]

**Sent:** lunes, 31 de octubre de 2016 10:06 a.m.

**To:** (b)(6); (b)(6); (b)(6)@interhonduras.com)

**Cc:** Freeman, Patrice (ACF) (CTR); Alvarez, Cecilia (ACF) (CTR); Curry, Thomas (ACF)

**Subject:** : BC Authentication Bokenkamp: (b)(6) A# (b)(6)

Good morning consuls,

Would you please assist us in verifying the attached birth certificate, thank you. May you have a nice morning.

Elizabeth Cabrera

Office Program Senior Assistant (CTR)

U.S. Department of Health and Human Services

Office of Refugee Resettlement

Division of Children's Services

(202) 480-7031

elizabeth.cabrera@acf.hhs.gov

elizabeth.cabrera@[b](6);(b)(7)(

000416

--

(b)(6)

**AGENTE CONSULAR DE HONDURAS**

**TEL. (001) 956-627  
3172**

Referred to DHS

000417

Referred to DHS

Referred to DHS

Referred to DHS

000419



REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

(b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO



El inscrito DIRECTOR GENERAL DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982 CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)

Número de Identidad

del Año 1998 y que pertenece a:

a) (b)(6) b) (b)(6)  
Primer Apellido Segundo Apellido  
c) (b)(6) SEXO  F  M

y cuya información es la siguiente:



1.) Lugar, fecha y orden de nacimiento

a) (b)(6) b) (b)(6) c) HONDURAS  
Municipio Departamento País  
d) (b)(6) e) (b)(6) f) 1998  
Día Mes Año

2.) Apellidos, nombre y nacionalidad del padre:

a) (b)(6) b) (b)(6)  
Primer Apellido Segundo Apellido  
c) (b)(6) d) HONDUREÑA  
Nombre Nacionalidad

3.) Apellidos, nombre y nacionalidad de la madre:

a) (b)(6) b) -----  
Primer Apellido Segundo Apellido  
c) (b)(6) d) HONDUREÑA  
Nombre Nacionalidad

4.) Notas marginales autorizadas:



NINGUNA

Extendida en (b)(6) (b)(6)  
Municipio Departamento

a los ONCE días del mes de DICIEMBRE

del DOS MIL QUINCE (b)(6)



Firma y Sello del Director General



Yo  nací el día  del mes   
del año 1998

Soy ciudadano de Honduras

Tengo 18 años.

Firma

Nombre

Día, mes año 11-4-16

U.S. Department of Homeland Security

Notice to Appear

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: (b)(6)

FINS #: (b)(6)

File No: (b)(6)

DOB: (b)(6) / 1998

Event No: (b)(6)

In the Matter of:

Respondent: (b)(6)

currently residing at:

(Number, street, city and ZIP code)

(Area code and phone number)

- 1. You are an arriving alien.
- 2. You are an alien present in the United States who has not been admitted or paroled.
- 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of HONDURAS and a citizen of HONDURAS ;
3. You arrived in the United States at or near BROWNSVILLE, TEXAS, on or about March 24, 2016;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:  
 212 (a) (6) (A) (i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- Section 235(b)(1) order was vacated pursuant to:  8CFR 208.30(f)(2)  8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

(Complete Address of Immigration Court, including Room Number, if any)

on \_\_\_\_\_ at \_\_\_\_\_ to show why you should not be removed from the United States based on the charge(s) set forth above.

EDGAR P. CANO ACTING PATROL AGENT IN CHARGE

(Signature and Title of Issuing Officer)

Date: March 24, 2016

Brownsville, Texas

(City and State)

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents, which you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or removable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of departure voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the DHS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to one of the offices listed in 8 CFR 241.16(a). Specific addresses on locations for surrender can be obtained from your local DHS office or over the internet at http://www.ice.gov/about/dro/contact.htm. You must surrender within 30 days from the date the order becomes administratively final, unless you obtain an order from a Federal court, immigration court, or the Board of Immigration Appeals staying execution of the removal order. Immigration regulations at 8 CFR 241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Act.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to a 10-day period prior to appearing before an immigration judge.

Before:

(Signature of Respondent)

Date:

(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on March 24, 2016, in the following manner and in compliance with section 239(a)(1)(F) of the Act.

- in person [checked] by certified mail, returned receipt requested [ ] by regular mail [ ]
Attached is a credible fear worksheet. [ ]
Attached is a list of organizations and attorneys which provide free legal services. [checked]

The alien was provided oral notice in the Spanish language of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

(b)(6) MIGUEL CARDOZA / BORDER PATROL AGENT
(Signature of Respondent if Personally Served) (Signature and Title of officer)

Alien's R.I.



Subject ID: (b)(6)

<b>ORDER TO DETAIN OR RELEASE ALIEN</b>					
<b>TO: (NAME and TITLE of Person in Charge of Facility)</b> OIC, OIC					
<b>(Name of Facility)</b> CORPUS CHRISTI FACILITY-B 5517 S. ALAMEDA CORPUS CHRISTI, TX 78412					
Please <input type="checkbox"/> Detain <input checked="" type="checkbox"/> Release				Date 11/04/2016	Time 10:00 AM
Name of Alien (b)(6)				File # (b)(6)	Event No.
Age 18	Date of Birth (Mo.Day.Yr.) (b)(6) / 1998	Sex F	Nationality HONDURAS	Foreign Address (b)(6)	
Nature of Proceedings NTA/WA			Signature of Officer Receiving Alien		
<b>REMARKS:</b>  Age- Redetermination					
Signal (b)(6)			Title Deportation Officer	Office HOU/HOU	
Form F203 (Rev. 08/01/07)					
<b>UNITED STATES DEPARTMENT OF HOMELAND SECURITY</b>					



# U.S. Immigration and Customs Enforcement



To **CCA** Assignment No.: **HPC18841**

Subject: **Order to Transport \ Custodial Activity** Program: **Logistics**

Start Time: **11:00** On **11/4/2016** you are directed to perform the following activity:

Start Pick-Up: **Bokenkamp Children's Shelter**

Interim Stops: **N/A**

Final Destination: **CCA Houston**

Instructions: **Please transfer Age-Redetermination from juvenile facility to CCA Houston**

Other Information. A# **(b)(6)** **CC BOKENKAMP  
5517 S. ALAMEDA ST.  
CORPUS CHRISTI, TX. 78412**

*The contractor is responsible for reporting their departure and arrival times via telephone to the ICE Supervisor on duty. Upon conclusion of this task, the lower portion of this form must be completed by the employees conducting the activity and submitted to the ICE Supervisor or COTR.*

*Contact the ICE Houston ERO Command Center at 281-985-8554 for authorization prior to accepting any detainees not listed on this order or attached I-216. Also, call for verbal confirmation prior to accepting any detainee with suspected medical or mental health*

**(b)(6)**

Issues:  
**(b)(6);(b)(7)(F)**

**11/4/2016**

ICE Officer Signature

ICE Officer

Date

Report Date

Contractor Portion

Vehicle / Fleet #

*If files are included on this transport, include the A#s of all files on the back of this form. Have the delivering ICE officer and receiving ICE officer print, sign, and date the transfer of custody.*

Vehicle Cell Phone:

# of A-files: _____	TIME ACCOUNTING		# of Aliens
Date Started _____	Time: _____	Starting #: _____	Odometer: _____
Stop #1: _____	Time: _____	P/U: _____ D/O: _____	Odometer: _____
Stop #2: _____	Time: _____	P/U: _____ D/O: _____	Odometer: _____
Stop #3: _____	Time: _____	P/U: _____ D/O: _____	Odometer: _____
Stop #4: _____	Time: _____	P/U: _____ D/O: _____	Odometer: _____
Date Completed: _____	Time: _____	Ending #: _____	Odometer: _____

Total Productive Hours: \_\_\_\_\_ Total # of Aliens Transported: \_\_\_\_\_ Total Miles: \_\_\_\_\_

Trans Ofc 1: \_\_\_\_\_

Trans Ofc 2: \_\_\_\_\_

Trans Ofc 3: \_\_\_\_\_

Officers' Signatures: \_\_\_\_\_

I hereby certify I have complied with the above order exactly as directed (if not, explain exceptions)  
Also, record any "Lost" Time or Miles below ( for example, taking lunch while waiting on next pick-up):



REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

## CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero:  ubicada en el folio  del tomo

*número de identidad*

del año \_\_\_\_\_ y que pertenece a:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      sexo **FEMENINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a)  *municipio*      b)  *departamento*      c) **HONDURAS** *pais*  
d)  *día*      e)  *mes*      f) **1998** *año*

2.) apellidos, nombre y nacionalidad del padre:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      d) **HONDUREÑA** *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a)  *primer apellido*      b)  *segundo apellido*  
c)  *nombre*      d) **HONDUREÑA** *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en  *municipio*       *departamento*

a los: **TRES** dias del mes de **NOVIEMBRE**

del dos mil **DIECISEIS**

<b>From:</b>	Curry, Thomas (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FC32C125CBAC4D43ADC7881DB2050836-CURRY, THOM>
<b>To:</b>	"Cantu, Kristopher (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7ca733150eb346a4b5157f1afc31a5db-Cantu, Kris>"; "Yanez-Cavazos, Nora (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b0c2b4160155482ca1f6643b182c9cd5-Yanez-Cavaz>"; "Barrera, Servando (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9399fcb9044172a9582e684c80afee-Barrera, Se>"; "Lopez, Anna Lee (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4ba710fee074bd8a6a840ce5a80bbd9-Lopez, Anna>"; "Lowe, Amaeda (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5b11756d95134f1f984ca9c65e4e1f89-Lowe, Amaed>"; "Bellevue Ed.D., Elsie (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aac105151425494ba019a026cf6ff1f2-Bellevue, E>"
<b>CC:</b>	(b)(6);(b)(7)(F) @ice.dhs.gov"
<b>Subject:</b>	Bangladeshi Age Redeterminations
<b>Date:</b>	2018/11/14 11:00:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Hello South Texas FFS Team,

As you all know, we have a number of Bangladeshi nationals in our programs, who appear to be adults. If you have dental forensics on a Bangladeshi national showing 75% or greater probability that he/she is an adult, but you have no other corroborating information, then please ask your FOJC to search that alien # and name in Bitmap for evidence of adult status. When contacting the FOJC to request Bitmap information, please include Senior Deportation Officer (b)(6);(b)(7)(F) Officer (b)(6);(b)(7)(F) email is included on this email as a CC.

