ADMINISTRATION FOR CHILDREN & FAMILIES

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

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

Memo of Age Determination
August 10, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)

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

Immediately upon arrival assigned Case Manager (b)(6) conducted an initial interview with Mr. (b)(6) and proceeded to verify with the official RENAP website the document that Mr. (b)(6) had in his possession. The verification revealed a valid document with a verified date of birth of (b)( )(b) 2000.

While in ORR care it became apparent to staff involved in Mr. (b)(6) s direct care that he could be overage. The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures which are outlined in *Section 1.6 Determining the Age of an Individual without Lawful Immigration Status*.

Thus, on August 3, 2016 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 probability that this individual has reached her 18th birthday as a percentage is 81.25%**". 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'".

On August 5, 2016, Case Manager provided Mr. (b)(6) an opportunity to address the concerns regarding his age and Mr. (b)(6) admitted that his true name is (b)(6) He also disclosed that his true date of birth is (b)(6) (b)(6) **1997**. Mr. (b)(6) will be referred to from here forward in this document as Mr. (b)(6)

Mr. (b)(6) immediately disclosed that he used his neighbor's birth certificate in order to impersonate him in order to pass as a minor. He stated that he did not have to pay his neighbors to use the birth certificate because they are good friends.

Case Manager then spoke to Mr. (b)(6) real mother, (b)(6) and asked her to provide the information of her son and she went on to state that his true name was (b)(6) with date of birth on (b)((b) 2000. Case Manager then informed Mrs. (b)(6) that her son disclosed his true name and date of birth as well as the reasoning for the impersonation. Mrs. (b)(6) then proceeded to apologize for the situation and stated that she just wanted her son to have an opportunity to have a better life in the United States. Case Manager then advised her to send Mr. (b)(6) true birth certificate.

On August 9, 2016, Mrs. (b)(6) sent the true birth certificate for her son confirming the true name to be (b)(6) (b)(6) with a date of birth on (b)(6) 1997. On August 9, 2016, the birth certificate provided for Mr. (b)(6) was determined valid.

While in ORR care Mr. (b)(6) did not have an identified viable sponsor and was referred to the legal provider Florence Project which determined him to be eligible for Long Term Foster Care (LTFC). ORR then referred Mr. (b)(6) to LTFC and was pending an available bed as LTFC is at capacity; however, as he is determined to be an adult he does not qualify for such services.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) verified birth certificate indicating that his DOB is (b)(6) 1997, his own retraction of his first provided incorrect date of birth and name including admitting that he is 19 years old and his mother's corroboration of this information including admitting that they both have carried out a scheme to create a false 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.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Impersonating BC of (b)(6)
- Impersonated BC Verified through RENAP of (b)(6)
- True BC of (b)(6)
- Statement
- Photograph
- TB Clearance

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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 10, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)
AKA: (b)(6)

Ms. (b)(6) (b)(6) was transferred to and placed in HHS ORR care with SWK Casa Phoenix on June 26, 2016 as a juvenile as a result of Ms. (b)(6) knowingly providing to apprehending officials a name and date of birth different from what Ms. (b)(6) and her family have now revealed to be her real identity with the purpose of misrepresenting herself as a minor.

Immediately upon arrival assigned Case Manager (b)(6) conducted an initial interview with Ms. (b)(6) and requested her birth certificate from her family in Guatemala who faxed a document with name (b)(6) (b)(6) (b)(6) and date of birth March 20, 1999. Case Manager then proceeded to immediately verify the document with the official website RENAP site and the document returned as a valid birth certificate.

While in ORR care and upon initial assessment and interview conducted by assigned Case Manager (b)(6) it became apparent through assessment that Ms. (b)(6) could be overage as she appears to be physically much older than her reported 17 years of age. The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures which are outlined in *Section 1.6 Determining the Age of an Individual without Lawful Immigration Status*.

Thus, on August 3, 2016 Ms. (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine her chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached her 18th birthday as a percentage is 91.5%**". 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 then met with Ms. (b)(6) to provide her the opportunity to explain additional information about her identity and Ms. (b)(6) disclosed to Case Manager that she took the identity of her neighbor in Guatemala and that her real name is (b)(6) **with a date of birth of** (b)(6) **1993.** Ms. (b)(6) will be referred to from here forward in this document as Ms. (b)(6)

(b)(6) continued to explain to Case Manager that (b)(6) (b)(6) is a neighbor who was willing to provide the formal document to (b)(6) and that she did this as she was advised by acquaintances throughout her journey who successfully utilized this method before that this was the best way to successfully enter the US and not be deported.

Case Manager then contacted again (b)(6) mother, Mrs. (b)(6), to confirm the identity of her daughter and she initially insisted that her daughter's name is (b)(6) (b)(6) and that she is a minor. Case Manager then placed both (b)(6) and Ms. (b)(6) on the speaker phone and (b)(6) informed her mother that she disclosed her true identity. Ms. (b)(6) apologized for their actions and explained that she wanted to ensure that (b)(6) could remain in the US. Ms. (b)(6) was able to provide (b)(6) (b)(6) birth certificate. Case Manager verified birth certificate on the official RENAP website with the name of (b)(6) (b)(6) with a date of birth of (b)(6) 1993.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Ms. (b)(6) (b)(6) verified birth certificate indicating that her DOB is (b)(6) 1993, her own retraction of her first provided incorrect date of birth and name including admitting that she is 23 years old and her mother's corroboration of this information including admitting that they both have carried out a scheme to create a false date of birth 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.

Accordingly, under these procedures, the age determination process for Ms. (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- (b)(6) taken identity BC of (b)(6) (b)(6)
- A photograph
- TB clearance
- BC true identity (b)(6)
- Written statement of (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) AKA: (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES
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Memo of Age Determination
August 12, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 31, 2016 as a juvenile as a result of Ms. (b)(6) knowingly providing a different date of birth, (b)(6) 1999, for herself upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) was immediately interviewed by a Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) could be overage. Case Manager requested a copy of Ms. (b)(6) birth certificate from her father, Mr. (b)(6) (b)(6) who resides in Alabama. Mr. (b)(6) faxed to assign Case Manager, (b)(6) a copy of Ms. (b)(6) birth certificate showing a date of birth (b)(6) 1999.

On August 5, 2016 while reviewing Ms. (b)(6) birth certificate provided by father it became apparent to Case Manager that the font of the birth date on the birth certificate appeared altered, therefore Case Manager proceeded to verify the document via the official governmental RENAP (Registro Civil Nacional de las Personas) website which resulted in a no match.

Case Manager then provided a copy of the document to the Phoenix Guatemalan Consulate for further verification. On August 9, 2016, Consular Assistant, Ms. (b)(6) notified via email to ORR that she had not been able to retrieve a document matching the one provided for verification. Ms. (b)(6) informed then that a second attempt for verification would be completed. On August 10, 2016, Guatemalan Consular Assistant, Ms. (b)(6) emailed to ORR the results of the verification which revealed Ms. (b)(6) true date of birth **as** (b)(6) **1997**.

Case Manager then met with Ms. (b)(6) to provide Ms. (b)(6) the opportunity to explain the new information about her identity provided by Ms. (b)(6) Ms. (b)(6) denied being an adult and restated that her date of birth is (b)(6) 1999. Ms. (b)(6) father was then contacted to inquire about his daughter's age and the alteration of the document. Mr. (b)(6) restated that his daughter's date of birth is (b)(6) 1999 and that he obtained the document from his wife, Mrs. (b)(6) (b)(6) who is COO. Ms. (b)(6) mother was then contacted to inquire about her daughter's age and the alteration of the document. Mrs. (b)(6) (b)(6) denied that her daughter is an adult and re-stated that her daughter's date of birth is (b)(6) 1999. Mrs. (b)(6) (b)(6) stated that she obtained the document from the RENAP and that she paid 15 Quetzals. Case Manager inquired about other female siblings of Ms. (b)(6) and Mrs. (b)(6) (b)(6) stated that there is an older daughter in COO who is 33 years

old (DOB: (b)(6) 1982) and that her name is (b)(6) (b)(6) Mrs. (b)(6) (b)(6) stated she attempted to obtain another birth certificate from the RENAP but that the RENAP offices were closed when she arrived and therefore was not able to obtain another birth certificate. Case Manager requested the birth certificates of both of her daughters: (b)(6) (b)(6) (b)(6) and (b)(6) (b)(6) However, no birth certificates were provided.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Ms. (b)(6) (b)(6) (b)(6) Phoenix Guatemalan Consulate verified birth certificate information showing that Ms. (b)(6) correct DOB is (b)(6) 1997 including that the font of the name and the date of birth are clearly inconsistent with the font of the rest of the document and the fact that the verification of the codes on the document provided by the family showed no matches with the official website RENAP and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Ms. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence and Ms. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification:
  Datos NO coinciden con RENAP
  (b)(6) (b)(6)
  Fecha de nacimiento: (b)(6) 1997
  LdN: Guatemala, (b)(6) (b)(6)
  Libro (b)(Folio (b)(6 Partida (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 19, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) DOB: (b)(6) 2000 **A#** (b)(6)
AKA: (b)(6) (b)(6) **DOB:** (b)(6) **1997**

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 13, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing to apprehending officials a name and date of birth different from what he and his family have 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)((b)(6) to whom it became immediately apparent that Mr. (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his mother, (b)(6) b)(6) who resides in Honduras. Ms. (b)(6) faxed to Case Manager a copy of Mr. (b)(6) handwritten birth certificate showing a date of birth (b)(6) 2000. Case Manager requested another copy, not handwritten, from Ms. (b)(6) and she faxed to Case Manager a second copy of the document showing a date of birth again of (b)(6) 2000.

Both documents then were sent for further verification on July 26, 2016 to the Honduran Consulate in Dallas. Case Manager also informed Ms. (b)(6) that the document was handwritten and that there appeared to be some problems with the copy she initially sent and Case Manager requested a third copy.

Case Manager then accessed Facebook to further investigate Mr. (b)(6) identity and was able to find a picture of Mr. (b)(6) but with a different name of (b)(6) Case Manager then provided Mr. (b)(6) an opportunity to explain the discrepancy and Mr. (b)(6) immediately admitted that he had taken the identify of a younger cousin and that his true name is (b)(6) and has a date of birth (b)(6) **1997**.

On August 19, 2016 Case Manager received from Mr. (b)(6) mother the original birth certificate matching the admitted identity of (b)(6) **with a date of birth of** (b)(6) **1997**.

While in ORR care Mr. (b)(6) reported that he was seeking reunification with his uncle (b)(6) (b)(6) (b)(6) who resides at (b)(6) NE Atlanta, Georgia (b)(6) with phone number (b)(6) who migrated to the US in 1994. In view of the concerns related to Mr. (b)(6) age and in accordance with ORR policy and procedures the reunification process was not initiated.

(b)(6) and his mother are not disputing that they have engaged in the scheme of taking the identity of a relative with the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) could be reunited as a minor with his alleged uncle.

Along with this Memo is submitting the following documents:

- Taken Identity BC of (b)(6) (b)(6)
- True identity of (b)(6)
- 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) AKA (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6) and his mother are not disputing that they have engaged in the scheme of taking the identity of a relative with the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) could be reunited as a minor with his alleged uncle.

Along with this Memo is submitting the following documents:

- Taken Identity BC of (b)(6) (b)(6)
- True identity of (b)(6)
- 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) AKA (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"
Subject:	FW: ADULT AGE REDETERMINATION (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/10 10:25:00
Priority:	Normal
Type:	Note

Good morning,

Re sending to include the dental exam for this person. We also received a verified correct BC with DOB (b)(6) 1997.

Myriam

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Wednesday, August 10, 2016 7:10 AM
To: PHO, Juv Placement; Phoenix, Juvenile; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)
Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); (b)(6) Maria Rios; (b)(6) (b)(6)
Subject: ADULT AGE REDETERMINATION (b)(6) AKA (b)(6) (b)(6) (b)((b)(6) Casa Phoenix

Good morning,

The person listed in the subject line has been determined to have a DOB (b)(6) /1997 and correct name (b)(6) He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org

Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"
Sent Date:	2016/08/10 10:25:57
Delivered Date:	2016/08/10 10:25:00

001867

Dr. Peter Arvanitis
Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date: August 3, 2016
Name: (b)(6)
ID: A # (b)(6)

To Whom It May Concern:

This is in response to South West Key Program's request regarding Jose Suj Balux's age determination. (b)(6) was seen at our dental office on August 3, 2016.

Using **"The A.B.F.O Study of Third Molar Development and It's Use As an Estimator of Chronological Age,"** *Journal of Forensic Science*, JFSCA, Vol.38, No.2, March 1993,pp.379-390, and **"The Accuracy and Precision of Third Molar Development as an Indicator of Chronological Age in Hispanics,"** *Journal of Forensic Science 2002; 47(3)*: 531-535, we attempted to create a probable age range.

In the course of dental examination it was ascertained that (b)(6) has third molars #1, #16, #17 and #32. An evaluation of the orthopantomogram revealed that third molars #1, #16, #17, #32 presented a mineralization stage of 11.

According to the mean age of attainment of stages of the third molar crown-root formation, (b)(6) is 20.6+/-2.3 years old if you consider the mandibular third molars and 20.1+/-2.6 if you consider the maxillary third molars.

The age range is **17.5-22.9.**

The probability of (b)(6) being over 18 years of age based on third molars developmental stages is 75% for tooth #1, 76% for tooth #16, 89% for tooth #17, 85% for tooth #32.

The average probability that this individual has reached his 18th birthday expressed as a percentage is **81.25%.**

Sincerely,
(b)(6)
Peter Arvanitis DDS PC

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov'"
Subject:	RE: ADULT/AGE RE-DETERMINATION (b)(6) David & Margaret
Date:	2017/11/15 19:38:00
Priority:	Normal
Type:	Note

Password: (b)(6)

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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From: Hillin, Myriam (ACF)
Sent: Wednesday, November 15, 2017 4:35 PM
To: (b)(6);(b)(7)(F) @ice.dhs.gov'
Cc: Velazquez, Ivonne (ACF); (b)(6) (b)(6) (b)(6) Zapata, Richard (ACF)
Subject: ADULT/AGE RE-DETERMINATION (b)(6) (b)(6) David &Margaret
Importance: High

Good evening Officer (b)(6);(b)(7)(F),

Attached please find for your consideration a Memo of Age-Redetermination for the above listed individual along with supporting documentation. FFS Supervisor Ivonne Velasquez has approved the request for a transfer to adult detention.

(b)(6) Password applies to open attachments.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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From: Hillin, Myriam (ACF)
Sent: Wednesday, November 15, 2017 12:30 PM
To: Velazquez, Ivonne (ACF)
Cc: (b)(6) (b)(6) (b)(6) Zapata, Richard (ACF)
Subject: ADULT/AGE REDETERMINATION (b)(6) (b)(6) /David &Margaret
Importance: High

Ivonne,

Attached please find for your approval a memo of age redetermination for the above listed individual. There is no birth certificate or other documents to establish his correct DOB. The family is not cooperating with the program or the Guatemalan Consulate in regard to his identity. According to dental exam there is a 85.80% probability this person is 18 or older.

(b)(6) password applies to open attachments.

Please advise.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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From: (b)(6) [(b)(6)@davidandmargaret.org]
Sent: Tuesday, November 14, 2017 1:07 PM
To: Hillin, Myriam (ACF)
Cc: Velazquez, Ivonne (ACF); (b)(6) (b)(6)
Subject: [WARNING : MESSAGE ENCRYPTED] RE: Age Re-determination- (b)(6) - (b)(6)

Myriam,

Attached is a memo from D&M requesting for alleged UC to be discharged to ICE custody.

(b)(6)
Program Director
DAVID &MARGARET YOUTH AND FAMILY SERVICES
DIVISION OF UNACCOMAPNIED CHILDREN OPERATIONS PROGRAM
1350 THIRD ST. LA VERNE, CA 91750
Direct: (909) 596-5921 X(b)(6) | Cell: (909) (b)(6)
(b)(6)@davidandmargaret.org

From: (b)(6) [(b)(6)@davidandmargaret.org]
Sent: Tuesday, November 14, 2017 12:01 PM
To: Hillin, Myriam (ACF)
Cc: Velazquez, Ivonne (ACF); (b)(6) (b)(6)
Subject: RE: Age Re-determination- (b)(6) - (b)(6)

Hello,

Can we get an update on case below, ICE was informed of possible adult and willing to pick up this individual with dental exam, consulate emails and a probable DOB from ORR.
Please let me know if you need anything from D&M.

Thank you

(b)(6)
Program Director
DAVID &MARGARET YOUTH AND FAMILY SERVICES
DIVISION OF UNACCOMAPNIED CHILDREN OPERATIONS PROGRAM
1350 THIRD ST. LA VERNE, CA 91750
Direct: (909) 596-5921 X(b)(6) Cell: (909) (b)(6)
(b)(6)@davidandmargaret.org
Renew Hope. Inspire Change.

From: (b)(6) [(b)(6)@davidandmargaret.org]
Sent: Monday, November 13, 2017 2:01 PM
To: Hillin, Myriam (ACF); (b)(6)
Cc: (b)(6) Agredano-Lozano, Obed (ACF) (CTR)
Subject: RE: Age Re-determination- (b)(6) - (b)(6)

Good afternoon Ms. Hillin,

Yes, social media was utilized to investigate this case but unfortunately, there were no records found for the UAC or any of his alleged family members.

Best regards,

(b)(6)
Case Manager
Division of Unaccompanied Children's Operation (DUCO)
David &Margaret Youth and Family Services
Office: (909)753-4355 | Fax: (909)912-8425
Email: (b)(6)@davidandmargaret.org

David &Margaret Youth and Family Services Disclaimer Notification: This e-mail may contain confidential information belonging to the sender that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distributing, or action taken in reliance on the contents is strictly prohibited. Please notify the sender immediately and delete this e-mail. Destruction of this information is required after the stated purpose of the release is fulfilled. Under the Privacy Act of 1974, all data of a private nature must be protected from unauthorized disclosure.

From: (b)(6) (b)(6)@DMHome.Org]
Sent: Monday, November 13, 2017 1:51 PM
To: Hillin, Myriam (ACF)
Cc: (b)(6) Agredano-Lozano, Obed (ACF) (CTR); (b)(6); (b)(6)
(b)(6)
Subject: Age Re-determination- (b)(6) - (b)(6)

Hello Myriam,

In regards to individual at D&M care, J(b)(6) (6) (A(b)(6)
please find the attached dental age report stating that he is an adult. According to the report it states that, "the empirical statistical probability of (b)(6) (b)(6)
A(b)(6) having attained 18 years of age is 85.80%."