If you have dental forensics showing 75% or greater probability that the individual is an adult, and you receive Bitmap information corroborating this, then the case meets ORR policy to make an age redetermination.

Please let me know if there are any questions or clarifications to the policy.

Thanks,

Thomas Curry, PhD, LPC-S  
**Federal Field Specialist Supervisor**  
**South Texas Region**  
*U.S. Department of Health and Human Services*  
*Administration for Children and Families*  
*Office of Refugee Resettlement*  
*Division of Unaccompanied Children's Operations*  
Phone: 202-604-2233

<b>Sender:</b>	Curry, Thomas (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FC32C125CBAC4D43ADC7881DB2050836-CURRY, THOM>
<b>Recipient:</b>	"Cantu, Kristopher (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7ca733150eb346a4b5157f1afc31a5db-Cantu, Kris>"; "Yanez-Cavazos, Nora (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b0c2b4160155482ca1f6643b182c9cd5-Yanez-Cavaz>"; "Barrera, Servando (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c9399fcb9044172a9582e684c80afee-Barrera, Se>"; "Lopez, Anna Lee (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c4ba710fee074bd8a6a840ce5a80bbd9-Lopez, Anna>"; "Lowe, Amaeda (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5b11756d95134f1f984ca9c65e4e1f89-Lowe, Amaed>"; "Bellevue Ed.D., Elsie (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aac105151425494ba019a026cf6ff1f2-Bellevue, E>"; (b)(6);(b)(7)(F)@ice.dhs.gov"
<b>Sent Date:</b>	2018/11/14 11:00:49
<b>Delivered Date:</b>	2018/11/14 11:00:00



<b>From:</b>	(b)(6) (b)(6)@swkey.org>
<b>To:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov>"
<b>CC:</b>	(b)(6) (b)(6)@swkey.org>; (b)(6) (b)(6)@swkey.org>; (b)(6) (b)(6)@swkey.org>; "Curry, Thomas (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc32c125cbac4d43adc7881db2050836-Curry, Thom>"
<b>Subject:</b>	[WARNING : MESSAGE ENCRYPTED] Re: UAC Age Redetermination (Nueva Esperanza): (b)(6) A#(b)(6)
<b>Date:</b>	2018/01/04 11:59:34
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Good morning,

Attached is the copy of BC for (b)(6) A#(b)(6) Please use standard password.

*Respectfully,*

(b)(6)

(b)(6)

*Southwest Key Program-Nueva Esperanza*

*321 Lorenaly Dr. Brownsville, Tx 78526*

Email: (b)(6)@swkey.org

Office phone#: (956) 589-7800 ext. (b)(6)

Direct Line: (b)(6)

Fax #: 1-888-231-3608

CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you have received this email in error please notify the sender by email, delete and destroy this message and its attachments. If you are not the intended recipient, you are notified that any use, dissemination, distribution, or copying of the communication is strictly prohibited.

---

**From:** Curry, Thomas (ACF) <Thomas.Curry@ACF.hhs.gov>

**Sent:** Thursday, January 4, 2018 10:47:29 AM

**To:** (b)(6) (b)(6) (b)(6)

**Subject:** FW: UAC Age Redetermination (Nueva Esperanza): (b)(6) A# (b)(6)

Hello,

Please forward a copy of the BC to Officer (b)(6) for this individual as soon as you are able.

Thank you,

**Thomas Curry, PhD, LPC-S**

**Administration for Children and Families**

**Office of Refugee Resettlement**

**Division of Unaccompanied Children's Operations**

**South Texas Region/Corpus Christi**

**Phone: 202-604-2233**

Referred to DHS

Referred to DHS

Referred to DHS

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**From:** (b)(6);(b)(7)(F)

**Sent:** Thursday, January 4, 2018 9:43 AM

**To:** (b)(6);(b)(7)(F)

**Subject:** FW: UAC Age Redtermination (Nueva Esperanza): (b)(6)  
A#(b)(6)

---

fyi

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**From:** Curry, Thomas (ACF) [mailto:Thomas.Curry@ACF.hhs.gov]

**Sent:** Thursday, January 04, 2018 9:19 AM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)

(b)(6);(b)(7)(F)

HLG JUVENILES

**Cc:** (b)(6) (b)(6)@swkey.org; (b)(6)

**Subject:** [WARNING: MESSAGE ENCRYPTED]RE: UAC Age Redtermination  
(Nueva Esperanza): (b)(6) A#(b)(6)

---

Hello Officers,

I am just writing to follow up on this email that was sent yesterday regarding an age redetermination. As of this time, there has been no response from your office.

I am forwarding additional information that includes the medical clearance and Post 18 contacts.

Should your office have additional questions, please feel free to reach out to me or the program.

The password for these documents is the same as for the previous documents (standard password).

Thank you,

**Thomas Curry, PhD, LPC-S**

**Administration for Children and Families**

**Office of Refugee Resettlement**

**Division of Unaccompanied Children's Operations**

**South Texas Region/Corpus Christi**

**Phone: 202-604-2233**

---

**From:** Curry, Thomas (ACF)

**Sent:** Wednesday, January 03, 2018 5:34 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'; (b)(6);(b)(7)(F)@ice.dhs.gov'

**Cc:** (b)(6); (b)(6)@swkey.org; (b)(6)

**Subject:** UAC Age Redtermination (Nueva Esperanza): (b)(6) A#(b)(6)

Good Afternoon Officers,

I am writing to request your assistance in transferring the above named UAC from SW Key Nueva Esperanza to adult custody. The NTA and BC authentication for this individual is attached to this email. A password for the attachments will follow in a separate email.

The individual above submitted his BC as proof of identity. The BC showed his DOB as (b)(6) 1999 and the NTA reports his date of birth to be (b)(6) 2000. All of the demographic information remains the same except the year is off by 1 between the NTA and the BC. The BC was authenticated and deemed to be an accurate copy of the BC the individual presented.

As a result of this information, ORR has determined that Mr. (b)(6) is an adult of 18 years old.

Please feel free to coordinate transportation directly with the program.



Thank you for your assistance in this matter.

Best,

**Thomas Curry, PhD, LPC-S**

**Administration for Children and Families**

**Office of Refugee Resettlement**

**Division of Unaccompanied Children's Operations**

**South Texas Region/Corpus Christi**

**Phone: 202-604-2233**

<b>Sender:</b>	(b)(6) <(b)(6)@swkey.org>
<b>Recipient:</b>	(b)(6):(b)(7)(F)@ice.dhs.gov"; "(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Curry, Thomas (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc32c125cbac4d43adc7881db2050836-Curry, Thom>"
<b>Sent Date:</b>	2018/01/04 11:57:27
<b>Delivered Date:</b>	2018/01/04 11:59:34

<b>From:</b>	(b)(6) <(b)(6)@swkey.org>
<b>To:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov"; (b)(6);(b)(7)(F)@ice.dhs.gov"
<b>CC:</b>	"(b)(6) <(b)(6)@swkey.org>"; (b)(6) <(b)(6)@swkey.org>"; (b)(6) <(b)(6)@swkey.org>"; "Federico, Dino (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8748c45c735b4b58a4afebc11ef1f771-Federico, D>"; (b)(6) <(b)(6)@swkey.org>"; "950 Shift Leaders <950ShiftLeader@swkey.org>"; "950 Shift Leader Phone <950shiftleaderphone@swkey.org>"; (b)(6) <(b)(6)@swkey.org>"
<b>Subject:</b>	[WARNING : MESSAGE ENCRYPTED] Decision- UC IS AN ADULT (PROCEED) RE: Age Redetermination (b)(6) A# *** ***(b)(6)
<b>Date:</b>	2017/05/04 16:33:06
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Good

Afternoon Mr. (b)(6);(b) & Mr. (b)(6);(b)( ),

Please

be advised that the youth, (b)(6) AKA (b)(6) A# (b)(6) (b)(6), is

found to be an adult. Can you please assist us with transferring UC to an adult facility. Please be advised that the documents are password protected.

If

you have any questions please feel free to contact me.

Password:

(b)(6)

Respectfully,

(b)(6)

B.A.

Case Manager

Southwest Key Programs #950

Office: (b)(6)

Cell: (b)(6)

Email: (b)(6)@swkey.org

---

**From:** Federico, Dino (ACF) <Dino.Federico@acf.hhs.gov>

**Sent:** Thursday, May 4, 2017 3:07 PM

**To:** (b)(6)

**Cc:** (b)(6); (b)(6); (b)(6)

**Subject:** RE: Age Redetermination (b)(6) A# \*\*\* \*\* (b)(6)

Thank you (b)(6)

Please include me as cc in ICE notification

**Dino R. Federico, DSW, LCSW**

**Federal Field Specialist**

Division of UC Operations

Office of Refugee Resettlement

U.S. Department of Health and Human Services

2900 Louisiana

Houston, TX 77006

(202) 836-2081

<mailto:Dino.Federico@acf.hhs.gov>



image[1]

---

**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Thursday, May 04, 2017 2:40 PM

**To:** Federico, Dino (ACF)

**Cc:** (b)(6) (b)(6) (b)(6)

**Subject:** [WARNING : MESSAGE ENCRYPTED] Age Redetermination (b)(6) A# \*\*\* \*\*\*  
(b)(6)

---

Good Afternoon Dino,

This email is to notify you that

(b)(6) AKA (b)(6) has been confirmed to be an adult by the consulate.

Attached you will find the (b)(6) AKA (b)(6)

memo, initial birth certificate provided by family in home country, and the birth certificate provided by the consulate. Below you will find the documentation of how we came about the youth was an alleged adult:

"When CM called minor's mother on 4/13/2017 at 6:00 PM to follow up about a potential sponsor, minor's mother reported to CM that she wanted to tell CM the truth so that CM could help client (b)(6). CM thanked minor's mother for trusting CM and told minor's mother that CM would not judge minor or minor's mother for lying to CM. Minor's mother began crying and informed CM that minor was using his cousin's birth certificate and that the birth certificates she provided to previous CM were those of minor's aunt and minor's cousin. Minor's mother stated that minor's real name was (b)(6) and that her real name was (b)(6). Minor's mother stated they lied because the client had been threatened in home country. CM thanked client's mother for being honest with CM and instructed client's mother to send her real birth certificate as well as that of the client to CM. CM explained process of what would happen after disclosure. CM informed client's mother that birth certificates would need to be verified by Honduran consulate and for her not to worry that client would continue to receive services until he was transferred to an adult facility. CM then asked minor what his real name was and client reported that his real name was (b)(6) and that he was 18 years old. Client verified that he was using the birth certificate of his cousin. CM thanked minor for being honest and trusting CM. CM explained to client that no one was here to judge him for lying and thanked minor once again for disclosure. CM explained to minor and minor's mother that after his birth certificate was verified he would be

transferred to an adult facility after FFS approval. CM explained to client that per policy he would need to be one on one and that he would not be allowed to go outside. Minor verbalized understanding." Youth's mother also reported to another CM that youth's DOB was (b)(6) 1998.

Please advise if you have further information.

Thank you,

(b)(6) B.A.

Case Manager

Southwest Key Programs #950

Office: (b)(6)

Cell: (b)(6)

Email: (b)(6)@swkey.org

---

**From:** Jose Arcio Menendez <jmenendez@consuladohouston.com>

**Sent:** Wednesday, May 3, 2017 12:28 PM

**To:** Cabrera, Elizabeth (ACF) (CTR)

**Cc:** 'yoliva@consuladohouston.com'; Freeman, Patrice (ACF) (CTR); (b)(6)  
(b)(6) Federico, Dino (ACF)

**Subject:** Re: B.C. Verification UC (b)(6) A# \*\*\* \*\*\*(b)(6)

Good Morning Ms Cabrera,

I send you, BC of (b)(6)

Thanks

"Cabrera, Elizabeth (ACF) (CTR)" <Elizabeth.Cabrera@acf.hhs.gov>escribió:



|

Good afternoon consuls,

I was wondering if you might have an update for us in the verification of the attached birth certificates, please advise. Thank you and may you have a nice afternoon.

Elizabeth Cabrera

Contract Field Specialist (ctr)

Division of Unaccompanied Children Operations (DUCO)

Office of Refugee Resettlement

U.S. Department of Health and Human Services

(b)(6)

[elizabeth.cabrera@acf.hhs.gov](mailto:elizabeth.cabrera@acf.hhs.gov)

---

**From:**

Freeman, Patrice (ACF) (CTR)

**Sent:** Wednesday, April 26, 2017 3:52 PM

**To:** Jose Arecio Menendez ; (b)(6)

**Cc:** Cabrera, Elizabeth (ACF) (CTR); (b)(6); Federico, Dino (ACF)

**Subject:** RE: B.C. Verification UC (b)(6) A# \*\*\* \*\*\*(b)(6)

**Importance:** High

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Hi Consul,

The facility is requesting an interview from your office in this case. There are a lot of discrepancies in this case and in the minor's story. (b)(6) is the case manager and will be more than glad to answer any additional questions if you have any.

Please let us know when your office will be available to interview him.

Thank you,

Patrice Freeman

Contract Field Specialist (ctr)

Division of Unaccompanied Children Operations (DUCO)

Office of Refugee Resettlement

U.S. Department of Health and Human Services

2900 Louisiana

Houston, TX 77006

(b)(6)

[Patrice.Freeman@acf.hhs.gov](mailto:Patrice.Freeman@acf.hhs.gov)

---

**From:**

Freeman, Patrice (ACF) (CTR)

**Sent:** Thursday, April 20, 2017 4:39 PM

**To:** Jose Arecio Menendez ; (b)(6)

**Cc:** Cabrera, Elizabeth (ACF) (CTR)

**Subject:** RE: B.C. Verification UC (b)(6) A# \*\*\* \*\*\*(b)(6)

---

Hi Consul,

Enclosed is the mother's BC for this case and I am resending all of them in one email.

Thank you,

Patrice Freeman

Contract Field Specialist (ctr)

Division of Unaccompanied Children Operations (DUCO)

Office of Refugee Resettlement

U.S. Department of Health and Human Services

2900 Louisiana

Houston, TX 77006

(b)(6)

[Patrice.Freeman@acf.hhs.gov](mailto:Patrice.Freeman@acf.hhs.gov)

---

**From:**

Freeman, Patrice (ACF) (CTR)

**Sent:** Thursday, April 20, 2017 4:14 PM

**To:** Jose Arecio Menendez ; (b)(6)

**Cc:** Cabrera, Elizabeth (ACF) (CTR)

**Subject:** B.C. Verification UC (b)(6) A# \*\*\* \*\*\*(b)(6)

---

Hello Consul,

Please assist us in verifying the enclosed BC for this case. We sincerely appreciate your assistance in this case.

Thank you,

Patrice Freeman

Contract Field Specialist (ctr)

Division of Unaccompanied Children Operations (DUCO)

Office of Refugee Resettlement



U.S. Department of Health and Human Services

2900 Louisiana

Houston, TX 77006

(b)(6)

[Patrice.Freeman@acf.hhs.gov](mailto:Patrice.Freeman@acf.hhs.gov)

|

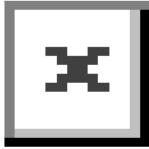
***Jose Arcio Menendez***

*SRECI*

*Consulado de Honduras en Houston*

000454

832 9032717



<b>Sender:</b>	(b)(6) <(b)(6)>@swkey.org>
<b>Recipient:</b>	"(b)(6);(b)(7)(F)>@ice.dhs.gov"; "(b)(6);(b)(7)(F)>@ice.dhs.gov"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "Federico, Dino (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8748c45c735b4b58a4afebc11ef1f771-Federico, D>"; "(b)(6) <(b)(6)>@swkey.org"; "950 Shift Leaders <950ShiftLeader@swkey.org>"; "950 Shift Leader Phone <950shiftleaderphone@swkey.org>"; "(b)(6) <(b)(6)>@swkey.org"
<b>Sent Date:</b>	2017/05/04 16:31:49
<b>Delivered Date:</b>	2017/05/04 16:33:06

<b>To:</b>	"Helland, Dawnisha M <Dawnisha.M.Helland@ice.dhs.gov>"
<b>CC:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; "Vergara, Micaela (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a23fd4a08fd40759ba2f28d91a18248-Vergara, Mi>; (b)(6);(b)(7)(F)@ice.dhs.gov>; "Fields, Marivic (Maria) (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c431157e76644449b009e353355b110-Fields, Mar>; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"
<b>Subject:</b>	RE: Special request- (b)(6) A (b)(6)
<b>Date:</b>	2018/10/16 13:20:07
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Good morning,

ORR is conducting a radiograph for the age re-determination.

**Niky Joubert Hymel** , LMSW  
Federal Field Specialist - Houston  
Division of Unaccompanied Children Operations (DUCO)  
USDHHS-ACF-ORR-DUCO  
[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

Referred to DHS

---

**From:** Hymel, Niky (ACF) <Niky.Hymel@acf.hhs.gov>  
**Sent:** Wednesday, October 10, 2018 4:56 PM  
**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>; Fields, Marivic (Maria) (ACF) <Maria.Fields@acf.hhs.gov>; De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>  
**Cc:** (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; Vergara, Micaela (ACF) <Micaela.Vergara@ACF.hhs.gov>  
**Subject:** RE: Special request- (b)(6) A (b)(6)

Good afternoon,

It is my understanding that (b)(6) was initially placed in ICE adult detention with his father. At some point ICE determined him to be a minor and he was placed in ORR care on 9/19/18. How did ICE make the determination that (b)(6) was a minor?

Thank you,

**Niky Joubert Hymel** , LMSW  
Federal Field Specialist - Houston  
Division of Unaccompanied Children Operations (DUCO)  
USDHHS-ACF-ORR-DUCO  
[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)  
(b)(6)  
<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

Referred to DHS

Referred to DHS



Referred to DHS

---

**From:** Proteccion Houston

**Sent:** Thursday, September 27, 2018 8:22:35 AM

**To:** (b)(6);(b)(7)(F)

**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear (b)(6);(b)

We would like to ask you a question.

Do you think you can hold on to his deportation? He is the parent of the minor I asked you about.

We would like to request your help to reunify him with his son to return to Guatemala together.

Please let me know what you can do to help them.

Thanks.

(b)(6)  
Departamento de Protección Consular  
**Consulado General de Guatemala**  
6300 Richmond Ave Suite 103  
Houston, TX 77057  
(713) 953-9531



cid:image006.png@01D460BB.EB51BB60

Referred to DHS

**From:** Proteccion Houston <proteccionhouston@minex.gob.gt>  
**Sent:** Wednesday, September 26, 2018 3:44 PM  
**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>  
**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear Laura,

Please see issued TDS below:

(b)(6)

(b)(6)



(b)(6)

Have a good rest of your week!

(b)(6)  
Departamento de Protección Consular  
**Consulado General de Guatemala**  
6300 Richmond Ave Suite 103  
Houston, TX 77057  
(713) 953-9531



cid:image006.png@01D460BB.EB51BB60

---

**From:** Proteccion Houston  
**Sent:** Monday, September 24, 2018 11:43 AM  
**To:** Perkins, Laura L; Orientacion Houston  
**Cc:** (b)(6);(b)(7)(F)  
**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear all can the interviews be moved to 1:30?

We had to step out of the office and will be back by that time.

Thanks.

(b)(6)

Consulado de Guatemala  
6300 Richmond Ave Suite 103  
Houston, TX 77057

(b)(6)

Referred to DHS

(b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F)

<b>From:</b>	Hymel, Niky (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4D1DC4EFB40F489D8CCF23F92FD3AFE4-HYMEL, MONI>
<b>To:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov>"
<b>Subject:</b>	RE: Age Re-determination: UC (b)(6) ***-***-(b)(
<b>Date:</b>	2017/03/31 13:47:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

What we have is the false BC which says (b)(6) 1999 and the dental assessment report which says the "empirical statistical probability of (b)(6) A#(b)(6) having attained 18 years of age is 75.90."