Per policy 1.6.2 If an individual's estimated probability of being 18 or older is 75 percent or great according to a medical age assessment, and this evidence has been considered in conjunction

with the totality of the evidence, ORR may refer the individual to DHS. The 75 percent probability threshold applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.

We have attempted to retrieve any form of documentation for (b)(6) including his birth certificate from the Guatemalan Consulate, but we have been unsuccessful. Please see below the consulate's interview with (b)(6) (b)(6) This individual's physical appearance seems older, there has been discrepancy's in that he reported different date of births, statements from his family members have been unsure of his date of birth, and (b)(6) family has been unable to provide any form of documentation for him.

Respectfully,

(b)(6) MFTI
Lead Case Manager
Division of Unaccompanied Children Operations
DAVID &MARGARET YOUTH AND FAMILY SERVICES
1350 THIRD ST. LA VERNE, CA 91750
Direct: (909) (b)(6)
(b)(6) @davidandmargaret.org
Renew Hope. Inspire Change.

From: (b)(6) (b)(6) (b)(6) @minex.gob.gt]
Sent: Friday, November 03, 2017 4:21 PM
To: Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>
Cc: (b)(6) (b)(6) @davidandmargaret.org>; (b)(6) <(b)(6) @DMHome.Org>; (b)(6) (b)(6) (b)(6) @davidandmargaret.org>; Ahlberg, Jeffrey (ACF) <Jeffrey.Ahlberg@acf.hhs.gov>; (b)(6) (b)(6) @minex.gob.gt>; Proteccion Los Angeles CA <proteccionconslax@minex.gob.gt>
Subject: RV: Consular interview: - (b)(6) - (b)(6) - David &Margaret - (Age Determination Case)

Dear Obed:

Good afternoon, per your request to interview Guatemalan "minor" (b)(6) (b)(6) please take note of the following:

Minor confirmed:

NAME: (b)(6)
LAST NAME: (b)(6)
DOB: (b)(6) 2000 --- later he confessed and confirm DOB (b)(6) 2000
POB: Guatemala, Jalapa, Jalapa

FATHER: Unknown
MOTHER: (b)(6) (b)(6)

- Minor confirmed that his mother reside in Guatemala and his mother can be reached at (b)(6)
- Minor mentioned that he was able to attend to school up to 6th. Grade of elementary school,
- Minor confirmed that he worked as a farmer on the tomatoe fields,
- Minor mentioned that he is the only one son of his mother, he has no siblings,
- Minor also mentioned that he has an three of his cousins and one of them who reside in San Francisco, California and his contact information is (b)(6)
- Minor stated that he decided to come to the United States because of the gangs, minor also mentioned that he got shot in the stomach before and his mother suggest him to leave the country to avoid being kill,
- Minor commented that he save some money in order to travel to the U.S. on his own because he didn't had enough money to pay for a coyote,
- Minor confirmed that it took him a month to come to the U.S. and was a victim of assault and by three people at Palenque, Mexico and they took a bag of his belongings and minor's BC was in that bag.

***IMPORTANT:**
We tried several times to contact by phone UC's mother and cousin and unfortunately they didn't answer in order to obtain UC's correct DOB because the Birth Registry System of the Republic of Guatemala didn't display any information of both DOB mentioned above neither with the year 1999, 1998 or 1996.

Hope this information is useful to continue with the investigation process.

Respectfully,

(b)(6) (b)(6)
Vicecónsul · (b)(6) @minex.gob.gt
Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213)** (b)(6) · Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

https://outlook.office365.com/owa/service.svc/s/GetFileAttachment?id=AAMkADUyMGE4M2Q0LTk3NzQtNGM0My1iYWI3LTc3MjMyMjg0NTk5YgBGAAAAAAC3HQt7X6apRrNJO0xjCanhBwB9fjIoYfoBQKeTrm%2BlXn4uAAAAAAEJAAB9fjIoYfoBQKeTrm%2BlXn4uAAAAAHMCAAABEgAQAB2u1Z3ERrVPiR5fJy17B50%3D&X-OWA-CANARY=Ke5_BIZPLU-Yt7QWFYukqdBfR_DTZtIIvCw7OijHZBLfnPl5uWA_DvEiKcgLv97kvBcpjlvaxIc.

De: (b)(6) (b)(6)
Enviado: martes, 31 de octubre de 2017 12:46 p. m.
Para: (b)(6) Agredano-Lozano, Obed (ACF) (CTR)
Cc: (b)(6) (b)(6) Consulado de Guatemala en los Angeles; (b)(6) Ahlberg, Jeffrey (ACF)
Asunto: Re: URGENT - BC Verification - (b)(6) - (b)(6) - David &Margaret - (Age Determination Case)

Dear Jose:

Good morning, we look forward to conduct the interview at 10:30 am. on Friday November 03rd.

Best regards,

(b)(6) (6)
Vicecónsul · (b)(6) @minex.gob.gt
Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213)** (b)(6) · Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

https://outlook.office365.com/owa/service.svc/s/GetFileAttachment?id=AAMkADUyMGE4M2Q0LTk3NzQtNGM0My1iYWI3LTc3MjMyMjg0NTk5YgBGAAAAAAC3HQt7X6apRrNJO0xjCanhBwB9fJloYfoBQKeTrm%2BlXn4uAAAAAAEJAAB9fJloYfoBQKeTrm%2BlXn4uAAAAAHMCAAABEgAQAB2u1Z3ERrVPiR5fJy17B50%3D&X-OWA-CANARY=Ke5_BIZPLU-Yt7QWFYukqdBfR_DTZtIlvCw7OijHZBLfnPl5uWA_DvEiKcgLv97kvBcpjlvaxIc.

De: (b)(6) (b)(6) @davidandmargaret.org>
Enviado: martes, 31 de octubre de 2017 12:16:48 p. m.
Para: (b)(6) (b)(6) Agredano-Lozano, Obed (ACF) (CTR)
Cc: (b)(6) (b)(6) Consulado de Guatemala en los Angeles; (b)(6) Ahlberg, Jeffrey (ACF)
Asunto: RE: URGENT - BC Verification - (b)(6) - (b)(6) - David &Margaret - (Age Determination Case)

Good afternoon Viceconsul (b)(6)

Confirming Telephonic Interview for Friday November 3rd, 2017 at 10:30AM.
Thank you for your assistance and prompt attention.

Best regards,

(b)(6)
Case Manager
Division of Unaccompanied Children Operations (DUCO)
David &Margaret Youth and Family Services
Office: (909)(b)(6) | Fax: (909)912-8425
On-Call Phone: (909)(b)(6)
Email: (b)(6)@davidandmargaret.org

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From: (b)(6) (b)(6) (b)(6)@minex.gob.gt]
Sent: Tuesday, October 31, 2017 12:08 PM
To: Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>
Cc: (b)(6) (b)(6)@DMHome.Org>; (b)(6) (b)(6)@minex.gob.gt>; Consulado de Guatemala en los Angeles <conslosangeles@minex.gob.gt>; (b)(6) (b)(6)@davidandmargaret.org>; (b)(6) (b)(6)@davidandmargaret.org>; Ahlberg, Jeffrey (ACF) <Jeffrey.Ahlberg@acf.hhs.gov>
Subject: Re: URGENT - BC Verification - (b)(6) - (b)(6) - David &Margaret - (Age Determination Case)

Dear Obed:

Good morning, per your request to interview the Guatemalan UC minor (b)(6) (b)(6) and I'll be glad to assist and please confirm if by phone, Whats-App or in person.

*** CONSULAR INTERVIEW:**

By Phone: Friday November 03, 2017 at 10:30 am
You may contact me at 310(b)(6)

In Person: by Friday November 03, 2017 at 10:30 am
General Consulate of Guatemala
1975 Riverside Dr. Los Angeles, CA 90039

Thank you.

Best regards,

(b)(6) (b)(6)
Vicecónsul · evgarcia@minex.gob.gt
Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213)** (b)(6) Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

https://outlook.office365.com/owa/service.svc/s/GetFileAttachment?id=AAMkADUyMGE4M2Q0LTk3NzQtNGM0My1iYWI3LTc3MjMyMjg0NTk5YgBGAAAAAAC3HQt7X6apRrNJO0xjCanhBwB9fjIoYfoBQKeTrm%2BlXn4uAAAAAAEJAAB9fjIoYfoBQKeTrm%2BlXn4uAAAAAHMCAAABEgAQAB2u1Z3ERrVPiR5fJy17B50%3D&X-OWA-CANARY=Ke5_BIZPLU-Yt7QWFYukqdBfR_DTZtIIvCw7OijHZBLfnPl5uWA_DvEiKcgLv97kvBcpjlvaxIc.

De: Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>
Enviado: martes, 31 de octubre de 2017 11:55:49 a. m.
Para: (b)(6) (b)(6)
Cc: (b)(6) (b)(6) Consulado de Guatemala en los Angeles; (b)(6) (b)(6) (b)(6) Ahlberg, Jeffrey (ACF)
Asunto: URGENT - BC Verification - (b)(6) - (b)(6) - David &Margaret - (Age Determination Case)

Good Morning Viceconsul (b)(6)

We appreciate your prompt response and update regarding this request.

The Case Manager and FFS are requesting your assistance with interviewing the UAC.

Telephonically / via WhatsApp would be fine.

Please let us know your availability.

Thank you,

Obed Agredano, MSW
Contract Field Specialist (CTR)
General Dynamics Information Technology
Office of Refugee Resettlement (ORR)
Division of Unaccompanied Children Operations (DUCO)
Los Angeles, California
(202) (b)(6) work cell
Obed.Agredano@acf.hhs.gov

cid:image001.png@01CE47FE.C36E63E0

From: (b)(6) (b)(6) [(b)(6) @minex.gob.gt]
Sent: Tuesday, October 31, 2017 10:15 AM
To: Agredano-Lozano, Obed (ACF) (CTR)
Cc: (b)(6) (b)(6) (b)(6) (b)(6) Proteccion Los Angeles CA; Consulado de Guatemala en los Angeles
Subject: Re: URGENT - BC Verification - (b)(6) - (b)(6) - David &Margaret - (Age Determination Case)

Dear Obed:

Good morning, per your request to verify minor (b)(6) (b)(6) s DOB (b)(6) 2000 or (b)(6) Year Unknown.

Unfortunately, the Birth Registry of the Republic of Guatemala system didn't display any information at all and we even tried to input several years, month and days with no success.

It will be greatly appreciated if you provide a any type of BC in order to verify the information otherwise it will be difficult.

Thank you.

Respectfully,

(b)(6) (b)(6)
Vicecónsul · (b)(6) @minex.gob.gt
Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213)** (b)(6) · Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

https://outlook.office365.com/owa/service.svc/s/GetFileAttachment?id=AAMkADUyMGE4M2Q0LTk3NzQtNGM0My1iYWI3LTc3MjMyMjg0NTk5YgBGAAAAAAC3HQt7X6apRrNJO0xjCanhBwB9fjIoYfoBQKeTrm%2BlXn4uAAAAAAEJAAB9fjIoYfoBQKeTrm%2BlXn4uAAAAAHMCAAABEgAQAB

2u1Z3ERrVPiR5fJy17B50%3D&X-OWA-CANARY=Ke5_BIZPLU-Yt7QWFYukqdBfR_DTZtIIvCw7OijHZBLfnPl5uWA_DvEiKcgLv97kvBcpjlvaxIc.

De: Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>
Enviado: martes, 31 de octubre de 2017 7:32:49 a. m.
Para: (b)(6) (b)(6) Proteccion Los Angeles CA
Cc: (b)(6) (b)(6) (b)(6)
Asunto: URGENT - BC Verification - (b)(6) - (b)(6) - David &Margaret - (Age Determination Case)

cid:image002.gif@01D35242.33113040

Good Morning Viceconsul (b)(6)

May you kindly assist David &Margaret with the attached request?

An interview is also needed as the Case Manager has age concerns.

(b)(6) **Password**

Thank you in advance,

Obed Agredano, MSW
Contract Field Specialist (CTR)
General Dynamics Information Technology
Office of Refugee Resettlement (ORR)
Division of Unaccompanied Children Operations (DUCO)
Los Angeles, California
(202) (b)(6) work cell
Obed.Agredano@acf.hhs.gov

cid:image001.png@01CE47FE.C36E63E0

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>

Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov'"
Sent Date:	2017/11/15 19:38:40
Delivered Date:	2017/11/15 19:38:00

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/07/29 14:52:00
Priority:	Urgent
Type:	Note

Good morning again,

Attached please find the approved Memo of Age Redetermination by FFS Supervisor Ivonne Velasquez (please see email below) for the above listed individual. Please see Memo for details and attachments. She is medically cleared.

Test	Date Specimen Collected	Result
Pregnancy	5/10/2016	Negative

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Friday, July 29, 2016 10:38 AM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)((b)(6) Casa Phoenix
Importance: High

Dear Myriam,
Please contact ICE and have them take this individual in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Friday, July 29, 2016 9:02:42 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix

Good morning Ivonne,

Please find attached for your consideration and approval a memo of age redetermination for the UC (b)(6) (b)(6) AKA: Unknown who has been determined to be an adult according to a dental exam.

- A dental exam conducted on July 20 from Dr. Arvanitis concluded that "**the average probability that this individual has reached her 18th birthday as a percentage is 86.5%**".

  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'".

- The Guatemalan consulate interviewed her and concluded that they suspect she is an adult impersonating another individual.

- (b)(6) provided the consulate with discrepant dates of birth including that she was born in 1998 and not in 1999 as her mother reports.

- (b)(6) mother faxed a copy of a BC (attached) with DOB (b)(6) 1999, however, the mother cannot provide an original or certified copy of the document nor any other documents asserting to her daughter's age despite having granted the mother additional time to secure additional information. This person has been in care since 05/09/2016.

- We are unable to determine who this person is, however, per ORR policy ORR only needs to establish that the person is an adult and ORR does not need to establish this individual's true identity as this is out of the purview of ORR.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/29 14:52:40
Delivered Date:	2016/07/29 14:52:00
From:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>
To:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Subject:	FW: Verificacion de Acta - (b)(6) (SWK Casa Phoenix)
Date:	2016/06/30 19:36:36
Priority:	Normal
Type:	Note

FYI

(I think you were able to verify this one on RENAP online system)

Celestina Buriel, M.A.
Contract Field Specialist
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Refugee Resettlement
Division of Children's Services
Phoenix, Arizona
Phone: (b)(6)
Email: Celestina.Buriel@acf.hhs.gov

From: CONSULADO GUATEMALA PHOENIX
Sent: Thursday, June 30, 2016 11:54 AM
To: Buriel, Celestina (ACF) (CTR)
Subject: Re: Verificacion de Acta - (b)(6) A# (b)(6) (SWK Casa Phoenix)

Estimada Celestina,

Perdon por la rapidez que escribo y por un teclazo involuntario se envio el correo, pido mil disculpas

Continuacion del correo anterior,

Nota: NOTA : El dia 21 de Junio entreviste a (b)(6) en Casa Phoenix, ella dijo que tenia 17 años y la fecha de nacimiento que me proporciono fue (b)(6) de 1998 pero con esos datos no aparece en el sistema y al entrevistar a la madre ella me informo que la fecha correcta era (b)(6) 1999, lo cual me parece extraño posiblemente este utilizando los documentos de otra persona, suponemos que es adulto .

Atentamente,

(b)(6)
Asistente en documentacion consular
Consulado General de Guatemala
Phoenix, Arizona

2016-06-30 11:49 GMT-07:00 CONSULADO GUATEMALA PHOENIX <consguateazuac@gmail.com>:
Estimada Celestina,

Respecto al siguiente caso , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

1. Datos coinciden con RENAP
(b)(6) (b)(6)
Fecha de nacimiento : (b)(6) 999
LdN: Guatemala, (b)(6) (b)(6)
Libro (b)(6) Folio (b)(6) Partida (b)(6)

NOTA : El dia 21 de Junio entreviste a (b)(6) en Casa Phoenix, ella dijo que tenia 17 años y

Atentamente,

(b)(6)
Asistente en documentacion consular
Consulado General de Guatemala
Phoenix, Arizona

Sender:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>

Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/06/30 19:36:34
Delivered Date:	2016/06/30 19:36:36

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 29, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination

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

Ms. (b)(6) (b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on May 9, 2016 as a juvenile as a result of (b)(6) reporting her date of birth as (b)(6) 1999 to officers who apprehended her.

While in ORR care and upon initial assessment and interview conducted by assigned Case Manager (b)(6) it became apparent through assessment that (b)(6) could be overage as she appears to be physically much older than her reported 16 years of age. The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures which are outlined in *Section 1.6 Determining the Age of an Individual without Lawful Immigration Status*.

As (b)(6) (b)(6) did not have in her possession a copy of her birth certificate on May 21, 2016 and at the request of the assigned Case Manager, (b)(6) mother faxed to Case Manager a copy of the birth certificate for (b)(6) (b)(6) showing a date of birth of (b)(6) 1999. The mother of (b)(6) (b)(6) (b)(6) maintains that the document she sent is the only copy she has and that she is unable to obtain an original or other certified copy of the formal document and denies having any other form of documentation that corroborates her daughter's date of birth.

Given these concerns and according to ORR procedures efforts to ensure that multiple forms of evidence were taken into consideration when assessing for (b)(6) age, ORR then consulted on June 21, 2016 with the Phoenix Guatemalan Consulate to obtain verification of (b)(6) true identity.

Consular Assistant Officer Ms. (b)(6) informed ORR on July 15, 2016 that "El dia 21 de Junio entreviste a Brenda en Casa Phoenix, ella dijo que tenía 17 años y la fecha de nacimiento que me proporciono fue (b)(6) de 1998 pero con esos datos no aparece en el sistema y al entrevistar a la madre ella me informo que la fecha correcta era (b)(6) 1999, lo cual me parece extraño, posiblemente este utilizando los documentos de otra persona, suponemos que es adulto, reporto que tiene 3 hermanos (b)(6) 8) ella dijo que su fecha de nacimiento era (b)(6) de 1998, se entregó a migración". "This writer's translation: "On June 21 I interviewed (b)(6) at Casa Phoenix, she said that she was 17 years old and the date of birth she provided was (b)(6) 1998 but with that date nothing shows up in our system and while interviewing her mother she informed me that the correct date of birth is (b)(6) 1999, which seems strange possibly she is utilizing documents of another individual we suppose she is an adult, she reported she has 3 siblings (b)(6)

(b)(6) she said her date of birth was (b)(6) 1998 and that she turned herself to immigration".