**Niky Joubert Hymel**

Federal Field Specialist

Division of Unaccompanied Children Operations (DUCO)

USDHHS-ACF-ORR-DUCO

[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

**From:** Hymel, Niky (ACF) [<mailto:Niky.Hymel@acf.hhs.gov>]

**Sent:** Friday, March 31, 2017 12:15 PM

**To:** (b)(6);(b)(7)(F)

**Subject:** RE: Age Re-determination: UC (b)(6) \*\*\*-\*\*\*-(b)(

Thanks. Have a great weekend!

**Niky Joubert Hymel**

Federal Field Specialist

Division of Unaccompanied Children Operations (DUCO)

USDHHS-ACF-ORR-DUCO

[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

**From:** Hymel, Niky (ACF) [mailto:Niky.Hymel@acf.hhs.gov]  
**Sent:** Friday, March 31, 2017 10:55 AM  
**To:** Mason, Robert  
**Subject:** RE: Age Re-determination: UC (b)(6) \*\*\*-\*\*\*-(b)(

Thank you (b)(6);(b)( I hope you are doing well. So, should I address any matters regarding Montezuma to Rolando for now?

**Niky Joubert Hymel**  
Federal Field Specialist  
Division of Unaccompanied Children Operations (DUCO)  
USDHHS-ACF-ORR-DUCO  
[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)  
(b)(6)  
<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

Referred to DHS



Referred to DHS

**From:** Hymel, Niky (ACF) [mailto:Niky.Hymel@acf.hhs.gov]

**Sent:** Friday, March 31, 2017 10:25 AM

**To:** (b)(6);(b)(7)(F)

**Cc:** Gonzalez, Jose (ACF); Victor, Marjorie (ACF) (CTR); Paula Munoz; Bertha Trevino Reyna; Ana Valenzuela; Lizzette Grimaldo; Irazema Garcia; Wilmaris Velez Vera; Cortez, Rolando D (b)(6);(b)(7)(F)

**Subject:** Age Re-determination: UC (b)(6) \*\*\*-\*\*\* (b)(6)

Good morning Officer (b)(6);(b)(7)(E),

I reviewed the documentation gathered by SWK CASA Montezuma, and I agree that (b)(6) A# (b)(6), who was placed in ORR care on 01/28/2017 with DOB: (b)(6) /1999, has now been determined to be an adult.

On February 9, 2017 we received an email from the Guatemalan Consulate reporting that there is no one by the name stated on the birth certificate in their registry. The birth certificate was not issued by RENAP. After an interview with the minor, the consulate indicated verbally that he could be an adult. The individual had a dental assessment to determine his age. The results show he is an adult.

Attached please find the ORR Age Redetermination Memo, NTA, unverified birth certificate, emails received from the Guatemalan Consulate and dental assessment results.

We request Mr. (b)(6) be transferred to adult custody.

Thank you,

**Niky Joubert Hymel**

Federal Field Specialist

Division of Unaccompanied Children Operations (DUCO)

USDHHS-ACF-ORR-DUCO

[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

<b>Sender:</b>	Hymel, Niky (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4D1DC4EFB40F489D8CCF23F92FD3AFE4-HYMEL, MONI>
<b>Recipient:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov"
<b>Sent Date:</b>	2017/03/31 13:47:39
<b>Delivered Date:</b>	2017/03/31 13:47:00

Referred to DHS

**From:** Hymel, Niky (ACF) [mailto:Niky.Hymel@acf.hhs.gov]

**Sent:** Friday, March 31, 2017 12:15 PM

**To:** (b)(6);(b)(7)(F)

**Subject:** RE: Age Re-determination: UC (b)(6) \*\*\*\_\*\*\* (b)(6)

---

Thanks. Have a great weekend!

**Niky Joubert Hymel**

000472

Federal Field Specialist

Division of Unaccompanied Children Operations (DUCO)

USDHHS-ACF-ORR-DUCO

[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

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Referred to DHS

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**From:** Hymel, Niky (ACF) [mailto:Niky.Hymel@acf.hhs.gov]

**Sent:** Friday, March 31, 2017 10:55 AM

**To:** (b)(6);(b)(7)(F)

**Subject:** RE: Age Re-determination: UC (b)(6) \*\*\*\_\*\*\* (b)(6)

---

Thank you (b)(6);(b)(7)(F) I hope you are doing well. So, should I address any matters regarding Montezuma to Rolando for now?

**Niky Joubert Hymel**

Federal Field Specialist

Division of Unaccompanied Children Operations (DUCO)

USDHHS-ACF-ORR-DUCO

[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS



---

**From:** Hymel, Niky (ACF) [mailto:Niky.Hymel@acf.hhs.gov]

**Sent:** Friday, March 31, 2017 10:25 AM

**To:** (b)(6);(b)(7)(F)

**Cc:** Gonzalez, Jose (ACF); Victor, Marjorie (ACF) (CTR); Paula Munoz; Bertha Trevino Reyna; Ana Valenzuela; Lizzette Grimaldo; Irazema Garcia; Wilmaris Velez Vera; Cortez, Rolando D; (b)(6);(b)(7)(F)

**Subject:** Age Re-determination: UC (b)(6) \*\*\*\_\*\*\* (b)(6)

---

Good morning Officer (b)(6);(b)(7)(F),

I reviewed the documentation gathered by SWK CASA Montezuma, and I agree that (b)(6) A# (b)(6), who was placed in ORR care on 01/28/2017 with DOB: (b)(6)/1999, has now been determined to be an adult.

On February 9, 2017 we received an email from the Guatemalan Consulate reporting that there is no one by the name stated on the birth certificate in their registry. The birth certificate was not issued by RENAP. After an interview with the minor, the consulate indicated verbally that he could be an adult. The individual had a dental assessment to determine his age. The results show he is an adult.

Attached please find the ORR Age Redetermination Memo, NTA, unverified birth certificate, emails received from the Guatemalan Consulate and dental assessment results.

We request Mr. (b)(6) be transferred to adult custody.

Thank you,

**Niky Joubert Hymel**

Federal Field Specialist

Division of Unaccompanied Children Operations (DUCO)

USDHHS-ACF-ORR-DUCO

[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201  
www.acf.hhs.gov/programs/orr

Monday November 26, 2018

Good afternoon,

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised the Age Determination Procedures for UAC in HHS custody, to ensure multiple forms of evidence are collected by care providers and reviewed by the FFS. Due to age determination concerns, for UAC (b)(6) of Bangladesh with reported DOB of (b)(6) /2001 a dental forensic examination was completed. FFS is submitting this Age Determination Memo to DHS to document that M.H. is an adult based on the following facts and evidence:

- 1.) Dental forensic report results indicate adult age over 18: Avg. Mean Age 21.60; Std. Dev.2.40. Age range 19.20 – 24.00 and EP 98%

Per our joint HHS/DHS policy as staffed with FFS Supervisor, after review of the dental forensic report, FFS is requesting transfer of custody of this adult participant to DHS. Supportive documentation is password protected with ORR standard password and is attached for your review. Please advise when DHS/FOJC can coordinate transfer of custody of this participant to an adult DRO facility.

Thank you,

Samuel Pedregon  
FFS West Texas Region  
U.S. Dept. of Health and Human Services  
samuel.pedregon@acf.hhs.gov

(b)(6)

000480

Referred to DHS

000481

Referred to DHS



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201  
[www.acf.hhs.gov/programs/orr](http://www.acf.hhs.gov/programs/orr)

Friday November 2, 2018

Good afternoon Officer (b)(6);( and Officer (b)(6);(b

Please see the 2nd referral (of 3), to be sent for your review today.

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised the Age Determination Procedures for UAC in HHS custody, to ensure multiple forms of evidence are collected by care providers and reviewed by the FFS. Due to age determination concerns, for UAC (b)(6) of Bangladesh with reported DOB of (b)(6)/02 a dental forensic examination was completed. FFS is submitting this Age Determination Memo to DHS to document that (b)(6) is an adult based on the following facts and evidence:

- 1.) DHS provided a copy of a passport for (b)(6) with ADULT DOB (b)(6) 1997 and passport photo matching (b)(6) placed at Rising Ground (formally Leake and Watts BS)
- 2.) DHS reported age determination concerns, providing BITMAP Data, with (b)(6) history of using Adult DOB: (b)(6) 1998 and 4 aliases (b)(6)
- 3.) Participant's physical appearance is older than reported age of 17.
- 4.) Dental forensic report results indicate adult age over 18: Avg. Mean Age 17.02; 2 Std. Dev. 3.24; Age range 13.78 – 20.27 and EP 28%

Per our joint HHS/DHS policy as staffed with FFS Supervisor, after review of the dental forensic report, adult passport and BITMAP data provided by DHS, and all the facts and evidence listed above, FFS is requesting transfer of custody of this adult participant to DHS. Supportive documentation is password protected with ORR standard password and is attached for your review. Please advise when DHS/FOJC can coordinate transfer of custody with Rising Ground (formally Leake and Watts BS) of this participant to an adult DRO facility.

Thank you,

*Julissa P. Banzon*

Julissa Portales Banzon, M.S.  
 Federal Field Specialist, Chicago  
 U.S. Dept. of Health and Human Services  
 Administration for Children and Families  
 Office of Refugee Resettlement  
 Division of Unaccompanied Children Operations  
[Julissa.Banzon@acf.hhs.gov](mailto:Julissa.Banzon@acf.hhs.gov)

(b)(6)

000483

Referred to DHS







<b>From:</b>	(b)(6) <(b)(6)>@swkey.org
<b>To:</b>	"(b)(6);(b)(7)(F)>@ice.dhs.gov"
<b>CC:</b>	(b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6);(b)(7)(F)>@ice.dhs.gov"; (b)(6);(b)(7)(F)>@ice.dhs.gov"; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
<b>Subject:</b>	Re: Requesting guidance for (b)(6) # (b)(6)
<b>Date:</b>	2017/12/20 17:35:52
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Thank you ma'am I will be awaiting your response.

(b)(6)

Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext (b)(6)

Referred to DHS

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**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Wednesday, December 20, 2017 11:53 AM

**To:** (b)(6);(b)(7)(F)

**Cc:** (b)(6); (b)(6); EPC-Juvenile; (b)(6)

**Subject:** [WARNING: MESSAGE ENCRYPTED] Requesting guidance for (b)(6) # (b)(6)

Good afternoon (b)(6);(b)(7)(F)

As per our conversation earlier, (b)(6) was admitted to current placement SouthWest Key Canutillo under the same A number (A# (b)(6)) utilized by previous shelter SWK Estrella in Phoenix. Individual aged out from previous placement under the name of (b)(6) (b)(6) with DOB of (b)(6) 1999 then he was transferred to an adult camp on 9/20/17 in which he was repatriated to his home country of Guatemala.

Per NTA provided (b)(6) then returned to the U.S and was detained at or near Santa Teresa, New Mexico on or about November 9, 2017, with his alleged original identity of (b)(6) age 14, date of birth (b)(6) /2003.

(b)(6) claims the name and BC provided in previous placement was under the name of his older brother (b)(6). At this time (b)(6) states his real name is (b)(6) (b)(6) and is currently a 14-year-old minor.

(b)(6) length of stay is 41 days in current placement and he does not have a viable sponsor. After conducting an interview with (b)(6) and as means to verify identity the Guatemala Consulate requested for the father to provide DPI (Guatemala Identification card obtained when an individual turns 18 years of age) of (b)(6) alleged (b)(6) older sibling.

His father has not provided requested DPI to Guatemala consulate. (b)(6) has disclosed she has no other means to verify identity unless (b)(6)'s DPI is provided. Being that Guatemala BC's of (b)(6) (Identity used at SWK Estrella) and (b)(6) (b)(6) (b)(6) have been verified and are legitimate BC's.

I have abided by the steps listed in policy 1.6.2 Age determination:

- Official government issued documents (Birth Certificates) have been received and verified by Guatemala consulate and are original birth certificates.
- (b)(6) has been interviewed by Guatemala Consulate and he disclosed he is a 14-year-old minor and used his Brother (b)(6)'s identity previously.
- Both (b)(6) and father's statement is that UAC in care is a 14-year-old minor (DOB: (b)(6)/2003).
- Case manager has made several attempts to retrieve other reliable records on behalf of (b)(6) family and they have not provided documents for proof.

- Case manager requested FFS guidance in order to conduct a medical age assessment in the form of a bone density test as means determine the age of individual.
- Case manager has notified DMRS of (b)(6) case.

Both Guatemala birth certificates provided have been attached, along with encrypted bone density results for (b)(6) for your review. I have spoken with M.D. Heramb K. Singh who provided results for test on 12/19/17 and clarified provided results state "it is calculated a bone age of 19 years".

Requesting your guidance as per recent evidence of the possibility that (b)(6) may be older than 14 years of age contrary to the birth certificate provided (DOB 8/20/2003). In the past week, I have made several attempts to contact (b)(6) father although he has not answered or returned any of my phone calls at this time. At this point there is nothing that collaborates (b)(6) is a minor he is claiming to be, being that his family did not provide proof requested from the consulate. As means to gather additional evidence for the case. If you would please advise how to proceed with the case and what additional steps I should take in order to assure I comply with policy and procedures. Thank you.

(b)(6)

Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext (b)(6)

<b>Sender:</b>	(b)(6) <(b)(6)>@swkey.org
<b>Recipient:</b>	(b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
<b>Sent Date:</b>	2017/12/20 17:35:34
<b>Delivered Date:</b>	2017/12/20 17:35:52

Referred to DHS

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**From:** (b)(6) <(b)(6)@swkey.org>

**Date:** Wednesday, Dec 20, 2017, 5:17 PM

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**To:** (b)(6);(b)(7)(F)@ice.dhs.gov

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**Cc:** (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6)  
(b)(6) <(b)(6)@swkey.org>, (b)(6);(b)(7)(F)  
(b)(6);(b)(7)(F)@ice.dhs.gov, (b)(6);(b)(7)(F)@ice.dhs.gov,  
Pedregon, Samuel (ACF) <Samuel.Pedregon@ACF.hhs.gov>,  
(b)(6) <(b)(6)@swkey.org>

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**Subject:** Re: Requesting guidance for (b)(6) # (b)(6)

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Danielle, Individual has already disclosed he is 18 years of age and his real identity is  
(b)(6) DOB: (b)(6) 1999. I will provide sworn statement when available.

(b)(6)

Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext. (b)(6)

---

Referred to DHS

---

**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Wednesday, December 20, 2017 11:53 AM

**To:** (b)(6);(b)(7)(F)

**Cc:** (b)(6); (b)(6) EPC-Juvenile; (b)(6)

**Subject:** [WARNING: MESSAGE ENCRYPTED]Requesting guidance for (b)(6) # (b)(6)

---

Good afternoon (b)(6);(b)(7),

As per our conversation earlier, (b)(6) was admitted to current placement SouthWest Key Canutillo under the same A number (A#(b)(6)) utilized by previous shelter SWK Estrella in Phoenix. Individual aged out from previous placement under the name of (b)(6) (b)(6) with DOB of (b)(6) 1999 then he was transferred to an adult camp on 9/20/17 in which he was repatriated to his home country of Guatemala.

Per NTA provided (b)(6) then returned to the U.S and was detained at or near Santa Teresa, New Mexico on or about November 9, 2017, with his alleged original identity of (b)(6) age 14, date of birth (b)(6) /2003.

(b)(6) claims the name and BC provided in previous placement was under the name of his older brother (b)(6). At this time (b)(6) states his real name is (b)(6) (b)(6) and is currently a 14-year-old minor.

(b)(6) length of stay is 41 days in current placement and he does not have a viable sponsor. After conducting an interview with (b)(6) and as means to verify identity the Guatemala Consulate requested for the father to provide DPI (Guatemala Identification card obtained when an individual turns 18 years of age) of (b)(6) alleged (b)(6) older sibling.

His father has not provided requested DPI to Guatemala consulate. Laura Rios has disclosed she has no other means to verify identity unless (b)(6)'s DPI is provided. Being that Guatemala BC's of (b)(6) (Identity used at SWK Estrella) and (b)(6) (b)(6) (b)(6) have been verified and are legitimate BC's.

I have abided by the steps listed in policy 1.6.2 Age determination:

- Official government issued documents (Birth Certificates) have been received and verified by Guatemala consulate and are original birth certificates.
- (b)(6) has been interviewed by Guatemala Consulate and he disclosed he is a 14-year-old minor and used his Brother (b)(6)'s identity previously.
- Both (b)(6) and father's statement is that UAC in care is a 14-year-old minor (DOB: (b)(6)/2003).
- Case manager has made several attempts to retrieve other reliable records on behalf of (b)(6) family and they have not provided documents for proof.
- Case manager requested FFS guidance in order to conduct a medical age assessment in the form of a bone density test as means determine the age of individual.
- Case manager has notified DMRS of (b)(6) case.

Both Guatemala birth certificates provided have been attached, along with encrypted bone density results for (b)(6) for your review. I have spoken with M.D. Heramb K. Singh who provided results for test on 12/19/17 and clarified provided results state "it is calculated a bone age of 19 years".

Requesting your guidance as per recent evidence of the possibility that (b)(6) may be older than 14 years of age contrary to the birth certificate provided (DOB (b)(6) 2003). In the past week, I have made several attempts to contact (b)(6) father although he has not answered or returned any of my phone calls at this time. At this point there is nothing that collaborates (b)(6) is a minor he is claiming to be, being that his family did not provide proof requested from the consulate. As means to gather additional evidence for the case. If you would please advise how to proceed with the case and what additional steps I should take in order to assure I comply with policy and procedures. Thank you.

(b)(6)

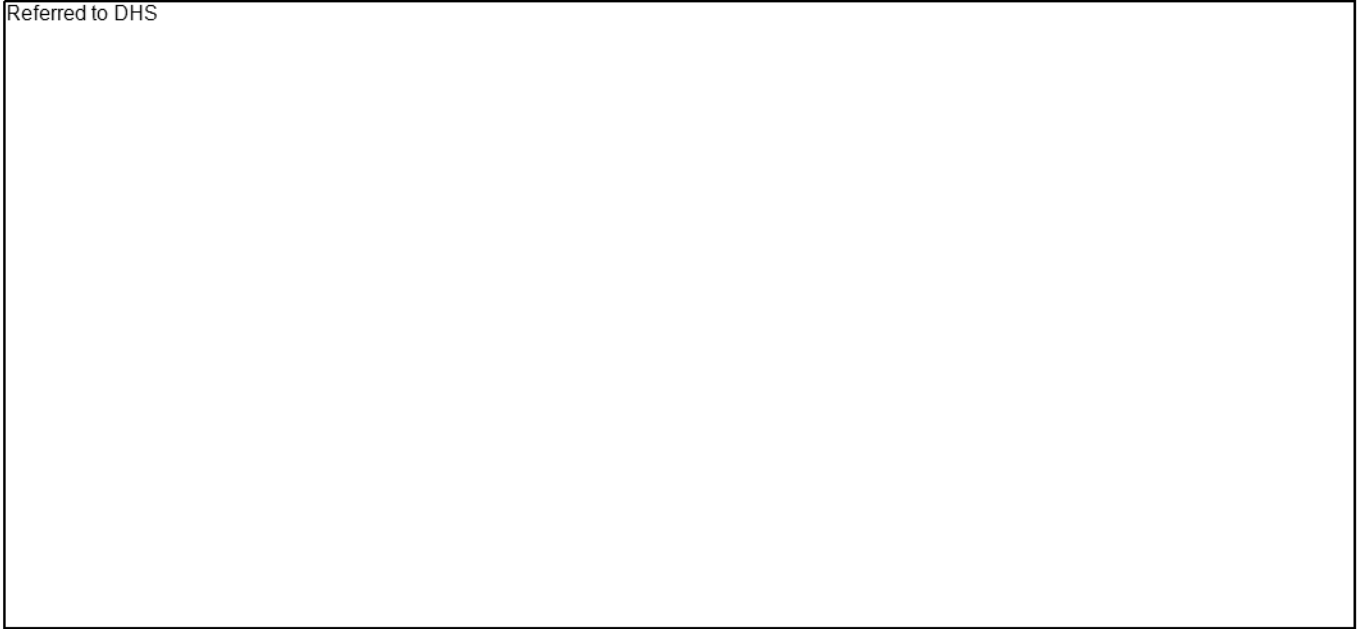
Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext. (b)(6)