In view that (b)(6) indicated to consular authorities that her date of birth is (b)(6) 1998 which the Guatemalan consulate is unable to verify on their systems, that the mother of (b)(6) reports a different DOB of (b)(6) 1999 but is unable to provide a certified original document or other reliable supporting documents besides the copy she faxed and that the Guatemalan consulate informed ORR that they believe this individual is an adult utilizing documents of another individual, ORR policy requires that "when available information is inconclusive medical age assessment procedures may be used to determine age" to ensure custody and consistency with the statutory requirements under the TVPRA".

Thus, on July 20, 2016 (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine (b)(6) chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached her 18th birthday as a percentage is 86.5%**". 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'".

HHS-ORR may make age determinations of UC when they are in HHS custody based on a reasonable suspicion that a child in HHS custody is 18 years or older; therefore this FFS, after careful consideration and review of all available objective evidence listed above, concurs with the professional findings of both the medical expert Dr. Arvanitis and the Phoenix Guatemalan Consulate and concludes that there is reasonable and strong supporting evidence that the UC is actually an adult presumed to be impersonating (b)(6) (b)(6)

In accordance with ORR policy and procedures it suffices to establish that an individual is not a minor to request transfer to ICE custody; therefore FFS Supervisor Ivonne Velasquez reviewed the medical age determination exam and concurs with the new information indicating that (b)(6) (b)(6) AKA: Unknown is over 18 year 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, July 29, 2016 11:55 AM

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

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6) (b)(6) (b)(6)

Subject: ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix

Importance: High

Good morning again,

Attached please find the approved Memo of Age Redetermination by FFS Supervisor Ivonne Velasquez (please see email below) for the above listed individual. Please see Memo for details and attachments. She is
medically cleared.

Test	Date Specimen Collected	Result
Pregnancy	5/10/2016	Negative

Contact information for transfer arrangements:

(b)(6)	Program Director	(b)(6)	(b)(6) @swkey.org

Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6) (b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)

Sent: Friday, July 29, 2016 10:38 AM

To: Hillin, Myriam (ACF)

Subject: Fw: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix

Importance: High

Dear Myriam,

Please contact ICE and have them take this individual in to their custody

Thanks, ivonne

From: Hillin, Myriam (ACF)

Sent: Friday, July 29, 2016 9:02:42 AM

To: Velazquez, Ivonne (ACF)

Subject: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) Casa Phoenix

Good morning Ivonne,

Please find attached for your consideration and approval a memo of age redetermination for the UC (b)(6) (b)(6) AKA: Unknown who has been determined to be an adult according to a dental exam.

- A dental exam conducted on July 20 from Dr. Arvanitis concluded that "**the average probability that this individual has reached her 18th birthday as a percentage is 86.5%**".

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'".

- The Guatemalan consulate interviewed her and concluded that they suspect she is an adult impersonating another individual.

- (b)(6) provided the consulate with discrepant dates of birth including that she was born in 1998 and not in 1999 as her mother reports.

- (b)(6) mother faxed a copy of a BC (attached) with DOB (b)(6) 1999, however, the mother cannot provide an original or certified copy of the document nor any other documents asserting to her daughter's age despite having
granted the mother additional time to secure additional information. This person has been in care since 05/09/2016.

- We are unable to determine who this person is, however, per ORR policy ORR only needs to establish that the person is an adult and ORR does not need to establish this individual's true identity as this is out of the purview

of ORR.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 17, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

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

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that (b)(6) could be overage. Case Manager requested a copy of (b)(6) birth certificate from his brother (b)(6) in Guatemala.

Upon reviewing the documented sent by (b)(6) brother to the Case Manager it was apparent to the Case Manager the birth certificate presented with discrepant fonts and misaligned input data throughout the document, therefore the birth certificate was sent to the Phoenix Guatemalan Consulate for verification.

(b)(6) reported that he traveled to the US to reunite with a friend named (b)(6) who resides at (b)(6) Orlando, Florida (b)(6) phone number (b)(6)

On June 16, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives, (b)(6) was registered with a date of birth (b)(6) 1996**.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by (b)(6) brother. (b)(6) insisted that he knows his date of birth to be 1998. Case Manager then contacted (b)(6) brother (b)(6) who reported that he sent the only copy of the birth certificate he had for his brother and that he did not know anything about why the verified document is different.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) new information about his date of birth and I agreed that there is sufficient strong evidence to indicate that (b)(6) is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- photograph
- TB Clearance

- RENAP Consular Verification:

  NOTA: (b)(6) (b)(6) A# (b)(6) se envio el acta de nacimiento a verificar y se pudo confirmar lo siguiente:
  Datos coinciden con RENAP
  (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) 1996
  LdN: Guatemala, (b)(6)
  CdN: (b)(6)

In accordance with ORR policy, FFS Supervisor Jose Gonzalez reviewed all the new information and documents mentioned above indicating that (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"; (b)(6) (b)(6) @swkey.org>"
Subject:	ADULT AGE RE-DETERMINATION (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2016/08/05 12:02:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find an approved Memo of Age Redetermination by FFS Supervisor Ivonne Velasquez for the above listed individual. Please see email below and memo for details. He is medically cleared.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Dear Myriam,
Please contact ICE and have them take this individual in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

From: Hillin, Myriam (ACF)
Sent: Friday, August 05, 2016 8:22 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix

Good morning Ivonne,

Please find attached for your consideration and approval a memo of age redetermination for (b)(6) (b)(6) AKA: Unknown who has been determined to be an adult according to a dental exam and Guatemalan Consular interview:

- • A dental exam conducted on July 13 from Dr. Arvanitis concluded that "**the average probability that this individual has reached her 18th birthday as a percentage is 81.25%**".

  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'".
- • The Guatemalan consulate interviewed him and concluded that they suspect he is an adult impersonating another individual.
- • (b)(6) mother has showed no interest in providing additional information and the CM believes she may not be the mother of (b)(6) She also informed that Mr. (b)(6) was residing in Mexico. Has not provided additional and corroborative life narrative.
- • Mr. (b)(6) alleged mother could not provide a copy of a BC for Mr. (b)(6) The only available copy is the one provided by Mr. (b)(6) She cannot provide an original or certified copy of the document nor any other documents asserting to his son's age despite having granted the mother additional time to secure additional information. This person has been in care since 06/13/2016. Cannot provide information about a potential sponsor nor can his alleged mother.

- • We are unable to determine who this person is, however, per ORR policy ORR only needs to establish that the person is an adult and ORR does not need to establish this individual's true identity as this is out of the purview of ORR.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"; (b)(6) (b)(6) @swkey.org>"
Sent Date:	2016/08/05 12:02:50
Delivered Date:	2016/08/05 12:02:00
From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Subject:	FW: (b)(6) Vasquez Hernadez, (b)(6) (BC Verification)
Date:	2016/08/05 02:05:02
Priority:	Normal
Type:	Note

From: CONSULADO GUATEMALA PHOENIX
Sent: Monday, June 27, 2016 4:27 PM
To: Buriel, Celestina (ACF) (CTR)
Subject: SEGUIMIENTO ENTREVISTAS 21 DE JUNIO PARTE 2

Estimada Celestina,

Respecto a los siguientes casos , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

18. Datos coinciden con RENAP
(b)(6) (b)(6)
Fecha de nacimiento (b)(6)
LdN: Guatemala, (b)(6) Cuilco
Libro (b)(6)

NOTA (b)(6) (b)(6) Destino California,tiene 8 hermanos, Se entrego a migración, estudio hasta el grado 4, creemos que utiliza el acta de otra persona y suponemos que es adulto.

*Adjunto constancias de verficación

(b)(6)
Asistente en documentación consular
Consulado General de Guatemala
Phoenix, Arizona

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/08/05 02:05:01
Delivered Date:	2016/08/05 02:05:02

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6)
AKA: unknown

Mr. (b)(6) (b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on June 13, 2016 as a juvenile as a result of (b)(6) reporting his date of birth as (b)(6) to officers who apprehended him.

While in ORR care and upon initial assessment and interview conducted by assigned Case Manager (b)(6) it became immediately apparent through assessment that (b)(6) could be overage as he appears to be physically much older than his reported 17 years of age and does not provide a consistent narrative of life events.

When (b)(6) arrived to Casa Phoenix on June 13, 2016 he presented to the Case Manager a copy of his birth certificate with date of birth of (b)(6) The mother of (b)(6) (b)(6) (b)(6) maintains that the document (b)(6) presented is the only copy and that she is unable to obtain an original or other certified copy. She also states she has no other documents supporting (b)(6) claim.

While in ORR care no sponsor was identified for (b)(6) and neither he nor his family was able to provide information about any person in the US who could assist (b)(6) (b)(6) reported that he had a friend who he would like to contact for assistance, however, he does not have a phone number for this friend and mother is unaware of whom (b)(6) traveled to live with as result no other individuals could be contacted for assistance. On a later date (b)(6) provided Case Manager with a phone number for his mother and the Case Manager was then able to make contact with (b)(6) alleged mother. Case Manager also reports that (b)(6) mother has not made any attempt to contact her son or the Case Manager and has not provided any additional biographical information to corroborate she is the mother or knows (b)(6) and has presented as distant and uninterested in assisting (b)(6)

Given these concerns and according to ORR procedures efforts to ensure that multiple forms of evidence were taken into consideration when assessing for (b)(6) age, ORR consulted on June 21, 2016 with the Phoenix Guatemalan Consulate to obtain verification of (b)(6) true identity.

After interviewing (b)(6) Consular Assistant Officer Ms. (b)(6) informed ORR on June 27, 2016 the following: "Destino California, tiene 8 hermanos, Se entrego a migracion, estudio hasta el grado 4". Literal translation "destination California, has 8 siblings. Turned himself into immigration, went to school until the 4th grade. Consular official (b)(6)

concluded that "creemos que utiliza el acta de otra persona y suponemos que es adulto". This reviewer's translation: "**We believe that [Mr. (b)(6) utilizes the birth certificate of another person and we suppose he is an adult**".

To ensure custody and consistency with the statutory requirements under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), Office of Refugee Resettlement (ORR) policy requires that when available information is inconclusive medical age assessment procedures may be used to determine age.

In view that the Phoenix Guatemalan Consulate assessed and advised ORR that they believe this individual is an adult utilizing documents of another individual and that the mother of Ms. (b)(6) is unable to provide a certified original document or other reliable supporting documents besides the copy Mr. (b)(6) had in his possession, ORR policy requires that "when available information is inconclusive medical age assessment procedures may be used to determine age to ensure custody and consistency with the statutory requirements under the TVPRA".

Thus on July 13, 2016 Mr. (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine Mr. (b)(6) chronological age. Dr. Arvanitis provided a report concluding that "**The average empirical probability that this individual has reached his 18th birthday expressed as a percentage is 81.25%**". 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'".

HHS-ORR may make age determinations of UC when they are in HHS custody based on a reasonable suspicion that an individual in HHS custody is 18 years or older; therefore this FFS, after careful consideration and review of the all available evidence listed above, concurs with the professional findings of both the medical expert Dr. Arvanitis and the Phoenix Guatemalan Consulate and concludes that there is reasonable and strong evidence that the UC is actually an adult presumed to be impersonating (b)(6) (b)(6)

In accordance with ORR policy and procedures it suffices to establish that an individual is not a minor to request transfer to ICE custody; therefore FFS Supervisor Ivonne Velasquez reviewed the medical age determination exam along with the recommendation provided by the Guatemalan Consulate and concurs with the new information indicating that (b)(6) (b)(6) AKA: Unknown is over 18 year 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

From: Hillin, Myriam (ACF)
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) Casa Phoenix
Date: Friday, August 05, 2016 8:48:44 AM

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Friday, August 05, 2016 8:29 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) Casa Phoenix

Dear Myriam,

Please contact ICE and have them take this individual in to their custody.

Thanks Ivonne

Ivonne Velazquez, 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

Cell: (b)(6)

http://www.acf.hhs.gov/programs/orr

From: Hillin, Myriam (ACF)
Sent: Friday, August 05, 2016 8:23 AM

To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)((b)(6) Casa Phoenix

Good morning Ivonne,

Please find attached for your consideration and approval a memo of age redetermination for (b)(6) (b)(6) AKA: Unknown who has been determined to be an adult according to a dental exam and Guatemalan Consular interview:

- A dental exam conducted on July 13 from Dr. Arvanitis concluded that "**the average probability that this individual has reached her 18th birthday as a percentage is 81.25%**".

  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'".

- The Guatemalan consulate interviewed him and concluded that they suspect he is an adult impersonating another individual.

- Mr. (b)(6) s mother has showed no interest in providing additional information and the CM believes she may not be the mother of Mr. (b)(6) She also informed that Mr. (b)(6) was residing in Mexico. Has not provided additional and corroborative life narrative.

- Mr. (b)(6) alleged mother could not provide a copy of a BC for Mr. (b)(6) The only available copy is the one provided by Mr (b)(6) She cannot provide an original or certified copy of the document nor any other documents asserting to his son's age despite having granted the mother additional time to secure additional information. This person has been in care since 06/13/2016. Cannot provide information about a potential sponsor nor can his alleged mother.

- We are unable to determine who this person is, however, per ORR policy ORR only needs to establish that the person is an adult and ORR does not need to establish this individual's true identity as this is out of the purview of ORR.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

001906
Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, August 05, 2016 9:04 AM

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

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6) (b)(6) (b)(6)

Subject: ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) Casa Phoenix

Good morning,

Attached please find an approved Memo of Age Redetermination by FFS Supervisor Ivonne Velasquez for the above listed individual. Please see email below and memo for details. He is medically cleared.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Dear Myriam,

Please contact ICE and have them take this individual in to their custody.

Thanks Ivonne

Ivonne Velazquez, 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

Cell: (b)(6)

http://www.acf.hhs.gov/programs/orr

From: Hillin, Myriam (ACF)

Sent: Friday, August 05, 2016 8:22 AM

To: Velazquez, Ivonne (ACF)

Subject: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix

Good morning Ivonne,

Please find attached for your consideration and approval a memo of age redetermination for (b)(6) (b)(6) AKA: Unknown who has been determined to be an adult according to a dental exam and Guatemalan
Consular interview:

- •
  A dental exam conducted on July 13 from Dr. Arvanitis concluded that "**the average probability that this individual has reached her 18th birthday as a percentage is 81.25%**".

  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'".

- • The Guatemalan consulate interviewed him and
  concluded that they suspect he is an adult impersonating another individual.
- • Mr. (b)(6) 's mother has showed no interest in providing additional information and the CM believes she may not be the mother of Mr. (b)(6) She also informed that Mr. (b)(6) was residing
  in Mexico. Has not provided additional and corroborative life narrative.
- • Mr. (b)(6) ' alleged mother could not provide a copy of a BC for Mr. (b)(6) The only available copy is the one provided by Mr. (b)(6)
  She cannot provide an original or certified copy of the document nor any other documents asserting to his son's age despite having granted the mother additional time to secure additional information.

This person has been in care since 06/13/2016. Cannot provide information about a potential sponsor nor can his alleged mother.

- • We are unable to determine who this person is, however, per ORR policy ORR only needs to establish that the person is an adult and ORR does not need to establish this individual's true identity
  as this is out of the purview of ORR.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

001911

Referred to DHS

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	(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,>"; "Teran, Frank C (b)(6);(b)(7)(F) @ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	RE: URGENT PREGNANT ADULT Age Re-Determination (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/03/30 16:32:00
Priority:	Normal
Type:	Note

Thank you for your response.

The dental forensic test documents the percentage in the document: "The empirical probability of (b)(6) being under 18 years of age based on third molars developmental stages is 16% for tooth #1, 21% for tooth #16, 09% for tooth #17, and 08% for tooth #32".

The Case Manager also was able to speak with a reported uncle of this person in Cameron and he reported that he has the correct BC and will try to fax it today. This person is admitting that she is 23 years old and that she used a BC her mother altered in the past so she could be accepted in school.

Thank you,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Wednesday, March 30, 2016 12:35 PM
To: Phoenix, Juvenile; PHO, Juv Placement
Cc: (b)(6);(b)(7)(F) Velazquez, Ivonne (ACF)
Subject: URGENT PREGNANT ADULT Age Re-Determination (b)(6) (b)(6) (b)(6) (b)((b)(6) CASA PHOENIX
Importance: High

Good afternoon,

The person listed in the subject was placed in ORR care at SWK CASA PHOENIX 03/10/2016 and reported to have a DOB (b)(6) 2000 and to be from Cameroon. She brought with her a BC (see attached).

The Case Manager contacted the Cameroon Consulate unsuccessfully for verification of the BC. We conducted a dental forensic which places her over 18. She admitted today that her DOB is (b)(6) 1992, she will be 24 next month.

(b)(6) is 38 weeks pregnant with a due date 4/1/16.

It is very unlikely that we will obtain a correct BC before she delivers, but the Consulate of Cameroon is working on this. Ms. (b)(6) reported she may be able to have someone send her correct BC and the CM is still working on this.

I sent last night another email to the Consulate of Cameron in Washington and I am pending a response.

Ms. (b)(6) denies having any friends or relatives in the US who can assist her and denies she traveled to the US seeking reunification with any family member.

Ms. (b)(6) is 2 days away from delivery and she needs appropriate shelter and medical services in preparation for her delivery day we are urgently requesting how to proceed with this case.

Mr. (b)(6) reports she was born (b)(6) (b)(6) (b)(6) in Douala, Cameroon on (b)(6) 1992. She indicated that her grandparents registered her and appear on her birth certificate.

We are requesting this person be transferred to adult detention or please advise if other plans need to be pursued.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, March 30, 2016 10:57 AM
To: Hillin, Myriam (ACF)
Subject: FW: URGENT PREGNANT ADULT/APPROVAL NEEDED Age Re-Determination (b)(6) (b)(6) (b)(6) (b)(6)
Importance: High

Dear Myriam,
Please move forward in contacting ICE so this individual can be transferred in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Sent Date:	2016/03/30 16:33:02
Delivered Date:	2016/03/30 16:32:00

001916

Referred to DHS

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

(b)(6)

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, March 11, 2016 3:45 PM

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: (b)(6);(b)(7)(F)

Subject: ADULT Age ReDetermination (b)(6) (b)(6) SWK Casa Phoenix

Good afternoon,

The person listed in the subject line arrived to SWK Casa Phoenix 3/2/16 and it was determined he was impersonating his younger sibling. The true identity of this person is (b)(6) (b)(6) with DOB (b)(6) 1996 and not (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1998. The Honduran consulate verified the BC of Mr. (b)(6) (b)(6) and had in their record a recent picture of Mr. (b)(6) which matches the identity of the person placed in our program.

The TB results for Mr. (b)(6) returned abnormal and active TB could not be excluded though Mr. (b)(6) is asymptomatic for TB. Mr. (b)(6) was referred to Maricopa TB Clinic where sample sputum was conducted and results are pending. Mr. (b)(6) is in isolation until he is cleared from TB.

We have attached:

- ORR Memo of Age Determination
- Verified BC for Mr. (b)(6) (b)(6) (b)(6)
- Presented BC of Mr (b)(6) s younger sibling (b)(6) (b)(6)
- Honduran Consulate Verification of BC for (b)(6) (b)(6)
- TB results
- TB Maricopa Clinic information about TB

This person has his mother in the US (b)(6)

We are asking to please transfer this person to adult detention.

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hilin@acf.hhs.gov

Referred to DHS

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	RE: ADULT Age ReDetermination (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/03/11 18:42:00
Priority:	Normal
Type:	Note

No. The results will probably be back next week. This person is in isolation as a precaution only for now. We had a similar case not long ago and Officer (b)(6);(b)(7)(F transferred the person to a location with a pressurized room which is what he is in now at Casa Phoenix.

Myriam

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Friday, March 11, 2016 3:45 PM
To: PHO, Juv Placement; Phoenix, Juvenile
Cc: (b)(6);(b)(7)(F)
Subject: ADULT Age ReDetermination (b)(6) (b)(6) (b)(6) Casa Phoenix

Good afternoon,

The person listed in the subject line arrived to SWK Casa Phoenix 3/2/16 and it was determined he was impersonating his younger sibling. The true identity of this person is (b)(6) (b)(6) with DOB (b)(6) 1996 and not (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1998. The Honduran consulate verified the BC of Mr. (b)(6) (b)(6) (b)(6) and had in their record a recent picture of Mr. (b)(6) which matches the identity of the person placed in our program.

The TB results for Mr. (b)(6) returned abnormal and active TB could not be excluded though Mr. (b)(6) is asymptomatic for TB. Mr. (b)(6) was referred to Maricopa TB Clinic where sample sputum was conducted and results are pending. Mr. (b)(6) is in isolation until he is cleared from TB.

We have attached:

- ORR Memo of Age Determination
- Verified BC for Mr. (b)(6) (b)(6)
- Presented BC of Mr. (b)(6) younger sibling (b)(6) (b)(6)
- Honduran Consulate Verification of BC for (b)(6) (b)(6)
- TB results
- TB Maricopa Clinic information about TB

This person has his mother in the US (b)(6) (b)(6) (b)(6)

We are asking to please transfer this person to adult detention.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(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>"
Sent Date:	2016/03/11 18:42:57
Delivered Date:	2016/03/11 18:42:00

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) ((b)(6);(b)(7)(F) (b)(6);(b)(7)(F) ce.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) AKA (b)(6) (b)(6) (b) (b)(6) Casa Phoenix
Date:	2016/07/13 16:51:00
Priority:	Urgent
Type:	Note

Good afternoon,

The person listed in the subject line has been determined to be an adult with a correct DOB (b)(6) /1997. Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: (b)(6)

Natalia C. Peña, Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, July 13, 2016 12:32 PM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) AKA (b)(6) (b)(6) (b)(6)
Importance: High

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, July 13, 2016 12:27 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6)
Importance: High

Ivonne,

Attached please find for your approval the Memo of Age Determination for the above listed individual with a verified name (b)(6) (b)(6) and a verified DOB (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"; (b)(6) (b)(6) @swkey.org>"
Sent Date:	2016/07/13 16:51:57
Delivered Date:	2016/07/13 16:51:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 13, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)
AKA: (b)(6) (b)(6)

(b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 8, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing a different name and a date of birth of (b)(6) 1998 upon apprehension by immigration 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 Mr. (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his grandmother (b)(6) who resides in Honduras. (b)(6) immediately informed Case Manager that her grandson's correct name is (b)(6) (b)(6) with a correct date of birth (b)(6) 1997 and she faxed a document on July 12, 2016 confirming the information.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the document received and the information he verbally provided about his date of birth and name and Mr. (b)(6) very regretfully admitted that his correct name is (b)(6) (b)(6) and that his c**orrect date of birth is** (b)(6) **1997** and that he was not honest when he provided the name (b)(6) He added that when he was traveling to the US with a friend he gave him the idea to provide identifying information of a younger brother instead of his true name and date of birth. He explained he was crossing the Mexican border around July 4, 2016 and that a couple of men (he did not know their names) told him they would take him across the border for free but, then later was told he had to smuggle marijuana. These men told him that they had people working within immigration and that if he got caught by immigration they would send him back to Mexico and kill him there. Client was scared that something bad would happen and didn't want to give out his real name to them in case he did get caught. He gave out younger brother's name so those men would not be able to track him down.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) AKA (b)(6) (b)(6) s birth certificate, his own retraction of his correct name and date of birth, his grandmother 's retraction of the true date of birth and name admitting her grandson is an adult and their credible testimony acknowledging and corroborating that (b)(6) is (b)(6) (b)(6) **with date of birth** (b)(6) **1997** and agrees that there is sufficient strong evidence to support the claim that he is 19 years old.

Accordingly, under these procedures, the age determination process for (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the

safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- BC for (b)(6) (b)(6)
- 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) AKA (b)(6) (b)(6) is over 18 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 Mr. (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

001928

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACION DE ACTA DE NACIMIENTO

Nº (b)(6)

(b)(6)

El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS con fundamento en el Decreto No. 150 Capitulo IV, Artículo 15, literal O, y 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 1997 y que pertenece

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

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)
e) (b)(6)
f) 1997 Año

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

a) (b)(6) N. Identidad
b) (b)(6)
c) (b)(6) Nombre
d) (b)(6) Nacionalidad

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

a) (b)(6) N. Identidad:
b) (b)(6)
c) (b)(6)
d) (b)(6)

4.) Notas marginales autorizadas:

NINGUNA

Extendida en (b)(6) Municipio (b)(6) Departamento

a los: (b)(6) del DOS MIL DIECISEIS (b)(6)

(b)(6)

FIRMA Y SELLO DEL DIRECTOR

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) /1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sun Jul 10, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence for granulomatous/fungal disease.

NOTE:
Report dictated by resident, Cody Larson MD, 10626. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

001930

(b)(6) (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: (b)(6), DO
(b)(6), MD

Released By: (b)(6) DO on 7/10/2016 7:57 AM
CC: (b)(6) - FAX

Ord Prov: (b)(6)
Ord Prov Phone: 602 (b)(6)
Ord Prov Fax: None Specified
Ord Prov Address: (b)(6)
PHOENIX AZ 85013

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

(b)(6) 001931

Facility #: --- 001932

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 11, 2016

Immunization Report

User: (b)(6)

Time: 21:02:46 MT

Resident: (b)(6) (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) -(b)(6) DOB: (b)(6) 1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/11/2016	
Hepatitis B	Consented	- Ricardo Meza 07/11/2016	
Tdap	Consented	- Ricardo Meza 07/11/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/11/2016	
HPV	Consented	- Ricardo Meza 07/11/2016	
IPV	Consented	- Ricardo Meza 07/11/2016	
Meningicoccal	Consented	- Ricardo Meza 07/11/2016	
MMR	Consented	- Ricardo Meza 07/11/2016	

Southwest Key - 922 Casa Phoenix

NAME	SEX	A NUM	D.O.B.	POB	ENT. DATE
(b)(6)	M	(b)(6)	(b)(6) /2001	Honduras	7/19/2016
	F		1999	Guatemala	8/4/2016
	M		1999	Guatemala	8/7/2016
	M		/1999	Guatemala	9/2/2016
	M		1999	Guatemala	9/12/2016
	F		2000	Guatemala	10/9/2016
	F		2001	Honduras	11/3/2016
	F		1999	Guatemala	12/4/2016
	F		1999	Guatemala	12/4/2016

001934

Southwest Key - 922 Casa Phoenix

NAME	SEX	A NUM	D.O.B.	POB	ENT. DATE
(b)(6)	M	(b)(6)	(b)(6) 1999	Guatemala	12/9/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)				(b)(6)		
	M			998	Guatemala	8/12/2016		7:32PM	9/7/2016
	M			998	Guatemala	6/2/2016		7:26PM	9/8/2016
	M			2000	Honduras	2/11/2016		7:10PM	9/8/2016
	M			1999	Guatemala	7/6/2016		6:13PM	9/8/2016
	M			2000	Guatemala	7/18/2016		4:30PM	9/8/2016
	M			2001	Guatemala	8/19/2016		1:15PM	9/8/2016
	F			2002	Guatemala	8/19/2016		1:15PM	9/8/2016
	M			1999	Guatemala	8/21/2016		10:52PM	9/8/2016
	M			2000	Guatemala	8/8/2016		7:48PM	9/8/2016
	M			1999	Guatemala	6/4/2016		7:20PM	9/8/2016
	F			1999	Guatemala	6/30/2016		4:50PM	9/8/2016
	M			1998	Guatemala	7/14/2016		6:24PM	9/8/2016
	M			2000	Guatemala	7/21/2016		1:51PM	9/8/2016
	M			2000	Guatemala	7/23/2016		1:10AM	9/8/2016
	M			999	Honduras	8/4/2016		7:22PM	9/8/2016
	M			000	Ecuador	8/4/2016		9:32PM	9/8/2016
	M			999	Guatemala	8/7/2016		11:06PM	9/8/2016
	M			1999	Guatemala	7/7/2016		3:29PM	9/8/2016
	M			999	Guatemala	8/8/2016		11:06PM	9/8/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)				(b)(6)		
	M			003	Guatemala	8/20/2016		8:23PM	9/8/2016
	M			1999	Guatemala	8/21/2016		7:57PM	9/8/2016
	M			1999	Guatemala	8/23/2016		7:30PM	9/8/2016
	M			2001	Guatemala	8/24/2016		7:10PM	9/8/2016
	M			999	Guatemala	8/25/2016		6:36PM	9/8/2016
	M			2011	El Salvador	8/29/2016		7:38PM	9/9/2016
	F			2000	El Salvador	8/28/2016		7:37PM	9/9/2016
	M			2000	Guatemala	8/20/2016		11:15PM	9/9/2016
	M			1999	Guatemala	8/7/2016		11:06PM	9/9/2016
	M			2008	Guatemala	8/22/2016		3:04PM	9/9/2016
	F			005	Guatemala	8/22/2016		3:04PM	9/9/2016
	M			1999	El Salvador	8/15/2016		4:35PM	9/9/2016
	M			001	El Salvador	8/15/2016		4:35PM	9/9/2016
	M			2000	Guatemala	8/8/2016		11:06PM	9/9/2016
	F			001	El Salvador	8/17/2016		10:09PM	9/9/2016
	M			000	El Salvador	8/17/2016		10:09PM	9/9/2016
	F			2000	Honduras	8/1/2016		5:28PM	9/9/2016
	M			2001	Guatemala	8/24/2016		7:10PM	9/9/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)			(b)(6)		
	M		1999	Guatemala	7/31/2016		4:14PM	9/9/2016
	M		999	Spain	6/16/2016		6:44PM	9/9/2016
	M		1999	El Salvador	8/16/2016		3:31PM	9/9/2016
	M		999	Guatemala	8/9/2016		3:41pm	9/9/2016
	M		999	Guatemala	8/25/2016		10:15PM	9/9/2016
	M		000	Honduras	7/7/2016		3:52PM	9/9/2016
	M		997	Honduras	9/2/2016		3:33PM	9/9/2016
	M		005	El Salvador	8/31/2016		4:39PM	9/10/2016
	M		000	El Salvador	8/31/2016		4:39PM	9/10/2016
	M		007	El Salvador	8/30/2016		10:25PM	9/10/2016
	M		000	Guatemala	8/23/2016		3:25PM	9/10/2016
	M		001	Mexico	8/18/2016		10:20PM	9/10/2016
	M		001	Guatemala	8/27/2016		1:41AM	9/10/2016
	M		000	Guatemala	8/22/2016		2:23AM	9/10/2016
	M		002	El Salvador	8/9/2016		6:15PM	9/10/2016
	F		001	Guatemala	8/10/2016		10:15PM	9/10/2016
	M		999	Guatemala	8/10/2016		10:15PM	9/10/2016
	M		999	Guatemala	7/17/2016		1:28PM	9/10/2016
	F		008	El Salvador	8/13/2016		11:05PM	9/11/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	M	(b)(6)	(b)(6)	2007	El Salvador	8/13/2016	(b)(6)	11:05PM	9/11/2016
	M			1999	Guatemala	8/24/2016		7:10PM	9/11/2016
	M			1999	Guatemala	6/16/2016		2:25PM	9/11/2016
	M			1998	Guatemala	7/30/2016		7:39PM	9/11/2016
	M			2000	Guatemala	6/21/2016		3:32PM	9/11/2016
	M			/2000	Guatemala	6/26/2016		2:18PM	9/11/2016
	M			/2000	El Salvador	8/16/2016		3:31PM	9/11/2016
	M			998	Guatemala	8/24/2016		1:17PM	9/11/2016
	M			2000	Guatemala	7/28/2016		12:54PM	9/12/2016
	M			2000	Guatemala	8/26/2016		2:20PM	9/13/2016
	F			2002	Guatemala	8/26/2016		2:20PM	9/13/2016
	M			1999	Guatemala	8/20/2016		8:23PM	9/13/2016
	M			1999	Guatemala	8/17/2016		10:09PM	9/13/2016
	M			994	Guatemala	8/28/2016		4:23PM	9/13/2016
	M			/1998	Guatemala	8/13/2016		7:05PM	9/14/2016
	F			2001	Guatemala	7/5/2016		2:54PM	9/14/2016
	M			1999	Guatemala	8/26/2016		4:58PM	9/14/2016
	M			/2012	Honduras	7/25/2016		4:45PM	9/14/2016
	F			1998	Honduras	7/25/2016		4:45PM	9/14/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)				(b)(6)		
	M		/2003	Honduras	8/22/2016			3:04PM	9/14/2016
	M		/1999	Guatemala	8/18/2016			3:53PM	9/14/2016
	M		2000	Guatemala	5/20/2016			3:40AM	9/14/2016
	M		/2001	Guatemala	8/31/2016			3:00PM	9/14/2016
	M		/2000	Guatemala	8/23/2016			7:30PM	9/14/2016
	M		1999	El Salvador	8/22/2016			9:43PM	9/14/2016
	F		/1999	Guatemala	8/27/2016			9:45AM	9/15/2016
	M		2000	Guatemala	8/28/2016			12:32AM	9/15/2016
	M		2002	Guatemala	8/26/2016			2:20PM	9/15/2016
	M		2000	Guatemala	8/21/2016			5:56PM	9/15/2016
	M		2003	Guatemala	8/30/2016			9:30PM	9/15/2016
	F		2007	Honduras	8/24/2016			8:52PM	9/15/2016
	M		1999	Guatemala	4/26/2016			3:14PM	9/15/2016
	M		2002	Guatemala	8/15/2016			4:35PM	9/15/2016
	M		/1995	Guatemala	8/28/2016			8:01PM	9/15/2016
	M		1996	Guatemala	9/8/2016			11:20PM	9/15/2016
	F		1999	Guatemala	9/2/2016			11:57PM	9/16/2016
	F		2001	Guatemala	9/2/2016			11:57PM	9/16/2016
	M		1999	Guatemala	7/26/2016			11:47PM	9/16/2016