Referred to DHS



<b>To:</b>	"(b)(6):(b)(7)(F)@ice.dhs.gov>"
<b>CC:</b>	"(b)(6)@swkey.org"; "(b)(6) <(b)(6)@swkey.org>;" "(b)(6)@swkey.org"; "(b)(6):(b)(7)(F)@ice.dhs.gov>;" "(b)(6):(b)(7)(F)@ice.dhs.gov>;" "(b)(6) <(b)(6)@swkey.org>;" "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>;" "Acuna, Griselda (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c83ee08f90d454dba24118c12fbd4fd-Acuna, Gris>;" "(b)(6)@swkey.org"; "(b)(6) <(b)(6)@swkey.org>"
<b>Subject:</b>	RE: Requesting guidance for (b)(6) # (b)(6)
<b>Date:</b>	2017/12/21 00:52:18
<b>Priority:</b>	Urgent
<b>Type:</b>	Note

(b)(6):(b)(7) ..as a follow-up to our conversation we had tonight, concerning (b)(6)  
(b)(6) I want to again mention and emphasize the efforts made by the SWKEY Canutillo Program to obtain a bone density exam, BC , a written sworn statement and verbal confession from the minor indicating that he is 18 years old and his real identity is (b)(6) (DOB (b)(6) /1999). Based on the information gathered, the program was instructed to notify ICE and provide them with all pertinent information proving that the minor could in fact be an adult. You informed me that after consulting with the government attorney and your superiors it was determined that further research is required by ICE to determine if in fact the minor is who he claims to be before he is removed out of ORR custody. Although I clearly understand ICE position, I want to make sure that it is also clear that if it is determined by ICE that the minor is an adult he cannot remain in ORR custody and should be removed as soon as possible. Not only is this a violation of ORR policy and federal requirements, but it also jeopardized the program child placing licensure and could place other minors in harms way.

Please note that the minor no longer required to be placed at UBH due to his outcry of suicide ideations. He is stabilized and is currently being supervise on a one to one basis. The SWKEY program is

Thank you,

Samuel Pedregon

FFS-West Texas Region

Office of Refugee and Resettlement

DUCO

U. S. Dept. of Health and Human Servs.

[samuel.pedregon@acf.hhs.gov](mailto:samuel.pedregon@acf.hhs.gov)

(b)(6)

Referred to DHS

**From:** (b)(6) <(b)(6)@swkey.org>

**Date:** Wednesday, Dec 20, 2017, 5:17 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>

**Cc:** (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6);(b)(7)(F)@ice.dhs.gov>, (b)(6);(b)(7)(F)@ice.dhs.gov>, (b)(6);(b)(7)(F)@ice.dhs.gov>, Pedregon, Samuel (ACF) <Samuel.Pedregon@ACF.hhs.gov>, (b)(6) <(b)(6)@swkey.org>

**Subject:** Re: Requesting guidance for (b)(6) # (b)(6)

Danielle, Individual has already disclosed he is 18 years of age and his real identity is (b)(6) DOB: (b)(6) 1999.I will provide sworn statement when available.



(b)(6)

Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext (b)(6)

---

Referred to DHS

Referred to DHS

**From:** (b)(6) [mailto:(b)(6)@swkey.org]  
**Sent:** Wednesday, December 20, 2017 11:53 AM  
**To:** (b)(6);(b)(7)(F)  
**Cc:** (b)(6) (b)(6) EPC-Juvenile; (b)(6)  
**Subject:** [WARNING: MESSAGE ENCRYPTED]Requesting guidance for (b)(6) # (b)(6)

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Per NTA provided (b)(6) then returned to the U.S and was detained at or near Santa Teresa, New Mexico on or about November 9, 2017, with his alleged original identity of (b)(6) (b)(6) (b)(6) age 14, date of birth (b)(6) 2003.

(b)(6) claims the name and BC provided in previous placement was under the name of his older brother (b)(6). At this time (b)(6) states his real name is (b)(6) (b)(6) and is currently a 14-year-old minor.

(b)(6) length of stay is 41 days in current placement and he does not have a viable sponsor. After conducting an interview with (b)(6) and as means to verify identity the Guatemala Consulate requested for the father to provide DPI (Guatemala Identification card obtained when an individual turns 18 years of age) of (b)(6) alleged (b)(6) older sibling. His father has not provided requested DPI to Guatemala consulate. (b)(6) (b)(6) has disclosed she has no other means to verify identity unless (b)(6)'s DPI is provided. Being that Guatemala BC's of (b)(6) (Identity used at SWK Estrella) and (b)(6) have been verified and are legitimate BC's.

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- Official government issued documents (Birth Certificates) have been received and verified by Guatemala consulate and are original birth certificates.
- (b)(6) has been interviewed by Guatemala Consulate and he disclosed he is a 14-year-old minor and used his Brother (b)(6)'s identity previously.
- Both (b)(6) and father's statement is that UAC in care is a 14-year-old minor (DOB: (b)(6) 2003).
- Case manager has made several attempts to retrieve other reliable records on behalf of (b)(6) family and they have not provided documents for proof.
- Case manager requested FFS guidance in order to conduct a medical age assessment in the form of a bone density test as means determine the age of individual.
- Case manager has notified DMRS of (b)(6) case.

Both Guatemala birth certificates provided have been attached, along with encrypted bone density results for (b)(6) for your review. I have spoken with M.D. Heramb K. Singh who provided results for test on 12/19/17 and clarified provided results state "it is calculated a bone age of 19 years".

Requesting your guidance as per recent evidence of the possibility that (b)(6) may be older than 14 years of age contrary to the birth certificate provided (DOB (b)(6) 2003). In the past week, I have made several attempts to contact (b)(6) father although he has not answered or returned any of my phone calls at this time. At this point there is nothing that collaborates (b)(6) is a minor he is claiming to be, being that his family did not provide proof requested from the consulate. As means to gather additional evidence for the case. If you would please advise how to proceed with the case and what additional steps I should take in order to assure I comply with policy and procedures. Thank you.

(b)(6)

Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext (b)(6)

<b>Recipient:</b>	"(b)(6);(b)(7)(F)@ice.dhs.gov>"; "(b)(6) <(b)(6)@swkey.org>;" "(b)(6) <(b)(6)@swkey.org>;" "(b)(6) <(b)(6)@swkey.org>;" "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "(b)(6) <(b)(6)@swkey.org>;" "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>;" "Acuna, Griselda (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8c83ee08f90d454dba24118c12fbd4fd-Acuna, Gris>;" "(b)(6)@swkey.org"; "(b)(6) <(b)(6)@swkey.org>"
<b>Sent Date:</b>	2017/12/20 23:55:01
<b>Delivered Date:</b>	2017/12/21 00:52:18
<b>Message Flags:</b>	Unsent

Referred to DHS

Referred to DHS

---

**From:** Gonzalez, Jose (ACF) [mailto:Jose.Gonzalez@ACF.hhs.gov]

**Sent:** Thursday, December 21, 2017 8:08 AM

**To:** (b)(6);(b)(7)(F); Pedregon, Samuel (ACF)

**Cc:** (b)(6); (b)(6); (b)(6); (b)(6);(b)(7)(F); (b)(6);(b)(7)(F);  
(b)(6); (b)(6); Acuna, Griselda (ACF); (b)(6); (b)(6)

**Subject:** Re: Requesting guidance for (b)(6) (b)(6)

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Hello Officer Hernandez, has anyone assisted with your request?

Respectfully,

Jose Gonzalez, FFS Supervisor

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Referred to DHS

000507

Referred to DHS

Referred to DHS



Referred to DHS

**From:** Pedregon, Samuel (ACF) <Samuel.Pedregon@ACF.hhs.gov>

**Date:** Wednesday, Dec 20, 2017, 10:54 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov

**Cc:** (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6);(b)(7)(F)@ice.dhs.gov, (b)(6);(b)(7)(F)@ice.dhs.gov, (b)(6) <(b)(6)@swkey.org>, Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>, Acuna, Griselda (ACF) <Griselda.Acuna@acf.hhs.gov>, (b)(6)@swkey.org <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>

**Subject:** RE: Requesting guidance for (b)(6) (b)(6)

Danielle....as a follow-up to our conversation we had tonight, concerning (b)(6) I want to again mention and emphasize the efforts made by the SWKEY Canutillo Program to obtain a bone density exam, BC , a written sworn statement and verbal confession from the minor indicating that he is 18 years old and his real identity is (b)(6) (DOB (b)(6) 1999). Based on the information gathered, the program was instructed to notify ICE and provide them with all pertinent information proving that the minor could in fact be an adult. You informed me that after consulting with the government attorney and your superiors it was determined that further

research is required by ICE to determine if in fact the minor is who he claims to be before he is removed out of ORR custody. Although I clearly understand ICE position, I want to make sure that it is also clear that if it is determined by ICE that the minor is an adult he cannot remain in ORR custody and should be removed as soon as possible. Not only is this a violation of ORR policy and federal requirements, but it also jeopardized the program child placing licensure and could place other minors in harms way.

**Please note that the minor no longer required to be placed at UBH due to his outcry of suicide ideations. He was stabilized and is currently being supervise on a one to one basis. The SWKEY program will be awaiting your response.**

Thanks for your help,

Samuel Pedregon

FFS-West Texas Region

Office of Refugee and Resettlement

DUCO

U. S. Dept. of Health and Human Servs.

[samuel.pedregon@acf.hhs.gov](mailto:samuel.pedregon@acf.hhs.gov)

(b)(6)

Referred to DHS

Referred to DHS

**From:** (b)(6) <(b)(6)@swkey.org>

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**Date:** Wednesday, Dec 20, 2017, 5:17 PM

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**To:** (b)(6);(b)(7)(F) @ice.dhs.gov>

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**Cc:** (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>, (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>, Pedregon, Samuel (ACF) <Samuel.Pedregon@ACF.hhs.gov>, (b)(6) (b)(6) (b)(6)

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**Subject:** Re: Requesting guidance for (b)(6) (b)(6)

---

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(b)(6)

Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext (b)(6)

---

Referred to DHS

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**From:** (b)(6) [mailto:(b)(6)@swkey.org]

**Sent:** Wednesday, December 20, 2017 11:53 AM

**To:** (b)(6);(b)(7)(F)

**Cc:** (b)(6); (b)(6) EPC-Juvenile; (b)(6)

**Subject:** [WARNING: MESSAGE ENCRYPTED] Requesting guidance for (b)(6) (b)(6)

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Good afternoon (b)(6);(b)(7)(F)

As per our conversation earlier, (b)(6) was admitted to current placement SouthWest Key Canutillo under the same A number (b)(6) utilized by previous shelter SWK Estrella in Phoenix. Individual aged out from previous placement under the name of (b)(6) with DOB of (b)(6)/1999 then he was transferred to an adult camp on 9/20/17 in which he was repatriated to his home country of Guatemala.