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(b)(6)		(b)(6)				(b)(6)		
	F		4/18/1999	Guatemala	8/28/2016		8:01PM	9/16/2016
	M		1/28/2008	El Salvador	8/30/2016		10:25PM	9/16/2016
	F		8/8/2000	Guatemala	8/30/2016		9:30PM	9/16/2016
	M		11/22/2000	Guatemala	5/24/2016		6:16PM	9/16/2016
	M		4/10/2002	Guatemala	8/23/2016		7:30PM	9/16/2016
	M		1/6/1999	Guatemala	8/4/2016		9:34PM	9/16/2016
	M		3/10/1995	Guatemala	8/16/2016		6:38PM	9/16/2016
	M		7/21/1999	El Salvador	8/22/2016		3:04PM	9/16/2016
	F		7/19/2008	El Salvador	9/8/2016		12:30AM	9/17/2016
	M		1/20/2006	Guatemala	9/8/2016		11:05PM	9/17/2016
	M		2/1/2001	Guatemala	8/17/2016		10:09PM	9/17/2016
	M		10/28/1999	Guatemala	8/21/2016		10:52PM	9/17/2016
	M		5/27/1999	Guatemala	8/15/2016		7:30PM	9/17/2016
	M		4/24/2001	Guatemala	8/21/2016		5:56PM	9/17/2016
	M		3/4/2000	Guatemala	7/6/2016		8:32PM	9/17/2016
	F		11/3/2010	Guatemala	9/5/2016		7:26PM	9/18/2016
	F		1/14/2007	Guatemala	9/5/2016		7:26PM	9/18/2016
	F		7/9/2003	Guatemala	9/2/2016		11:57PM	9/18/2016
	F		1/5/2012	El Salvador	9/5/2016		5:05PM	9/18/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)			(b)(6)	(b)(6)				(b)(6)		
		M			2002	Guatemala	8/28/2016		12:32AM	9/18/2016
		F			2008	El Salvador	8/29/2016		5:25PM	9/18/2016
		M			002	El Salvador	8/29/2016		5:25PM	9/18/2016
		M			2009	Honduras	8/30/2016		10:25PM	9/18/2016
		M			2003	Honduras	8/30/2016		10:25PM	9/18/2016
		M			2008	Honduras	8/30/2016		10:25PM	9/18/2016
		M			1999	Honduras	7/5/2016		10:20PM	9/18/2016
		M			000	Guatemala	8/21/2016		10:52PM	9/18/2016
		M			1999	Guatemala	8/16/2016		4:07PM	9/18/2016
		M			2000	Guatemala	8/16/2016		4:07PM	9/18/2016
		M			006	Honduras	9/10/2016		8:04PM	9/18/2016
		F			2007	Guatemala	8/31/2016		4:39PM	9/19/2016
		F			2013	Guatemala	9/7/2016		7:25PM	9/19/2016
		F			1998	Guatemala	9/7/2016		7:25PM	9/19/2016
		F			2007	El Salvador	9/2/2016		11:57PM	9/19/2016
		F			2005	El Salvador	9/2/2016		11:57PM	9/19/2016
		M			2000	El Salvador	9/4/2016		11:57PM	9/19/2016
		F			1998	Guatemala	8/14/2016		2:27PM	9/19/2016
		M			999	Guatemala	8/28/2016		12:32AM	9/19/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		M	(b)(6)	(b)(6)	2003	Guatemala	9/2/2016	(b)(6)	3:26PM	9/20/2016
		M			998	Guatemala	8/30/2016		10:25PM	9/20/2016
		F			2011	El Salvador	9/8/2016		12:30AM	9/21/2016
		M			1999	Guatemala	8/21/2016		10:52PM	9/21/2016
		F			2006	El Salvador	9/12/2016		3:18PM	9/21/2016
		M			2010	Guatemala	9/6/2016		4:21pm	9/21/2016
		M			2000	Guatemala	7/11/2016		5:40PM	9/22/2016
		F			2014	Guatemala	9/8/2016		6:46PM	9/22/2016
		F			999	Guatemala	9/10/2016		7:23PM	9/22/2016
		F			2010	Guatemala	7/28/2016		6:56PM	9/22/2016
		F			000	Guatemala	7/28/2016		6:56PM	9/22/2016
		M			999	Guatemala	8/20/2016		9:33PM	9/22/2016
		F			2001	Guatemala	8/17/2016		10:09PM	9/22/2016
		M			2000	Guatemala	8/21/2016		10:52PM	9/22/2016
		F			999	Guatemala	8/25/2016		10:15PM	9/22/2016
		M			999	Guatemala	8/27/2016		12:41AM	9/22/2016
		M			999	Guatemala	8/28/2016		7:37PM	9/22/2016
		M			999	Guatemala	9/2/2016		3:33PM	9/22/2016
		M			000	Guatemala	9/3/2016		5:15PM	9/22/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	M	(b)(6)	(b)(6)	999	Guatemala	9/5/2016	(b)(6)	7:26PM	9/23/2016
	F			2000	Guatemala	8/26/2016		2:20PM	9/23/2016
	M			2000	Guatemala	8/31/2016		10:03PM	9/23/2016
	F			1999	Guatemala	8/31/2016		10:03PM	9/23/2016
	F			999	Guatemala	9/3/2016		4:12PM	9/23/2016
	F			2004	Guatemala	9/3/2016		4:12PM	9/23/2016
	M			1998	Guatemala	8/14/2016		3:43PM	9/23/2016
	M			2001	Guatemala	8/28/2016		12:32AM	9/23/2016
	M			2001	Honduras	9/12/2016		6:45PM	9/23/2016
	M			2001	Guatemala	8/21/2016		10:52PM	9/23/2016
	M			998	El Salvador	9/2/2016		3:33PM	9/23/2016
	M			2008	Guatemala	9/13/2016		5:27PM	9/23/2016
	M			1999	Guatemala	9/3/2016		5:15PM	9/23/2016
	M			999	Guatemala	9/6/2016		9:55PM	9/23/2016
	M			2015	Mexico	8/27/2016		12:41AM	9/23/2016
	F			1999	Mexico	8/27/2016		12:41AM	9/23/2016
	M			997	Guatemala	9/14/2016		7:27PM	9/23/2016
	F			1992	Guatemala	3/1/2016		7:40PM	9/23/2016
	M			995	Guatemala	6/28/2016		7:30PM	9/23/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)				(b)(6)		
	M			2001	Guatemala	7/25/2016		4:45PM	9/24/2016
	M			999	Honduras	8/27/2016		12:41AM	9/24/2016
	F			2003	Honduras	8/27/2016		12:41AM	9/24/2016
	F			2010	Guatemala	8/29/2016		4:09PM	9/24/2016
	M			2003	Guatemala	9/6/2016		4:21pm	9/24/2016
	F			2003	Guatemala	7/13/2016		4:48PM	9/24/2016
	M			1999	Guatemala	8/28/2016		7:37PM	9/24/2016
	F			2012	Guatemala	8/31/2016		1:33PM	9/25/2016
	F			2002	Guatemala	8/15/2016		12:09AM	9/25/2016
	M			002	El Salvador	9/13/2016		2:25PM	9/25/2016
	M			/1997	Guatemala	8/28/2016		8:01PM	9/26/2016
	M			/1994	Guatemala	8/31/2016		3:00PM	9/26/2016
	F			995	Guatemala	7/25/2016		5:04PM	9/26/2016
	M			1996	Guatemala	9/5/2016		11:19PM	9/26/2016
	M			/1998	Guatemala	7/25/2016		4:45PM	9/26/2016
	M			1998	Mexico	8/23/2016		12:03AM	9/26/2016
	M			1999	Honduras	9/6/2016		4:21pm	9/27/2016
	M			2005	Honduras	9/5/2016		11:19PM	9/27/2016
	F			2001	Guatemala	9/5/2016		11:19PM	9/27/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	M	(b)(6)	(b)(6)	2000	Guatemala	9/2/2016	(b)(6)	7:07PM	9/27/2016
	F			/2005	Mexico	9/12/2016		3:18PM	9/27/2016
	M			2003	Mexico	9/12/2016		3:18PM	9/27/2016
	M			2001	Mexico	9/12/2016		3:18PM	9/27/2016
	M			1999	Guatemala	8/10/2016		10:15PM	9/27/2016
	M			2000	Guatemala	8/24/2016		7:10PM	9/27/2016
	M			1996	Guatemala	8/31/2016		1:33PM	9/27/2016
	F			1998	Guatemala	8/6/2016		8:06PM	9/28/2016
	F			2016	USA	9/1/2016		7:30AM	9/28/2016
	F			2008	Mexico	9/14/2016		3:40PM	9/28/2016
	F			2008	El Salvador	8/26/2016		8:19PM	9/28/2016
	M			2003	El Salvador	8/26/2016		8:19PM	9/28/2016
	M			/1999	Honduras	9/5/2016		11:19PM	9/28/2016
	M			2000	Guatemala	8/16/2016		5:00PM	9/28/2016
	M			/1998	Guatemala	9/4/2016		11:57PM	9/28/2016
	M			/1995	Guatemala	9/3/2016		10:00PM	9/28/2016
	M			1999	Guatemala	9/12/2016		12:27AM	9/29/2016
	M			2008	Guatemala	9/12/2016		3:18PM	9/29/2016
	F			1998	Guatemala	8/25/2016		3:40PM	9/29/2016

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(b)(6)	M	(b)(6)	(b)(6)	998	Guatemala	9/3/2016	(b)(6)	3:07PM	9/29/2016
	F			2002	Mexico	8/12/2016		4:59PM	9/29/2016
	M			999	Guatemala	9/4/2016		4:00AM	9/29/2016
	M			999	Guatemala	8/31/2016		11:14PM	9/29/2016
	M			000	Guatemala	8/16/2016		3:31PM	9/29/2016
	M			998	Guatemala	8/7/2016		4:28AM	9/29/2016
	M			2000	Guatemala	9/3/2016		4:12PM	9/30/2016
	M			001	Guatemala	9/8/2016		11:20PM	9/30/2016
	F			2006	Guatemala	9/11/2016		3:05AM	9/30/2016
	M			005	Mexico	9/15/2016		3:10PM	9/30/2016
	F			2000	Guatemala	9/14/2016		11:44PM	9/30/2016
	M			002	Guatemala	9/14/2016		8:55PM	9/30/2016
	M			000	Mexico	9/12/2016		7:25PM	9/30/2016
	F			003	Guatemala	9/14/2016		7:27PM	9/30/2016
	M			2001	El Salvador	9/19/2016		3:10PM	9/30/2016
	M			998	Guatemala	9/28/2016		9:34PM	10/1/2016
	F			998	Guatemala	6/29/2016		1:08PM	10/4/2016
	M			001	Guatemala	5/13/2016		6:21PM	10/4/2016
	M			2000	Guatemala	9/1/2016		6:51PM	10/5/2016

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(b)(6)	M	(b)(6)	(b)(6)	2000	Guatemala	9/4/2016	(b)(6)	4:00AM	10/5/2016
	M			1999	El Salvador	9/14/2016		12:33PM	10/5/2016
	F			2004	Guatemala	9/4/2016		6:58PM	10/5/2016
	M			2001	Guatemala	8/8/2016		7:48PM	10/5/2016
	M			000	Guatemala	8/7/2016		7:29PM	10/5/2016
	F			2003	Guatemala	9/14/2016		12:33PM	10/5/2016
	M			998	Guatemala	9/18/2016		5:27PM	10/5/2016
	F			998	Guatemala	9/14/2016		7:27PM	10/5/2016
	M			996	Guatemala	9/16/2016		7:15PM	10/5/2016
	F			998	Guatemala	9/26/2016		3:52PM	10/5/2016
	M			2014	Guatemala	9/26/2016		3:52PM	10/5/2016
	F			2012	El Salvador	9/25/2016		9:42PM	10/5/2016
	M			2000	Honduras	9/13/2016		3:30AM	10/6/2016
	M			999	Guatemala	9/2/2016		3:26PM	10/6/2016
	F			999	Honduras	8/11/2016		11:48PM	10/6/2016
	M			2001	El Salvador	9/21/2016		12:05AM	10/6/2016
	M			1999	Guatemala	9/14/2016		8:55PM	10/6/2016
	M			1998	El Salvador	9/14/2016		7:27PM	10/6/2016
	M			999	Guatemala	8/29/2016		12:09PM	10/6/2016

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(b)(6)		(b)(6)	(b)(6)			(b)(6)		
	M		998	Guatemala	8/23/2016		3:25PM	10/6/2016
	M		001	Guatemala	8/23/2016		12:03AM	10/6/2016
	M		999	Guatemala	9/13/2016		2:25PM	10/6/2016
	M		998	Guatemala	9/4/2016		1:03AM	10/6/2016
	M		001	Mexico	9/12/2016		3:18PM	10/6/2016
	M		008	Mexico	9/12/2016		3:18PM	10/6/2016
	M		000	Guatemala	9/8/2016		11:20PM	10/6/2016
	M		001	Guatemala	9/8/2016		11:20PM	10/6/2016
	M		000	Guatemala	8/20/2016		8:23PM	10/6/2016
	F		007	Guatemala	9/6/2016		6:57PM	10/6/2016
	M		006	El Salvador	8/19/2016		2:11PM	10/6/2016
	M		2000	Guatemala	9/15/2016		6:55PM	10/6/2016
	F		003	Guatemala	9/17/2016		9:27PM	10/6/2016
	F		005	Guatemala	9/17/2016		9:27PM	10/6/2016
	M		1998	Honduras	7/7/2016		11:40PM	10/6/2016
	M		999	Guatemala	9/1/2016		8:04PM	10/6/2016
	F		006	El Salvador	9/21/2016		5:01PM	10/6/2016
	M		007	El Salvador	9/15/2016		6:55PM	10/6/2016
	M		999	Guatemala	8/25/2016		6:36PM	10/6/2016

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(b)(6)	M	(b)(6)	(b)(6)	2015	Honduras	9/16/2016	(b)(6)	9:50PM	10/6/2016
	F			998	Honduras	9/16/2016		9:50PM	10/6/2016
	F			999	Guatemala	9/6/2016		8:37PM	10/6/2016
	M			2000	Guatemala	9/3/2016		3:07PM	10/7/2016
	M			2003	Guatemala	9/11/2016		3:05AM	10/7/2016
	F			2000	Guatemala	8/28/2016		7:45PM	10/7/2016
	M			2001	Guatemala	9/14/2016		8:55PM	10/7/2016
	M			001	Guatemala	9/24/2016		11:05PM	10/7/2016
	M			999	Guatemala	8/28/2016		7:37PM	10/7/2016
	M			2000	Guatemala	8/1/2016		10:45PM	10/7/2016
	M			999	Guatemala	9/10/2016		12:35AM	10/7/2016
	F			1999	Guatemala	9/9/2016		12:50AM	10/7/2016
	M			999	Guatemala	9/10/2016		1:56AM	10/7/2016
	F			2002	Honduras	9/8/2016		11:20PM	10/7/2016
	F			1999	Honduras	9/8/2016		11:20PM	10/7/2016
	M			2000	Guatemala	9/20/2016		2:47AM	10/7/2016
	F			999	El Salvador	9/23/2016		3:57AM	10/7/2016
	M			999	Guatemala	9/21/2016		6:42PM	10/7/2016
	M			998	Guatemala	8/28/2016		3:35PM	10/8/2016

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(b)(6)		(b)(6)	(b)(6)			(b)(6)		
	M		1999	Honduras	8/22/2016		2:23AM	10/8/2016
	F		2004	Guatemala	9/16/2016		7:20PM	10/8/2016
	M		2008	El Salvador	9/24/2016		4:10PM	10/8/2016
	M		2000	Brazil	9/27/2016		9:05PM	10/8/2016
	M		2000	Guatemala	9/5/2016		11:19PM	10/8/2016
	M		1999	Ecuador	9/14/2016		3:40PM	10/8/2016
	M		2000	Mexico	9/12/2016		3:18PM	10/8/2016
	M		998	Guatemala	8/20/2016		10:10PM	10/8/2016
	M		000	Guatemala	8/28/2016		12:32AM	10/8/2016
	M		999	Guatemala	9/14/2016		8:55PM	10/8/2016
	M		2001	Guatemala	9/25/2016		11:43PM	10/8/2016
	M		999	Guatemala	9/25/2016		11:43PM	10/8/2016
	M		2000	Guatemala	8/24/2016		7:10PM	10/8/2016
	M		999	Guatemala	9/8/2016		11:20PM	10/8/2016
	M		2000	El Salvador	8/23/2016		3:25PM	10/8/2016
	M		999	El Salvador	9/8/2016		11:05PM	10/9/2016
	F		2000	Guatemala	9/11/2016		3:05AM	10/9/2016
	M		1998	Honduras	4/18/2016		7:31PM	10/9/2016
	M		2000	Guatemala	8/30/2016		1:35PM	10/9/2016

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(b)(6)		(b)(6)	(b)(6)			(b)(6)		
	M		999	Guatemala	7/11/2016		5:40PM	10/9/2016
	M		2000	Guatemala	8/28/2016		8:01PM	10/9/2016
	M		2001	Guatemala	9/24/2016		11:05PM	10/9/2016
	M		2000	Guatemala	8/29/2016		6:13PM	10/9/2016
	F		2001	Guatemala	9/12/2016		4:56PM	10/9/2016
	F		2005	Guatemala	9/12/2016		4:56PM	10/9/2016
	M		2001	Guatemala	8/23/2016		7:30PM	10/9/2016
	M		000	El Salvador	9/4/2016		11:57PM	10/9/2016
	M		999	Guatemala	9/8/2016		11:20PM	10/9/2016
	M		003	Guatemala	9/15/2016		4:30PM	10/9/2016
	M		2006	Guatemala	9/15/2016		4:30PM	10/9/2016
	M		999	Guatemala	8/31/2016		3:00PM	10/9/2016
	M		2002	Guatemala	9/23/2016		4:30PM	10/10/2016
	M		2004	Guatemala	9/23/2016		4:30PM	10/10/2016
	F		016	USA	9/2/2016		5:44PM	10/10/2016
	F		2000	Guatemala	7/25/2016		7:48PM	10/10/2016
	F		002	Guatemala	9/1/2016		6:51PM	10/10/2016
	M		2010	Guatemala	9/8/2016		12:30AM	10/10/2016
	F		2006	Guatemala	9/8/2016		12:30AM	10/10/2016

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(b)(6)	M	(b)(6)	(b)(6)	006	Guatemala	9/14/2016	(b)(6)	12:33PM	10/10/2016
	M			001	Guatemala	8/25/2016		6:36PM	10/10/2016
	F			2011	El Salvador	9/19/2016		5:00PM	10/10/2016
	F			2008	El Salvador	9/19/2016		5:00PM	10/10/2016
	F			2008	El Salvador	9/24/2016		4:10PM	10/10/2016
	F			2001	Guatemala	9/24/2016		11:05PM	10/11/2016
	F			2016	El Salvador	9/21/2016		5:01PM	10/11/2016
	F			999	El Salvador	9/21/2016		5:01PM	10/11/2016
	M			2006	Guatemala	9/14/2016		11:44PM	10/11/2016
	M			999	Guatemala	9/13/2016		12:26AM	10/11/2016
	F			2000	Guatemala	9/9/2016		12:50AM	10/11/2016
	F			1998	Guatemala	10/8/2016		9:40PM	10/11/2016
	F			1998	Guatemala	9/29/2016		8:40PM	10/11/2016
	M			2014	Guatemala	9/29/2016		8:40PM	10/11/2016
	F			1998	El Salvador	8/6/2016		7:20PM	10/12/2016
	M			1998	Guatemala	9/12/2016		12:27AM	10/12/2016
	M			2001	El Salvador	9/4/2016		11:57PM	10/12/2016
	M			2002	Guatemala	9/21/2016		12:05AM	10/13/2016
	M			999	Guatemala	9/27/2016		7:05PM	10/13/2016

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(b)(6)	M	(b)(6)	(b)(6)	999	Guatemala	9/9/2016	(b)(6)	3:39PM	10/13/2016
	M			2003	Guatemala	8/28/2016		12:32AM	10/13/2016
	M			999	El Salvador	9/25/2016		11:43PM	10/13/2016
	F			2001	El Salvador	8/20/2016		11:15PM	10/13/2016
	M			2004	El Salvador	9/14/2016		11:44PM	10/13/2016
	M			2001	Guatemala	9/15/2016		4:30PM	10/13/2016
	M			2001	Guatemala	8/24/2016		7:10PM	10/13/2016
	M			999	Guatemala	9/21/2016		6:42PM	10/13/2016
	F			2000	Guatemala	9/13/2016		2:00PM	10/14/2016
	M			999	Guatemala	8/28/2016		7:37PM	10/14/2016
	M			999	Guatemala	9/21/2016		4:35PM	10/14/2016
	M			2001	Guatemala	9/17/2016		2:56PM	10/14/2016
	M			2002	Guatemala	9/23/2016		11:25PM	10/14/2016
	M			998	Guatemala	9/21/2016		4:35PM	10/14/2016
	F			2002	Mexico	9/25/2016		3:13PM	10/14/2016
	M			999	Guatemala	9/14/2016		7:27PM	10/14/2016
	F			999	Guatemala	9/8/2016		12:30AM	10/14/2016
	F			2015	Guatemala	9/8/2016		12:30AM	10/14/2016
	M			1998	Guatemala	9/21/2016		12:05AM	10/14/2016

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(b)(6)	F	(b)(6)	(b)(6)	2000	Guatemala	8/7/2016	(b)(6)	4:28AM	10/14/2016
	M			999	El Salvador	9/14/2016		11:44PM	10/14/2016
	M			1998	Guatemala	10/9/2016		12:21AM	10/14/2016
	M			1998	Guatemala	8/20/2016		11:15PM	10/15/2016
	F			2000	El Salvador	8/20/2016		11:15PM	10/15/2016
	F			2009	Guatemala	9/25/2016		9:42PM	10/15/2016
	M			2007	Guatemala	9/25/2016		9:42PM	10/15/2016
	M			1998	Guatemala	9/4/2016		11:57PM	10/15/2016
	F			999	Guatemala	9/25/2016		7:25PM	10/15/2016
	M			999	Guatemala	8/14/2016		7:15PM	10/15/2016
	M			2001	Guatemala	9/30/2016		3:53PM	10/15/2016
	M			2005	Guatemala	9/30/2016		3:53PM	10/15/2016
	M			2001	Guatemala	9/4/2016		11:57PM	10/15/2016
	M			2000	Guatemala	9/27/2016		9:00PM	10/15/2016
	M			2002	Guatemala	9/27/2016		9:00PM	10/15/2016
	F			2000	El Salvador	9/26/2016		8:05PM	10/16/2016
	M			2001	Guatemala	7/6/2016		8:32PM	10/16/2016
	F			1999	Guatemala	8/31/2016		1:33PM	10/16/2016
	F			000	Guatemala	9/22/2016		5:00PM	10/16/2016

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(b)(6)	F	(b)(6)	(b)(6)	2005	El Salvador	9/22/2016	(b)(6)	7:27PM	10/16/2016
	M			999	Guatemala	9/5/2016		9:10PM	10/16/2016
	M			2000	Guatemala	9/5/2016		9:10PM	10/16/2016
	M			2000	Guatemala	9/14/2016		8:55PM	10/16/2016
	M			2004	Guatemala	7/16/2016		3:11PM	10/17/2016
	M			002	Guatemala	7/16/2016		3:11PM	10/17/2016
	M			2000	Guatemala	7/16/2016		3:11PM	10/17/2016
	M			1999	El Salvador	9/19/2016		5:00PM	10/17/2016
	M			999	Guatemala	6/12/2016		2:18PM	10/17/2016
	M			2015	Honduras	9/29/2016		12:51AM	10/17/2016
	F			2000	Honduras	9/29/2016		12:51AM	10/17/2016
	F			999	Guatemala	9/8/2016		11:20PM	10/17/2016
	M			999	Guatemala	9/14/2016		7:27PM	10/17/2016
	F			2000	Guatemala	9/14/2016		3:40PM	10/17/2016
	F			000	Guatemala	8/4/2016		7:22PM	10/17/2016
	F			999	Guatemala	8/14/2016		7:15PM	10/17/2016
	M			1999	Honduras	8/20/2016		11:15PM	10/17/2016
	M			999	Guatemala	8/22/2016		3:04PM	10/17/2016
	M			002	Guatemala	9/10/2016		12:35AM	10/17/2016

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(b)(6)		(b)(6)	(b)(6)				(b)(6)		
	F			999	Guatemala	9/10/2016		1:56AM	10/17/2016
	M			1999	El Salvador	9/12/2016		12:27AM	10/17/2016
	F			1998	Guatemala	9/14/2016		7:27PM	10/17/2016
	M			2002	Guatemala	9/14/2016		7:27PM	10/17/2016
	M			2001	El Salvador	9/14/2016		11:44PM	10/17/2016
	F			2001	Guatemala	9/15/2016		5:20PM	10/17/2016
	M			2001	Guatemala	9/15/2016		10:27PM	10/17/2016
	M			2001	Guatemala	9/16/2016		7:20PM	10/17/2016
	M			2000	Guatemala	9/17/2016		11:53PM	10/17/2016
	F			1998	Guatemala	9/17/2016		11:53PM	10/17/2016
	M			1999	Guatemala	9/23/2016		11:25PM	10/17/2016
	M			999	Guatemala	9/26/2016		3:52PM	10/17/2016
	M			000	Guatemala	8/28/2016		3:35PM	10/17/2016
	M			2000	Guatemala	8/17/2016		6:07PM	10/17/2016
	F			2001	Guatemala	9/21/2016		4:35PM	10/17/2016
	M			2000	Guatemala	9/5/2016		11:19PM	10/18/2016
	M			999	Guatemala	9/8/2016		11:20PM	10/18/2016
	M			998	Guatemala	9/12/2016		2:03PM	10/18/2016
	F			2009	Guatemala	9/17/2016		5:06PM	10/18/2016

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(b)(6)		(b)(6)	(b)(6)				(b)(6)		
	M		2000	Guatemala	9/18/2016			10:55PM	10/18/2016
	F		1998	Guatemala	9/18/2016			10:55PM	10/18/2016
	M		2001	Guatemala	9/29/2016			7:11PM	10/18/2016
	M		999	Guatemala	9/1/2016			6:51PM	10/18/2016
	M		2004	Honduras	9/30/2016			2:10PM	10/18/2016
	F		1999	El Salvador	10/5/2016			2:00PM	10/18/2016
	F		2016	Mexico	8/2/2016			11:30PM	10/18/2016
	F		999	Mexico	8/2/2016			11:30PM	10/18/2016
	M		997	Guatemala	9/17/2016			2:56PM	10/18/2016
	M		993	Honduras	8/27/2016			1:41AM	10/18/2016
	M		999	Guatemala	9/5/2016			3:40PM	10/19/2016
	M		2011	Honduras	8/13/2016			7:05PM	10/19/2016
	M		2012	Guatemala	8/18/2016			3:53PM	10/19/2016
	M		007	Guatemala	8/22/2016			3:04PM	10/19/2016
	F		000	Guatemala	9/29/2016			8:50PM	10/19/2016
	F		2015	Guatemala	9/29/2016			8:50PM	10/19/2016
	F		008	El Salvador	9/10/2016			12:35AM	10/19/2016
	M		2009	Guatemala	9/13/2016			2:00PM	10/19/2016
	M		011	El Salvador	9/15/2016			5:25PM	10/19/2016

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(b)(6)	M	(b)(6)	(b)(6)	009	El Salvador	9/15/2016	(b)(6)	5:25PM	10/19/2016
	F			2000	Guatemala	9/29/2016		8:50PM	10/19/2016
	M			2015	Guatemala	9/29/2016		8:50PM	10/19/2016
	M			2014	Guatemala	9/29/2016		2:40PM	10/19/2016
	M			2013	Guatemala	9/29/2016		2:40PM	10/19/2016
	M			012	Guatemala	9/25/2016		11:43PM	10/19/2016
	F			015	Mexico	9/23/2016		10:05PM	10/19/2016
	F			999	Mexico	9/23/2016		10:05PM	10/19/2016
	M			2011	Guatemala	9/24/2016		7:15PM	10/19/2016
	F			2014	Mexico	7/29/2016		6:38PM	10/19/2016
	F			998	Mexico	7/29/2016		6:38PM	10/19/2016
	F			2013	Mexico	8/6/2016		4:50PM	10/19/2016
	M			009	Mexico	8/6/2016		4:50PM	10/19/2016
	M			010	Mexico	8/6/2016		4:50PM	10/19/2016
	M			2007	Guatemala	5/24/2016		4:16PM	10/19/2016
	F			2014	Guatemala	6/12/2016		7:05PM	10/19/2016
	F			999	Guatemala	6/12/2016		7:05PM	10/19/2016
	F			2012	El Salvador	9/14/2016		11:44PM	10/19/2016
	M			2014	El Salvador	9/16/2016		9:50PM	10/20/2016

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(b)(6)	F	(b)(6)	(b)(6)	999	El Salvador	9/16/2016	(b)(6)	9:50PM	10/20/2016
	M			2016	Guatemala	9/8/2016		12:39PM	10/20/2016
	F			999	Guatemala	9/8/2016		12:39PM	10/20/2016
	F			999	Guatemala	9/13/2016		5:27PM	10/20/2016
	M			2001	Honduras	9/22/2016		5:00PM	10/20/2016
	M			000	Guatemala	8/28/2016		12:32AM	10/20/2016
	M			2001	Guatemala	5/1/2016		9:31PM	10/20/2016
	M			2011	El Salvador	10/9/2016		3:25PM	10/21/2016
	F			2008	Guatemala	10/8/2016		6:23PM	10/21/2016
	F			2002	Guatemala	10/8/2016		6:23PM	10/21/2016
	F			999	Guatemala	10/8/2016		6:23PM	10/21/2016
	M			2006	El Salvador	10/7/2016		1:34AM	10/21/2016
	F			2002	El Salvador	10/7/2016		1:34AM	10/21/2016
	F			2001	El Salvador	10/8/2016		1:18AM	10/21/2016
	M			2005	El Salvador	9/27/2016		9:05PM	10/21/2016
	M			2005	Mexico	10/8/2016		3:14PM	10/21/2016
	M			002	Mexico	10/8/2016		3:14PM	10/21/2016
	M			2000	Guatemala	9/21/2016		6:42PM	10/21/2016
	M			2000	Guatemala	9/14/2016		8:55PM	10/21/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	F	(b)(6)	(b)(6)	000	El Salvador	10/7/2016	(b)(6)	1:34AM	10/21/2016
	M			013	El Salvador	10/10/2016		9:43PM	10/21/2016
	M			2000	Guatemala	9/5/2016		9:10PM	10/21/2016
	F			2001	El Salvador	10/5/2016		2:00PM	10/21/2016
	M			2000	Guatemala	9/18/2016		6:55PM	10/21/2016
	M			2001	Guatemala	8/20/2016		11:15PM	10/21/2016
	F			999	Guatemala	9/24/2016		11:05PM	10/22/2016
	M			999	Guatemala	8/25/2016		8:35PM	10/22/2016
	F			2001	El Salvador	10/10/2016		1:05AM	10/22/2016
	F			999	El Salvador	10/9/2016		12:21AM	10/22/2016
	M			2001	Guatemala	10/9/2016		12:21AM	10/22/2016
	F			000	Guatemala	10/8/2016		7:53PM	10/22/2016
	F			2002	Guatemala	10/7/2016		7:26PM	10/22/2016
	F			2004	Guatemala	10/7/2016		7:26PM	10/22/2016
	M			2014	Honduras	10/12/2016		1:50PM	10/23/2016
	M			012	Guatemala	9/22/2016		7:27PM	10/23/2016
	M			2003	Guatemala	10/8/2016		9:40PM	10/23/2016
	M			999	Guatemala	9/13/2016		2:00PM	10/23/2016
	F			2010	El Salvador	10/10/2016		9:43PM	10/23/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)				(b)(6)		
	M		1998	Honduras	6/23/2016			6:12PM	10/23/2016
	M		2002	Guatemala	9/12/2016			12:27AM	10/23/2016
	M		2000	Guatemala	10/7/2016			7:26PM	10/23/2016
	M		000	Guatemala	9/9/2016			3:39PM	10/23/2016
	M		1999	El Salvador	9/15/2016			6:55PM	10/23/2016
	M		999	El Salvador	7/6/2016			7:14PM	10/23/2016
	F		999	Guatemala	9/22/2016			5:00PM	10/23/2016
	M		999	El Salvador	9/25/2016			11:43PM	10/23/2016
	F		011	El Salvador	10/8/2016			6:26PM	10/24/2016
	F		2002	El Salvador	10/8/2016			6:26PM	10/24/2016
	F		002	El Salvador	10/10/2016			5:40PM	10/24/2016
	F		014	El Salvador	10/10/2016			5:40PM	10/24/2016
	F		1998	El Salvador	10/10/2016			5:40PM	10/24/2016
	F		1999	Honduras	10/12/2016			5:06PM	10/24/2016
	M		008	Honduras	10/12/2016			5:06PM	10/24/2016
	F		2001	Guatemala	9/16/2016			7:20PM	10/24/2016
	M		999	Guatemala	9/16/2016			7:20PM	10/24/2016
	M		2000	Guatemala	9/28/2016			9:34PM	10/24/2016
	M		000	Guatemala	6/5/2016			9:37PM	10/24/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)						
	F			1998	El Salvador	10/8/2016	(b)(6)	6:23PM	10/24/2016
	M			2006	El Salvador	10/8/2016		6:23PM	10/24/2016
	F			999	Guatemala	9/9/2016		11:50PM	10/24/2016
	M			2015	Guatemala	9/9/2016		11:50PM	10/24/2016
	M			006	El Salvador	10/11/2016		2:06AM	10/24/2016
	F			2000	El Salvador	10/11/2016		2:06AM	10/24/2016
	F			001	Honduras	10/6/2016		7:26PM	10/24/2016
	F			2006	Guatemala	7/16/2016		3:07PM	10/24/2016
	M			2003	Guatemala	5/26/2016		5:35AM	10/24/2016
	F			2000	Honduras	10/6/2016		7:26PM	10/24/2016
	F			998	Guatemala	10/5/2016		2:00PM	10/24/2016
	M			1999	Guatemala	9/27/2016		3:40PM	10/25/2016
	M			999	Honduras	8/28/2016		12:32AM	10/25/2016
	M			994	Guatemala	10/7/2016		2:50AM	10/25/2016
	M			999	Guatemala	5/26/2016		5:35AM	10/26/2016
	F			011	Guatemala	10/10/2016		9:43PM	10/26/2016
	M			2000	Guatemala	10/11/2016		4:57PM	10/26/2016
	M			1998	Guatemala	9/21/2016		12:05AM	10/26/2016
	M			2005	Guatemala	10/10/2016		1:05AM	10/26/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)				(b)(6)		
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	F			998	Guatemala	9/17/2016		2:56PM	10/26/2016
	F			998	Honduras	10/20/2016		5:30PM	10/26/2016
	M			014	Mexico	10/10/2016		10:50PM	10/26/2016
	F			999	Mexico	10/10/2016		10:50PM	10/26/2016
	F			2013	Honduras	10/12/2016		5:06PM	10/27/2016
	M			2010	Honduras	10/12/2016		5:06PM	10/27/2016
	F			2005	Guatemala	10/16/2016		3:50PM	10/27/2016
	F			003	Guatemala	10/16/2016		3:50PM	10/27/2016
	F			2001	Guatemala	7/19/2016		7:40PM	10/27/2016
	F			1999	Guatemala	7/19/2016		7:40PM	10/27/2016
	M			999	El Salvador	10/5/2016		2:00PM	10/27/2016
	F			2003	Guatemala	10/12/2016		5:26PM	10/27/2016
	M			1999	Guatemala	9/15/2016		6:55PM	10/27/2016
	M			999	Guatemala	10/7/2016		8:49PM	10/27/2016
	M			999	Honduras	10/7/2016		1:05AM	10/27/2016
	M			999	Guatemala	7/5/2016		10:20PM	10/27/2016
	M			999	Guatemala	7/7/2016		11:40PM	10/27/2016
	M			2001	Guatemala	8/8/2016		11:06PM	10/27/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	M	(b)(6)	(b)(6)	999	Guatemala	8/12/2016	(b)(6)	4:33PM	10/27/2016
	F			2001	Guatemala	8/28/2016		7:37PM	10/27/2016
	M			000	El Salvador	8/31/2016		1:33PM	10/27/2016
	M			999	Guatemala	9/13/2016		2:00PM	10/27/2016
	M			002	Guatemala	9/16/2016		7:20PM	10/27/2016
	M			2000	Guatemala	9/24/2016		11:05PM	10/27/2016
	M			2000	Guatemala	9/25/2016		7:25PM	10/27/2016
	M			999	El Salvador	9/27/2016		9:05PM	10/27/2016
	M			2001	Guatemala	9/27/2016		9:05PM	10/27/2016
	F			999	Guatemala	9/29/2016		7:11PM	10/27/2016
	M			000	Guatemala	10/7/2016		8:03PM	10/27/2016
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	M			1999	Guatemala	10/7/2016		8:58PM	10/27/2016
	M			999	Guatemala	10/7/2016		8:58PM	10/27/2016
	M			999	Honduras	10/8/2016		1:18AM	10/27/2016
	M			1998	Guatemala	10/8/2016		1:18AM	10/27/2016
	M			999	Guatemala	10/7/2016		7:26PM	10/27/2016
	M			999	El Salvador	10/7/2016		1:05AM	10/27/2016
	F			2010	Honduras	10/10/2016		9:43PM	10/28/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	M	(b)(6)	(b)(6)	001	El Salvador	10/8/2016	(b)(6)	1:18AM	10/28/2016
	M			998	Guatemala	9/15/2016		5:20PM	10/28/2016
	M			999	Guatemala	10/7/2016		8:56PM	10/28/2016
	F			000	El Salvador	10/10/2016		1:05AM	10/28/2016
	M			001	Guatemala	8/28/2016		8:01PM	10/28/2016
	F			000	El Salvador	9/24/2016		11:05PM	10/28/2016
	M			000	Guatemala	7/20/2016		8:24PM	10/28/2016
	M			1998	El Salvador	9/13/2016		2:25PM	10/28/2016
	F			008	Honduras	10/10/2016		8:20PM	10/28/2016
	M			003	Guatemala	9/14/2016		7:27PM	10/29/2016
	F			001	Guatemala	9/14/2016		7:27PM	10/29/2016
	F			000	Guatemala	8/24/2016		7:35PM	10/29/2016
	M			998	Guatemala	10/11/2016		4:57PM	10/29/2016
	M			999	Guatemala	10/6/2016		10:30PM	10/29/2016
	F			000	Guatemala	8/28/2016		7:37PM	10/29/2016
	M			001	Guatemala	10/11/2016		4:57PM	10/29/2016
	F			001	El Salvador	10/5/2016		2:00PM	10/29/2016
	F			999	El Salvador	10/5/2016		2:00PM	10/29/2016
	F			006	El Salvador	10/17/2016		10:54PM	10/29/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	F	(b)(6)	(b)(6)	001	El Salvador	10/17/2016	(b)(6)	10:54PM	10/29/2016
	F			2000	El Salvador	10/17/2016		10:54PM	10/29/2016
	M			2009	El Salvador	10/10/2016		9:43PM	10/29/2016
	M			2006	El Salvador	10/10/2016		9:43PM	10/29/2016
	M			2003	Guatemala	10/17/2016		4:06AM	10/30/2016
	M			001	Guatemala	10/6/2016		2:25PM	10/30/2016
	M			2000	El Salvador	9/2/2016		3:33PM	10/30/2016
	M			2003	Guatemala	10/16/2016		5:37PM	10/30/2016
	M			2000	Guatemala	9/24/2016		11:05PM	10/30/2016
	F			2000	Guatemala	9/12/2016		12:32AM	10/30/2016
	M			2015	Guatemala	10/10/2016		10:50PM	10/30/2016
	F			999	Guatemala	10/10/2016		10:50PM	10/30/2016
	M			999	Guatemala	10/11/2016		2:56PM	10/30/2016
	M			000	Honduras	10/5/2016		2:00PM	10/30/2016
	M			1998	Honduras	10/22/2016		2:07AM	10/30/2016
	M			1998	Guatemala	8/16/2016		3:31PM	10/31/2016
	M			999	Honduras	7/11/2016		7:38PM	10/31/2016
	M			999	Guatemala	6/12/2016		2:18PM	10/31/2016
	M			2003	El Salvador	10/20/2016		8:00PM	11/1/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)		(b)(6)	(b)(6)			(b)(6)		
	F		2002	Guatemala	9/25/2016		7:25PM	11/1/2016
	M		999	Guatemala	10/19/2016		6:41PM	11/1/2016
	M		2000	Guatemala	10/17/2016		5:00AM	11/1/2016
	M		999	Guatemala	9/27/2016		3:40PM	11/1/2016
	M		1999	Guatemala	9/19/2016		3:20AM	11/1/2016
	M		999	Guatemala	10/7/2016		4:28PM	11/1/2016
	M		999	Guatemala	9/8/2016		11:20PM	11/1/2016
	F		1998	Guatemala	10/19/2016		1:35PM	11/1/2016
	F		2013	Guatemala	10/19/2016		1:35PM	11/1/2016
	F		2000	Honduras	9/23/2016		8:23PM	11/1/2016
	F		2012	Guatemala	10/17/2016		7:30PM	11/1/2016
	F		2007	Guatemala	10/22/2016		11:53PM	11/1/2016
	F		013	Guatemala	10/22/2016		11:53PM	11/1/2016
	M		2000	Guatemala	10/22/2016		11:53PM	11/1/2016
	F		012	Guatemala	10/24/2016		10:15PM	11/1/2016
	M		2000	Guatemala	7/21/2016		8:20PM	11/1/2016
	F		999	Guatemala	9/21/2016		4:35PM	11/2/2016
	M		998	Honduras	10/22/2016		5:05PM	11/2/2016
	F		000	Honduras	10/16/2016		5:37PM	11/2/2016