Per NTA provided Juan then returned to the U.S and was detained at or near Santa Teresa, New Mexico on or about November 9, 2017, with his alleged original identity of (b)(6) (b)(6) date of birth (b)(6) 2003.

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Guatemala Consulate requested for the father to provide DPI (Guatemala Identification card obtained when an individual turns 18 years of age) of (b)(6) alleged (b)(6)'s older sibling. His father has not provided requested DPI to Guatemala consulate. (b)(6) has disclosed she has no other means to verify identity unless (b)(6)'s DPI is provided. Being that Guatemala BC's of (b)(6) (Identity used at SWK Estrella) and (b)(6) (b)(6) have been verified and are legitimate BC's.

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- (b)(6) has been interviewed by Guatemala Consulate and he disclosed he is a 14-year-old minor and used his Brother (b)(6)'s identity previously.
- Both (b)(6) and father's statement is that UAC in care is a 14-year-old minor (DOB: (b)(6)/2003).
- Case manager has made several attempts to retrieve other reliable records on behalf of (b)(6)'s family and they have not provided documents for proof.
- Case manager requested FFS guidance in order to conduct a medical age assessment in the form of a bone density test as means determine the age of individual.
- Case manager has notified DMRS of (b)(6)'s case.

Both Guatemala birth certificates provided have been attached, along with encrypted bone density results for (b)(6) for your review. I have spoken with M.D. Heramb (b)(6)

K. Singh who provided results for test on 12/19/17 and clarified provided results state “it is calculated a bone age of 19 years”.

Requesting your guidance as per recent evidence of the possibility that (b)(6) may be older than 14 years of age contrary to the birth certificate provided (DOB 8/20/2003). In the past week, I have made several attempts to contact (b)(6)'s father although he has not answered or returned any of my phone calls at this time. At this point there is nothing that collaborates (b)(6) is a minor he is claiming to be, being that his family did not provide proof requested from the consulate. As means to gather additional evidence for the case. If you would please advise how to proceed with the case and what additional steps I should take in order to assure I comply with policy and procedures.  
Thank you.

(b)(6)

Case Manager

Southwest Key 929

fax: 915-975-6830

phone# (b)(6) ext (b)(6)



000517

Referred to DHS

<b>From:</b>	Hymel, Niky (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4D1DC4EFB40F489D8CCF23F92FD3AFE4-HYMEL, MONI>
<b>To:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov>"
<b>CC:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (h)(6);(h)(7)(F)@ice.dhs.gov>; "Vergara, Micaela (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a23fd4a08fd40759ba2f28d91a18248-Vergara, Mi>"; (h)(6);(h)(7)(F)@ice.dhs.gov>; "Fields, Marivic (Maria) (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c431157e76644449b009e353355b110-Fields, Mar>"; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"
<b>Subject:</b>	RE: Special request- (b)(6) A (b)(6)
<b>Date:</b>	2018/10/16 13:27:16
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Good morning,

ORR is completing a dental radiograph assessment as part of the age re-determination process. As soon as the age-redetermination process is complete all parties will be informed.

Thank you,

**Niky Joubert Hymel** , LMSW  
Federal Field Specialist - Houston  
Division of Unaccompanied Children Operations (DUCO)  
USDHHS-ACF-ORR-DUCO  
niky.hymel@acf.hhs.gov  
(b)(6)  
<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

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**From:** Hymel, Niky (ACF) <Niky.Hymel@acf.hhs.gov>  
**Sent:** Wednesday, October 10, 2018 4:56 PM  
**To:** (b)(6);(b)(7)(F)@ice.dhs.gov; Fields, Marivic (Maria) (ACF) <Maria.Fields@acf.hhs.gov>; De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>  
**Cc:** (b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)@ice.dhs.gov; Vergara, Micaela (ACF) <Micaela.Vergara@ACF.hhs.gov>  
**Subject:** RE: Special request- (b)(6) A (b)(6)

Good afternoon,

It is my understanding that (b)(6) was initially placed in ICE adult detention with his father. At some point ICE determined him to be a minor and he was placed in ORR care on 9/19/18. How did ICE make the determination that (b)(6) was a minor?

Thank you,

**Niky Joubert Hymel**, LMSW  
Federal Field Specialist - Houston  
Division of Unaccompanied Children Operations (DUCO)  
USDHHS-ACF-ORR-DUCO  
[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)  
(b)(6)  
<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

**From:** Proteccion Houston <proteccionhouston@minex.gob.gt>  
**Sent:** Saturday, October 6, 2018 12:30 PM  
**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>  
**Subject:** Special request

Dear officer,

We were able to verify this detainees age (b)(6) A#(b)(6), please see attached birth certificate for your reference.

The correct DOB is (b)(6) 2000, he is the son of (b)(6) A#(b)(6) (who requested to be deported with his son).

Please let me know if you can help us with this request. We can issue their TDS once you confirm that this will be possible.

Thanks.

(b)(6)  
Departamento de Protección Consular  
**Consulado General de Guatemala**  
6300 Richmond Ave Suite 103  
Houston, TX 77057  
[\(713\) 953-9531](tel:(713)953-9531)



cid:image006.png@01D460BB.EB51BB60

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**From:** Proteccion Houston  
**Sent:** Thursday, September 27, 2018 8:22:35 AM  
**To:** (b)(6);(b)(7)(F)  
**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear (b)(6);(b)

We would like to ask you a question.

Do you think you can hold on to his deportation? He is the parent of the minor I asked you about.

We would like to request your help to reunify him with his son to return to Guatemala together.

Please let me know what you can do to help them.

Thanks.

(b)(6)  
Departamento de Protección Consular  
**Consulado General de Guatemala**  
6300 Richmond Ave Suite 103  
Houston, TX 77057  
[\(713\) 953-9531](tel:(713)953-9531)



cid:image006.png@01D460BB.EB51BB60

Referred to DHS

**From:** Proteccion Houston <[proteccionhouston@minex.gob.gt](mailto:proteccionhouston@minex.gob.gt)>  
**Sent:** Wednesday, September 26, 2018 3:44 PM  
**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>  
**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear (b)(6);(b)(7)(F)

Please see issued TDS below:



(b)(6)



(b)(6)

Have a good rest of your week!

(b)(6)

Departamento de Protección Consular  
**Consulado General de Guatemala**  
6300 Richmond Ave Suite 103  
Houston, TX 77057  
(713) 953-9531



cid:image006.png@01D460BB.EB51BB60

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**From:** Proteccion Houston  
**Sent:** Monday, September 24, 2018 11:43 AM  
**To:** Perkins, Laura L; Orientacion Houston  
**Cc:** Duplechain, Janis L  
**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear all can the interviews be moved to 1:30?

We had to step out of the office and will be back by that time.

Thanks.

(b)(6)

Consulado de Guatemala  
6300 Richmond Ave Suite 103  
Houston, TX 77057

(b)(6)

Referred to DHS

<b>Sender:</b>	Hymel, Niky (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4D1DC4EFB40F489D8CCF23F92FD3AFE4-HYMEL, MONI>
<b>Recipient:</b>	"(b)(6):(b)(7)(F)@ice.dhs.gov"; "(b)(6):(b)(7)(F)@ice.dhs.gov"; "(b)(6):(b)(7)(F)@ice.dhs.gov"; "(b)(6):(b)(7)(F)@ice.dhs.gov"; "(b)(6):(b)(7)(F)@ice.dhs.gov"; "(b)(6):(b)(7)(F)@ice.dhs.gov"; "Vergara, Micaela (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a23fd4a08fd40759ba2f28d91a18248-Vergara, Mi>"; "(b)(6):(b)(7)(F)@ice.dhs.gov"; "Fields, Marivic (Maria) (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1c431157e76644449b009e353355b110-Fields, Mar>"; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group


000528

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<b>Sent Date:</b>	2018/10/16 13:27:13
<b>Delivered Date:</b>	2018/10/16 13:27:16