Southwest Key - 957 Casa Rio Grande

(b)(6)	M	(b)(6)	(b)(6)	2015	Honduras	10/16/2016	(b)(6)	5:37PM	11/2/2016
	F			1999	Guatemala	10/13/2016		7:53PM	11/2/2016
	M			/2013	Guatemala	10/13/2016		7:53PM	11/2/2016
	F			/1999	El Salvador	10/5/2016		2:00PM	11/3/2016
	M			1999	Guatemala	9/23/2016		11:25PM	11/3/2016
	M			1999	Guatemala	10/8/2016		1:18AM	11/3/2016
	M			2000	Guatemala	10/21/2016		10:10PM	11/3/2016
	M			/2001	El Salvador	8/30/2016		10:25PM	11/3/2016
	F			/1999	El Salvador	10/6/2016		2:25PM	11/3/2016
	F			/1999	Guatemala	7/19/2016		7:40PM	11/3/2016
	M			/2000	Honduras	9/22/2016		5:00PM	11/3/2016
	M			2007	Guatemala	10/22/2016		2:07AM	11/3/2016
	F			2009	Guatemala	10/22/2016		2:07AM	11/3/2016
	M			/1999	Honduras	10/7/2016		8:58PM	11/3/2016
	M			/2015	Mexico	10/10/2016		10:23PM	11/3/2016

Case Managers

CM Name	
(b)(6)	1
	3
	2
	1
	3
	1
	2
	1
	1
	1
	1
	3
	2
	1
	1
	2
	2
	1
	3
	1
	1
	1
	1
	1
	2
	1
	1
	4
	3
	2
	1
	3
	2
	3
	2
	2
	1
	1
	0
	1
	1
	1
	0
	0
	0
	2
	0
	1
	2
	1
Total	74

Clinicians

CL Name	
(b)(6)	4
	0
	0
	3
	0
	3
	5
	5
	1
	4
	2
	2
	3
	4
	0
	3
	5
	3
	1
	1
	2
	3
	2
	4
	3
	2
	1
	3
	2
Total	74

Releases

CM Name		
(b)(6)	77	2.06%
	5	0.13%
	43	1.15%
	107	2.86%
	111	2.97%
	85	2.27%
	18	0.48%
	52	1.39%
	106	2.83%
	104	2.78%
	38	1.02%
	70	1.87%
	57	1.52%
	64	1.71%
	10	0.27%
	81	2.17%
	54	1.44%
	86	2.30%
	0	0.00%
	49	1.31%
	102	2.73%
	28	0.75%
	27	0.72%
	105	2.81%
	135	3.61%
	88	2.35%
	38	1.02%
	68	1.82%
	117	3.13%
	1	0.03%
	64	1.71%
	71	1.90%
	83	2.22%
	14	0.37%
	69	1.84%
	99	2.65%
	75	2.00%
	17	0.45%
	28	0.75%
	78	2.09%
	95	2.54%
	84	2.25%
	25	0.67%
	80	2.14%
	71	1.90%
	73	1.95%
	35	0.94%
	11	0.29%
	58	1.55%
	55	1.47%
	47	1.26%
	0	0.00%
	3	0.08%
	7	0.19%
	43	1.15%
	47	1.26%
	64	1.71%
	26	0.70%
	35	0.94%
	0	0.00%
	28	0.75%
	41	1.10%
	52	1.39%
	28	0.75%
	33	0.88%
	34	0.91%
	24	0.64%
	19	0.51%
	10	0.27%
	26	0.70%
	14	0.37%
	16	0.43%
	7	0.19%
	6	0.16%

0

(b)(6)		
	5	0.13%
	6	0.16%
	4	0.11%
	3	0.08%
	2	0.05%
	0	0.00%
	0	0.00%
	0	0.00%
Total	**3741**	**100.00%**

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
November 4, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an individual in ORR care

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

(b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on September 9, 2018 with date of birth (b)(6) 2001.

The case manager requested a copy of the birth certificate from his alleged mother, Ms. (b)(6) who resides in (b)(6) and she provided a copy of the formal document showing a DOB of (b)(6) 2001.

Case manager then requested dental forensics and on October 19, 2018 Dr. Arvanitis informed that the probability of (b)(6) being 18 years of age is 68.45%.

(b)(6) reported that he left his village to go to Zia International Airport in Dhaka city on May (b)(2018 where an unknown male was waiting for him. He was provided a cellphone to communicate with that individual who also provided the passport for him to travel and this passport had his personal information including a photograph and his date of birth that presenting him an adult in order for him to pass immigration checkpoint and to be able to depart Bangladesh to Ethiopia and then from Ethiopia to Ecuador using the same passport. Once he arrived to the Ecuador airport on May 17, 2018 he met another unknown Bangladeshi male, who was waiting for him. This person had (b)(6) picture and then this person provided a bus ticket to another city (cannot recall name) where another unknown male (Hispanic) was waiting for him to take him to Colombia. Once he arrived to Colombia on May (b)(2018 an unknown Hispanic woman was waiting for him and drove him to the house of a Bangladeshi and he stayed there for 20 days. From Colombia he walked along Panama river with 25 other people from different countries. While walking in Panama river armed people in the jungle took everything away from the group. He then walked to Nicaragua and stayed four days with a Hispanic unknown male. From Nicaragua an unknown Hispanic male drove him along with six other people to Honduras and stayed there for 20 days with another Hispanic male. He then arrived to Guatemala where another Hispanic unknown male was waiting for him and another six people and he stayed there for four days. From there he reached Mexico and a Hispanic male drove him and he stayed there another twenty-five days. Mr. (b)(6) indicated that around August 2018 they decided to cross the border and afterward they were apprehended by ICE.

(b)(6) indicated that his mother planned his journey and that all family provided financial support (about $17,000) for him to complete his journey and that his father was the one who was in contact with the guide.

(b)(6) reported to come to the U.S. to live with his uncle (b)(6) in New York. During the assessment the prospective sponsor became irritated when case manager requested proof of relationship. He stated that he left Bangladesh 23 years ago and that he does not have any established relationship with (b)(6) He reported that his sister is married to (b)(6) uncle; therefore they don't have a blood relationship. Sponsor stated that he does not know (b)(6) and that he is only sponsoring him because his sister asked him to do so.

The case manager received a copy of birth certificate for (b)(6) which was reported to be authentic on October 2, 2018 in the public website. (b)(6) was interviewed by Bangladesh consulate on October 3rd 2018 and no other information has been provided by the consulate.

Mr. (b)(6) was extremely nervous when explaining his journey and providing details of the various and multiple events that occurred throughout his long and complex voyage. (b)(6) acknowledged that he was not permitted to leave his country of origin as a minor and had traveled with documents indicating that he was an adult, but he was hesitant to provide any further details about this misrepresentation of identity.

On November 4, 2018 ORR received information from ICE informing that Mr. (b)(6) has a passport number (b)(6) showing a date of birth of (b)(6) 1994 making him 24 years of age.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic
- Consulate's Results of Birth Certificate

In accordance with ORR age redetermination policy and procedures, Mr. (b)(6) is 24 years of age and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,
MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
November 4, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an individual in ORR care

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

(b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on July 18, 2018 with date of birth (b)(6) 2000.

Following placement in ORR care it became apparent to the case manager that (b)(6) appeared physically older than 17 years of age. The Case Manager requested a copy of the birth certificate from his prospective sponsor an alleged cousin named Mr. (b)(6) who resides in (b)(6) NY.

Case Manager then requested dental forensics and on October 17, 2018 Dr. Arvanitis concluded that the probability that Mr. (b)(6) attained 18 years of age is **87.70%**.

(b)(6) reported that his mother Ms. (b)(6) arranged his journey and that "an agent was paid by mother". (b)(6) reported that his mother paid about ten to twelve thousand dollars for the journey. (b)(6) acknowledged that he traveled with a passport as an adult and that he recalls his year of birth to be 1996 in the passport.

The case manager received a copy of birth certificate for (b)(6) on July 31, 2018 which has not been able to be verified by the Bangladesh consulate.

On November 4, 2018 ORR received confirmation from ICE that Mr. (b)(6) had a passport number (b)(6) with a date of birth of (b)(6) 1993.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic

In accordance with ORR age redetermination policy and procedures (b)(6) is 25 years old and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH
Myriam Hillin, MA-MSPC

Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
November 4, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Lighthouse

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

SUBJECT: Age Redetermination of an individual in ORR care

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

(b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on September 24, 2018 with date of birth (b)(6) 2001.

Following placement in ORR care it became apparent to the case manager that Mr. (b)(6) appeared physically older than 17 years of age. The case manager requested a copy of the birth certificate from his sponsor, Mr. (b)(6) who resides in (b)(6) NY. The case manager requested a second type of identification for Mr. (b)(6) and the sponsor, Mr. (b)(6) reported that he was unable to obtain one from Mr. (b)(6) family in Bangladesh.

Case manager then requested dental forensics and on October 15, 2018. Dr. Arvanitis concluded that the probability that Mr. (b)(6) having attained 18 years of age is 87.70%.

Mr. (b)(6) reported that he left his village on May (b) 2018 to travel to the USA. He stated that he wished to reunify with his mother's distant relative (b)(6) who resides in (b)(6) NY.

Mr. (b)(6) reported that his mother has distant relatives who helped arranged his journey to the USA. He reported that he does not know how much was paid for the journey and that his journey from Bangladesh to the USA took 4 months.

The case manager did not find records for previous sponsorships for the sponsor Mr. (b)(6) however, Mr. (b)(6) stated that his cousin (b)(6) is on the way to the USA and that Mr. (b)(6) plans to sponsor him.

The case manager received a copy of birth certificate for Mr. (b)(6) on October 17, 2018 which has not been able to be verified by the Bangladesh consulate.

On November 4, 2018 ORR received information from ICE informing that Mr. (b)(6) has a passport number (b)(6) with date of birth (b)(6) 1995 thus showing his age to be 23 years old.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic

In accordance with ORR age redetermination policy and procedures, (b)(6) is 23 years of age and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
October 24, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on July 24, 2018 with date of birth November 25, 2001.

Following placement in ORR care it became apparent to the case manager that (b)(6) (b)(6) appeared physically older than 17 years of age. The Case Manager requested a copy of the birth certificate from his alleged mother, (b)(6) (b)(6) who resides in Bangladesh with assistance of (b)(6) (b)(6) sponsor, (b)(6) (b)(6) who (b)(6) (b)(6) reported coming to live within the United states . The case manager requested a second type of identification for (b)(6) (b)(6) and mother, (b)(6) he reported that the documents were taken away by an agent in Brazil when he was traveling and was unable to provide one.

Case Manager then requested dental forensics and on October 17, 2018 Dr. Arvanitis concluded that the probability that (b)(6) (b)(6) attained 18 years of age is 87.70%.

(b)(6) (b)(6) reported that his mother talked to a neighbor that they knew someone that could help him travel to the USA. (b)(6) (b)(6) stated that this person name is (b)(6) and he is family member of the neighbors and that he is known for assisting with travel of people in Bangladesh to the USA. (b)(6) (b)(6) reported that he left his country of Bangladesh on March 26, 2018 in which he met with a person by the name of (b)(6) who provide him with a bag with 2 book to give to the person that would ask once he board the plane. (b)(6) (b)(6) stated never having talked to this person prior to arrival to airport. (b)(6) (b)(6) stated that Mr. (b)(6) had a photo to confirm he was speaking to (b)(6) (b)(6) (b)(6) (b)(6) stated he never looked at the books only handled it to the airline personal. (b)(6) (b)(6) stated that he travel by airline to Dubai in which he spent 10 hours before taking another plane to Brazil in which he had the bag with the two books. (b)(6) (b)(6) reported that a male agent was waiting for him with his photo. He stated that this person only spoke Portuguese and they talked to each other with hand gesture. (b)(6) (b)(6) reported that he spent 20 days approximately in Brazil and that they took all his documents from him in Brazil. (b)(6) (b)(6) stated that from Brazil he traveled with the male agent to the border of Peru in which the agent told him to walk passed border and that the agent would pick him up after the border. (b)(6) (b)(6) stated he walked for about 45 minutes because only people that speak Portuguese can cross the border. He then stated that he traveled to Peru by car with an agent that took him to Ecuador for 5 days. In Ecuador he stated he lasted 5 days in which another agent had his photo to confirm it was him. He reported they traveled by car and that he walked in the Jungle for what he reports to think was 2 hour as he had no watch until he got to the Border of Colombia. He stated that from Colombia he traveled the Atlantic Ocean on boat for 12-13 days before arriving to Panama. In Panama, he stated that while walking in the Jungle, alleged Mafia attacked him and that they had guns and knives and that the agent that was traveling with him ran off scared from the Mafia. He stated that he continued traveling afterward to Costa Rica and spent 10-15 days at a place called (b)(6) . He also got on the bus in which he had a

ticket to San Jose to La Cruz and they gave him another ticket. In which he met with a female agent that gave him food and water and had his photo as well. The female agent put him on a boat to Nicaragua and spent 5-7 days. He stated he as well traveled by walking in which another group of mafia tried to attack him and ask for money. He stated that he travel by bike and horses for 3-5 days before getting to Honduras. In Honduras he spent 5 days before getting to Guatemala in which he spent 20 days. He then stated that he traveled to Mexico in which an agent found him again with his photo and told him to cross and helped him jump the border. After crossing the border he stated he walked for about 20 minutes before being stopped by border officers in the USA. Mr. (b)(6) (b)(6) states he did not know any of the agent but stated that they worked with (b)(6). Case manager asked how he knew that, and he reported they all had the same photo. Mr. (b)(6) (b)(6) states he never went to a doctor during his travel even though the mafia injured his foot with a stick he was using to walk. Mr. (b)(6) (b)(6) stated that the only hospital he's been in is the one where he was born, named (b)(6) (b)(6)

Mr. (b)(6) (b)(6) indicated that his mother planned his journey and the mother paid for trip but does not know how much was paid.

Mr. (b)(6) (b)(6) reported to come to the U.S. to live with his 2nd cousin (b)(6))(6)

Be it understood that Mr. (b)(6) (b)(6) was extremely nervous when explaining his journey and providing details of the various and multiple events that occurred throughout his long and complex voyage. Mr. (b)(6) (b)(6) acknowledged that he was not permitted to leave his country of origin as a minor but stated that he was provided with document that he did not look at when going on the plane.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic

In accordance with ORR age redetermination policy and procedures, Mr. (b)(6))(6) (b)(6) dental forensics results are 87.70% and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

001979

Referred to DHS

From: Hillin, Myriam (ACF)

Sent: Thursday, June 23, 2016 5:34:49 AM (UTC-07:00) Arizona

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

Cc: Velazquez, Ivonne (ACF)

Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6)
CASA PHOENIX

Attached please find an approved memo of age redetermination for the above listed individual with a DOB (b)(6) 1998.

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)

Sent: Thursday, June 23, 2016 5:21 AM

To: Hillin, Myriam (ACF)

Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

Importance: High

Dear Myriam,

Please contact ICE and have this individual transferred in to their custody

Thanks Ivonne

Ivonne Velazquez, 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

Cell: (b)(6)

http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)

Sent: Thursday, June 23, 2016 12:26 AM

To: Velazquez, Ivonne (ACF)

Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6)(b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

Importance: High

Ivonne,

Attached please find for your approval the Memo of Age Redetermination for the above listed individual with a verified
DOB (b)(6) /1998.