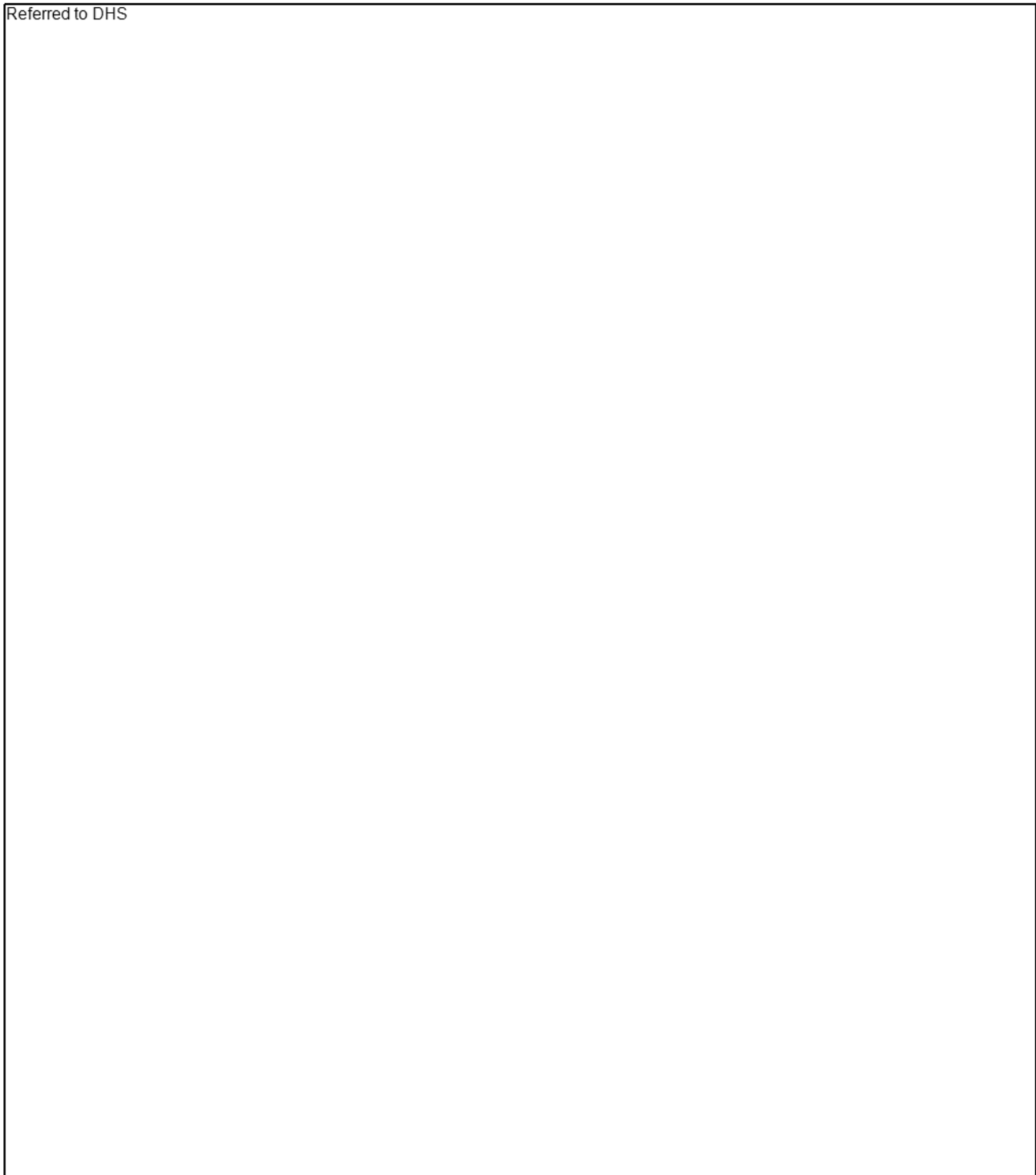
Referred to DHS

000530

Referred to DHS



Referred to DHS



Referred to DHS

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**From:** Hymel, Niky (ACF) <[Niky.Hymel@acf.hhs.gov](mailto:Niky.Hymel@acf.hhs.gov)>

**Sent:** Wednesday, October 10, 2018 4:56 PM

**To:** (b)(6);(b)(7)(F)@ice.dhs.gov>; Fields, Marivic (Maria) (ACF) <Maria.Fields@acf.hhs.gov>; De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>

**Cc:** (b)(6);(b)(7)(F)@ice.dhs.gov> (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; Vergara, Micaela (ACF) <Micaela.Vergara@ACF.hhs.gov>

**Subject:** RE: Special request- (b)(6) A (b)(6)

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Good afternoon,

It is my understanding that (b)(6) was initially placed in ICE adult detention with his father. At some point ICE determined him to be a minor and he was placed in ORR care on 9/19/18. How did ICE make the determination that (b)(6) was a minor?

Thank you,

**Niky Joubert Hymel , LMSW**

Federal Field Specialist - Houston

Division of Unaccompanied Children Operations (DUCO)

USDHHS-ACF-ORR-DUCO

[niky.hymel@acf.hhs.gov](mailto:niky.hymel@acf.hhs.gov)



000533

(b)(6)

<http://www.acf.hhs.gov/programs/orr/programs/ucs>

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

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**From:** Proteccion Houston <[proteccionhouston@minex.gob.gt](mailto:proteccionhouston@minex.gob.gt)>

**Sent:** Saturday, October 6, 2018 12:30 PM

**To:** (b)(6);(b)(7)(F) <[ice.dhs.gov](mailto:ice.dhs.gov)>

**Subject:** Special request

---

Dear officer,

We were able to verify this detainees age ([REDACTED] A#[REDACTED]), please see attached birth certificate for your reference.

The correct DOB is [REDACTED] 2000, he is the son of [REDACTED] A#[REDACTED] (who requested to be deported with his son).

Please let me know if you can help us with this request. We can issue their TDS once you confirm that this will be possible.

Thanks.

000540

(b)(6)

Departamento de Protección Consular

**Consulado General de Guatemala**

6300 Richmond Ave Suite 103

Houston, TX 77057

(713) 953-9531



cid:image006.png@01D460BB.EB51BB60



000541

**From:** Proteccion Houston

**Sent:** Thursday, September 27, 2018 8:22:35 AM

**To:** (b)(6);(b)(7)(F)

**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear (b)(6);(b)(7)(F)

We would like to ask you a question.

Do you think you can hold on to his deportation? He is the parent of the minor I asked you about.

We would like to request your help to reunify him with his son to return to Guatemala together.

000542

Please let me know what you can do to help them.

Thanks.

(b)(6)

Departamento de Protección Consular

**Consulado General de Guatemala**

6300 Richmond Ave Suite 103

Houston, TX 77057

(713) 953-9531



cid:image006.png@01D460BB.EB51BB60

Referred to DHS

**From:** Proteccion Houston <[proteccionhouston@minex.gob.gt](mailto:proteccionhouston@minex.gob.gt)>

**Sent:** Wednesday, September 26, 2018 3:44 PM

**To:** (b)(6);(b)(7)(F) <[ice.dhs.gov](mailto:ice.dhs.gov)>

**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear (b)(6);(b)(7)(F)

Please see issued TDS below:

(b)(6)















(b)(6)



(b)(6)



(b)(6)



(b)(6)



Have a good rest of your week!

(b)(6)



000555

**Consulado General de Guatemala**

6300 Richmond Ave Suite 103

Houston, TX 77057

(713) 953-9531



cid:image006.png@01D460BB.EB51BB60

---

**From:** Proteccion Houston

000556

**Sent:** Monday, September 24, 2018 11:43 AM

**To:** Perkins, Laura L; Orientacion Houston

**Cc:** Duplechain, Janis L

**Subject:** Re: 09-24-2018 GUATE INTERVIEWS TO INCLUDE EXCEL FORMAT

Dear all can the interviews be moved to 1:30?

We had to step out of the office and will be back by that time.

Thanks.

(b)(6)



000557

Consulado de Guatemala

6300 Richmond Ave Suite 103

Houston, TX 77057

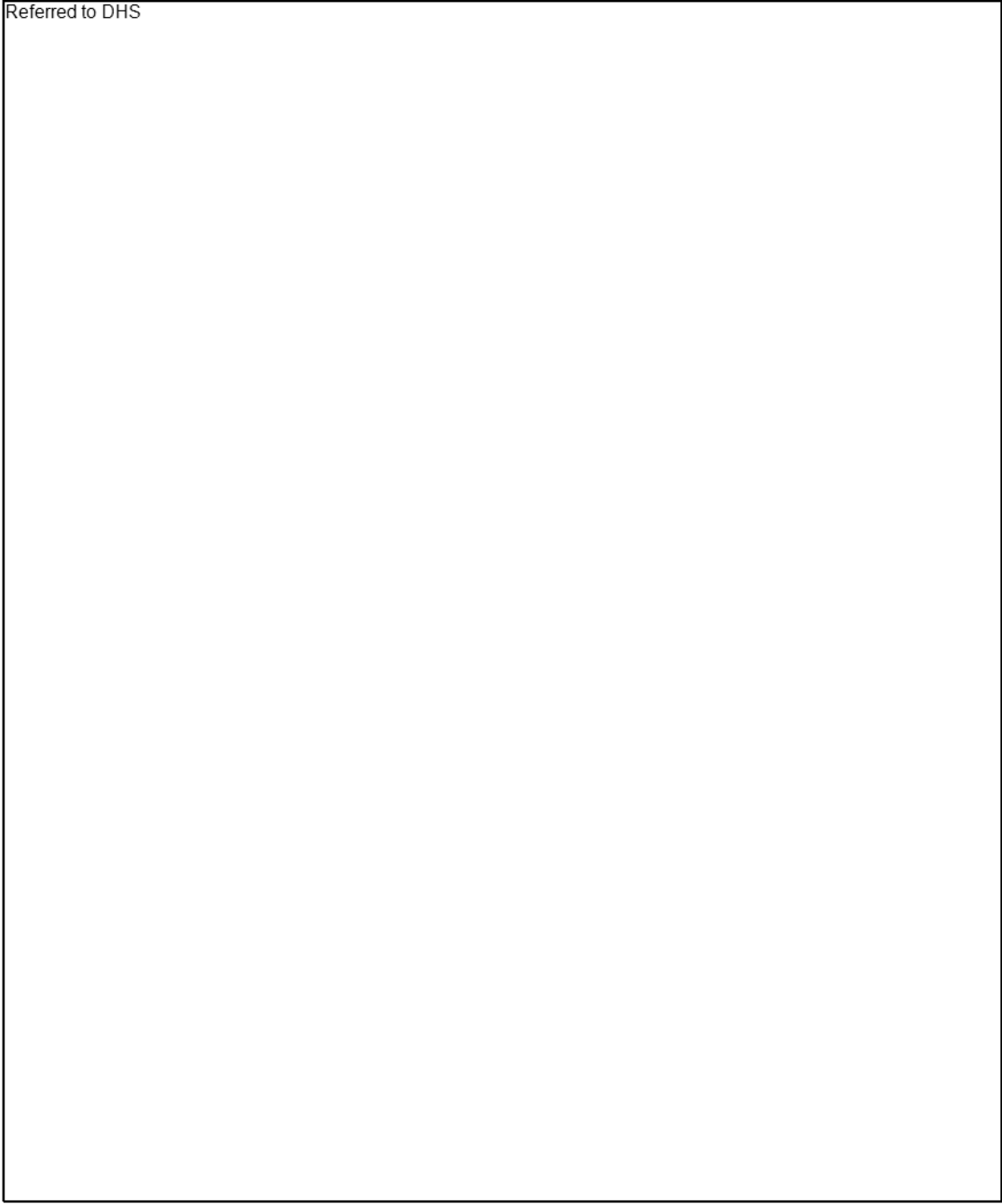
(b)(6)

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Referred to DHS

000558

Referred to DHS



Referred to DHS