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 6, 2016 as a juvenile as a result of (b)(6) knowingly misreporting his date of birth as (b)(6) 2000 upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that (b)(6) appears to be overage. Case Manager proceeded then to contact (b)(6) family in Guatemala that faxed to Case Manager a copy of (b)(6) birth certificate with a date of birth of (b)(6) 1999.

Case Manager then proceeded to verify the birth certificate in the official website RENAP site and the verified document revealed a date of birth of (b)(6) 1998. Case Manager then spoke with (b)(6) brother (b)(6) (b)(6) who stated that the family received the birth certificate from their uncle (b)(6) approximately 15 days before. Mr. (b)(6) and his mother (b)(6) (b)(6) do not know how much the uncle paid for the document, but stated that he went to the main city Sololá to obtain the birth certificate. Mr. (b)(6) (b)(6) stated that the reason they received an altered birth certificate was because they wanted to help (b)(6) (b)(6) since they do not have enough jobs in Guatemala and (b)(6) (b)(6) was going to help his mother financially since his father drinks twice a day and does not help the family financially.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one (b)(6) verbally reported when apprehended and the date of birth in the document sent by his family and (b)(6) admitted misreporting his date of birth as he wanted to remain in the US.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) new information about his date of birth being (b)(6) 1998 and I agreed that there is sufficient strong evidence to indicate that (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 Sololá, departamento de Sololá,

CERTIFICA

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

- (b)(6) (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, Sololá, Sololá

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Página 1 de 2

(b)(6)

(b)(6)
03/05/2016 10:00:00
(b)(6)

(b)(6)

Observaciones
Razón: La inscrita declaro su Unión de Hecho, en la Alcaldía Municipal de Esta Ciudad, el día 6 de Febrero de 1980, con: Manuel Par Coc, según Libro de Uniones de Hecho No. 4, Folio 12, y Partida 12. Cosnte, Sololá 6 de Agosto de 2010. Azelada.-
El Infrascrito Registrador Civil de las Personas del municipio Sololá, departamento de Sololá, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha (b)(6) 2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día ocho de junio 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)

Any Elizabeth , Cuxulic Tún
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día ocho de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

001989

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 Sololá, departamento de Sololá,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Sololá, Sololá

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

08/06/2016 10:00:00

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día ocho de junio 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)

Any Elizabeth , Cuxulic Túr

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día ocho de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6) (b)(6) Wed Jun 08 07:40:17 MST 2016 1

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

Date/Time: Jun 8, 2016 7:40:17 AM XR CHEST AP ONLY

MARICOPA INTEGRATED HEALTH SYSTEM
Phoenix, Arizona
(602)344-5311 Diagnostic Imaging
++

Patient Name: (b)(6)
MR#: Referred to DHS
Birth Date: 2000.04.06 Sex: M

CI#: Referred to
Ordering Physician: UNKNOWN

Date of Study: 2016.06.08
Study Performed: XR CHEST AP ONLY

REASON FOR EXAM: TB screening, ,

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # Referred to

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease.

Referred to DHS

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(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,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	ADULT - Age Redetermination (b)(6) (b)(6) (b)(6)
Date:	2016/06/15 15:24:00
Priority:	Normal
Type:	Note

Good afternoon,

Please see attached the modified Memo of Age redetermination for (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: (b)(6);(b)(7)(F) [mailto:(b)(6);(b)(7)(F) @ice.dhs.gov]
Sent: Wednesday, June 15, 2016 11:12 AM
To: Velazquez, Ivonne (ACF); Hillin, Myriam (ACF); PHO, Juv Placement
Subject: RE: ADULT - Age Redetermination (b)(6) (b)(6) (b)(6)

I was informed by my supervisor that a new memo was being sent.

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

Deportation Officer
Immigration and Customs Enforcement
Enforcement &Removal Operations, Phoenix Field Office
cell: (b)(6);(b)(7)(F
fax: (602)379-3981

From: Velazquez, Ivonne (ACF) [mailto:Ivonne.Velazquez@ACF.hhs.gov]
Sent: Wednesday, June 15, 2016 11:03 AM
To: Hillin, Myriam (ACF); PHO, Juv Placement; Phoenix, Juvenile; (b)(6);(b)(7)(F)
Subject: RE: ADULT - Age Redetermination (b)(6) (b)(6) (b)(6)

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 15, 2016 10:31 AM
To: PHO, Juv Placement; Phoenix, Juvenile; (b)(6);(b)(7)(F)
Cc: Velazquez, Ivonne (ACF)
Subject: ADULT - Age Redetermination (b)(6) (b)(6) (b)(6)

Good morning,

Attached please find the approved Memo of Age Redetermination for (b)(6) Below is FFS Supervisor Ivonne Velasquez's approval.

Mr. (b)(6) has been cleared from TB.

The contact information to make transportation arrangements is:

Maria Rios, Program Director
SWK Programs- Casa PHX
Cell: (b)(6)
Email: mrios@swkey.org

Or

(b)(6), *Lead Case Manager*
SWKey Programs - Casa Phoenix
(O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109
Tuesday- Saturday
9:00 a.m. - 5:00 p.m.
(b)(6)@swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, June 15, 2016 8:51 AM
To: Hillin, Myriam (ACF)
Subject: FW: ADULT - Age Redetermination (b)(6) (b)(6)

Dear Myriam,
Please contact Ice and Have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 15, 2016 8:40 AM
To: Velazquez, Ivonne (ACF)
Subject: ADULT - Age Redetermination (b)(6) 6) (b)(6)

Good morning Ivonne,

This is in reference to UC (b)(6) who has been determined to be an adult impersonating another individual. This has been confirmed with a medical exam that concluded that there is over 75% probability that he is over 18 years of age and further interview with the Guatemalan Consulate which concluded that the UC is probably taking another individual's identity. This person won't admit to his real age or identity, the family is not cooperating either, he does not have a viable sponsor and has been in care now for 41 days.

Per our conversation please see attached for your final review and approval of the formal memo to submit to ICE.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(b)(6);(b)(7)(F) (b)(6);(b)(7)(F) "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Sent Date:	2016/06/15 15:25:00

001996

Delivered Date:	2016/06/15 15:24:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 15, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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 at SWK Casa Phoenix on May 5, 2016 as a juvenile as a result of Mr. (b)(6) reporting his date of birth as (b)(6) 2000 to officers who apprehended him.

While in ORR care and upon initial assessment and interview conducted by assigned Case Manager (b)(6) it became immediately apparent that Mr. (b)(6) could be overage as Mr. (b)(6) appears to be physically much older than his reported 15 years of age. Also, during a phone conversation that Mr. (b)(6) held with his family the intake staff overheard Mr. (b)(6) make a reference to his relatives about him being over 18 years of age.

On May 6, 2016 at the request of the assigned Case Manager, Mr. (b)(6) father faxed to Case Manager a copy of the birth certificate for (b)(6) with date of birth (b)(6) 2000. The father of Mr. (b)(6) (b)(6) (b)(6) (b)(6) maintains that the document he sent is the only copy he has and that he is unable to obtain an original or other certified copy.

While in ORR care Mr. (b)(6) was first seeking reunification with a paternal half-brother named (b)(6) and then with another paternal half-brother named (b)(6) Both half-siblings reported that they had resided in the US for more than 12 years and have not seen Francisco since then and they believe that his date of birth is what is reported in the birth certificate their father sent. None of the potential sponsors met the criteria for a safe and viable release. The family members have since ceased communication with the program.

Given these concerns and according to ORR procedures efforts to ensure that multiple forms of evidence were taken into consideration when assessing for Mr. (b)(6) age ORR consulted on June 3, 2016 with the Phoenix Guatemalan Consulate to obtain verification of Mr. (b)(6) true identity. Consular Assistance Officer Ms. (b)(6) informed ORR on June 3, 2016 that "after the interview and verification I presume that (b)(6) is adult and that the birth certificate corresponds to another individual. With the information that appears in the birth certificate of (b)(6) brother and sponsor of (b)(6) we were unable to find registry in the RENAP".

To ensure custody and consistency with the statutory requirements under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), Office of Refugee Resettlement (ORR) policy requires that when available information is inconclusive medical age assessment procedures may be used to determine age.

On May 17, 2016 Mr. (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine Mr. (b)(6) chronological age. Dr. Arvanitis provided a report concluding that "there is **a very high probability** that (b)(6) **is**

over 18 years of age based on the mineralization stage of the third molars". Dr. Arvanitis further concluded that "**The empirical probability of** (b)(6) **being under 18 years of age based on third molars developmental stages is 25% for tooth #1, 24% for tooth #16, 11% for tooth #17, and 15% for tooth #32.**" 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".

HHS-ORR may make age determinations of UC when they are in HHS custody based on a reasonable suspicion that a child in HHS custody is 18 years or older; therefore this FFS, after careful consideration and review of the all available evidence listed above, concurs with the professional findings of both the medical expert Dr. Arvanitis and the Phoenix Guatemalan Consulate and concludes that there is reasonable and strong evidence that the UC is actually an adult presumed to be impersonating (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed the medical age determination exam and concurs with the new information indicating that (b)(6) is over 18 year 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>"
Subject:	FW: ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/17 15:04:00
Priority:	Normal
Type:	Note

Re-sending this email with a statement attached from (b)(6) as this person just admitted that he is 20 years old and that he paid 27000 Quetzals to include a new altered BC to make him a minor.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Friday, June 17, 2016 10:24 AM
To: PHO, Juv Placement; Phoenix, Juvenile; (b)(6);(b)(7)(F)
Cc: Gonzalez, Jose (ACF)
Subject: ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX

Good morning,

Attached please find the approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) 1996.

Contact Information for transportation arrangements:

Natalia C. Peña, M.A.
Southwest Key Program
Lead Case Manager
Casa Phoenix - 922
Work Cell: (602) (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services

Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, Jose (ACF)
Sent: Friday, June 17, 2016 9:50 AM
To: Hillin, Myriam (ACF)
Subject: Re: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(

I approve. Please forward to ICE

From: Hillin, Myriam (ACF)
Sent: Friday, June 17, 2016 11:21:32 AM
To: Gonzalez, Jose (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6)

Good morning Jose,

Attached please find for your final approval a Memo of Age Redetermination for the above listed person who submitted an altered BC. Correct DOB is (b)(6) 1996.

Thanks,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)
Sent Date:	2016/06/17 15:05:39
Delivered Date:	2016/06/17 15:04:00

(b)(6)

002001

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F @ice.dhs.gov>"
CC:	"Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/16 19:10:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find the approved memo regarding age redetermination for the above listed person. His correct DOB is (b)(6) 1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, Jose (ACF)
Sent: Thursday, June 16, 2016 4:01 PM
To: Hillin, Myriam (ACF)
Subject: Re: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) /SWK CASA PHOENIX

I agree. Please send to dhs.

From: Hillin, Myriam (ACF)
Sent: Thursday, June 16, 2016 5:57:45 PM
To: Gonzalez, Jose (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX

This one is pending your approval.

Myriam Hillin, MA-MSPC
Federal Field Specialist

Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Thursday, June 16, 2016 3:30 PM
To: Gonzalez, Jose (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX
Importance: High

Good afternoon again Jose,

Attached please find a memo for your approval regarding age redetermination for the above listed person. His correct DOB is (b)(6) 1998. He insists he provided the correct DON upon apprehension and that perhaps officers misunderstood him as they did not speak Spanish.

Thanks,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Sent Date:	2016/06/16 19:11:17
Delivered Date:	2016/06/16 19:10:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)
AKA: (b)(6)

(b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 13, 2016 as a juvenile as it appears that (b)(6) date of birth was recorded as (b)(6) 998 by officers who apprehended him. Per (b)(6) he reported his correct date of birth is (b)(6) 1998 and that it may be that as the officers who detained him did not speak Spanish he was misunderstood when he provided his date of birth.

Following placement in ORR care he was immediately interviewed by the intake team at SWK Casa Phoenix and (b)(6) reported that his date of birth is (b)(6) 1998. His assigned Case Manager, (b)(6) contacted then (b)(6) mother Ms. (b)(6) who immediately reported that his son's date of birth is (b)(6) 1998 and faxed a copy of the formal document to the Case Manager on June 16, 2016.

On June 16, 2016 ORR received a copy of (b)(6) birth certificate showing that his correct name is (b)(6) (b)(6) **with a date of birth of** (b)(6) **1998**. The information is consistent with the date of birth and name that (b)(6) reported upon placement in ORR care and that his mother reported as well.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) identity and I agreed that (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Jose Gonzalez 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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)

002006

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION 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) *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) *OLANCHO* Departamento

c) *HONDURAS* País

d) (b)(6) Día

e) (b)(6) Mes

f) *1998* Año

2.) Apellidos, nombre y nacionalidad del padre:

a) - - - - - - - - *Primer Apellido*

b) - - - - - - - - *Segundo Apellido*

c) - - - - - - - - *Nombre*

d) - - - - - - - - Nacionalidad

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

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

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas: (b)(6)

NINGUNA

Extendida en *CAMPAMENTO* Municipio *OLANCHO* Departamento

a los: (b)(6) días del mes de (b)(6)

del DOS MIL *QUINCE*

(b)(6)

Firma y Sello del Registrador Civil Municipal

RNP

RNP(E-1[illegible])

PARTCAMP - [illegible]OSANTOS - V6.0

(b)(6)

(b)(6) 002007 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) 998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Wed Jun 15, 2016 (b)(6)
Accession #: (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 6/15/2016 9:51 AM
CC: CARLOS J LOPEZ, MD - FAX

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F @ice.dhs.gov>"
CC:	"Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/17 13:17:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) 1994.

Contact Information for transportation arrangements:

(b)(6) M.A.
Southwest Key Program
Lead Case Manager
Casa Phoenix - 922
Work Cell: (602) (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, Jose (ACF)
Sent: Friday, June 17, 2016 9:32 AM
To: Hillin, Myriam (ACF)
Subject: Re: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) CASA PHOENIX

I agree. Please refer to ICE.

From: Hillin, Myriam (ACF)
Sent: Friday, June 17, 2016 11:24:52 AM
To: Gonzalez, Jose (ACF)

Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

From: Hillin, Myriam (ACF)
Sent: Thursday, June 16, 2016 8:44 PM
To: Gonzalez, Jose (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

Good evening Jose,

Attached please find a Memo of Age Redetermination for the above listed individual who has a verified DOB (b)(6) /1994.

The parents of Ms. (b)(6) altered one of her two last names and the entire last name of her father on her birth certificate so she could prove a legal familial relationship with her sponsor who would have been her paternal uncle.

Apparently this person's family is very familiar with ORR reunification process and believes minors are quickly and easily released to relatives. She expressed that only one of the parents' names was altered as that would limit the number of documents that would have needed to be falsified to meet ORR requirements.

Thanks,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) ;(b)(6);(b)(7)(F @ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Sent Date:	2016/06/17 13:18:17
Delivered Date:	2016/06/17 13:17:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 17, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)
AKA: (b)(6)

Ms. (b)(6) (b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on May 3, 2016 as a juvenile as a result of Ms. (b)(6) misrepresenting herself as a minor by altering her true identity and providing a date of birth of (b)(6) 1999 to officers who apprehended her.

While in ORR care and upon initial assessment and interview conducted by assigned Case Manager (b)(6) it was not immediately apparent that (b)(6) could be overage, therefore Case Manager continued with the reunification efforts for Ms. (b)(6) She indicated that she traveled to reunite with her paternal uncle (b)(6) who resides at (b)(6) (b)(6) Missouri and he was cooperating with the process.

On May 14, 2016 following a meeting that Ms. (b)(6) had with the Phoenix Guatemalan Consulate Ms. (b)(6) requested to speak with her Case Manager to inform him that she had lied about her identity. (b)(6) then proceeded to acknowledge that her correct full name is (b)(6) (b)(6) and that her correct DOB is (b)(6) 1994. (b)(6) stated that her family altered her birth certificate so she could pass as a minor. She also stated that the name of her father on her birth certificate was changed as well for the name (b)(6) however, no such person with that name exists and she stated that her father's true name is (b)(6) (b)(6) (b)(6) then added that the intention of changing her paternal last name and the entire name of her father on the formal document was to show she had a legal familial relationship with the person expecting her arrival. (b)(6) explained that both her parents prepared the plot with the assistance of a female neighbor who knew the individuals who made the actual alteration to the birth certificate. She added that they explained to her and to her parents that birth certificates will be requested and by altering only one name they would need only to alter one more birth certificate. (b)(6) also expressed that the person expecting her arrival is the boyfriend of her sister and not her paternal uncle and that he was in agreement with and aware of the scheme.

Case Manager then facilitated a conversation between (b)(6) and her parents. (b)(6) informed her parents that she had to tell the truth because the Guatemalan Official interviewing her had asked multiple questions to which she could not respond. Case Manager reported that (b)(6) was on the speaker phone when informing her parents that she had to reveal to them that she had admitted her true identity. Case Manager could hear the parents arguing over what went wrong with the items in the falsified provided birth certificate. The parents then admitted to Case Manager that the birth certificate of her daughter was altered and they would be sending the correct one the next day, however, they did not send a birth certificate and they stopped answering the phone. Case Manager attempted to contact the potential sponsor , (b)(6) (b)(6) to inquire about the incident, but he ceased answering the phone as well.

On June 15, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives, (b)(6) was registered with a date of birth (b)(6) 1994 and name (b)(6) (b)(6) (b)(6)** She is the daughter of (b)(6) (b)(6) and (b)(6) The verification of the formal document confirms what (b)(6) revealed about her true name, date of birth and the true name of her father.

Along with this Memo ORR is submitting the following documents:

- Guatemalan altered BC for (b)(6) (b)(6)
- TB clearance
- A photograph
- A self-statement handwritten by Ms. Castillo
- Guatemalan Consular verification of DOB and name:

  Datos NO coinciden con RENAP:
  (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) 1994
  LdN: Guatemala, (b)(6) (b)(6)
  CdN: Libro (b)(6)

In accordance with ORR policy, FFS Supervisor Jose Gonzalez reviewed all the new information and documents mentioned above indicating that (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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de San Mateo Ixtatán, Departamento de (b)(6)

CERTIFICA

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

Datos del inscrito

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

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

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

(b)(6)

iD

002013

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-15

No. solicitud: 49953

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: FEMENINO

Fecha de Nacimiento: (b)(6) 1994

País, departamento y municipio de nacimiento: GUATEMALA (b)(6)

Libro: (b)(6)

Folio:

Partida:

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) (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 mi.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Fir

(b)(6)

002015

(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: Wed May 4, 2016 8:33 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:

HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
1. No evidence of active pulmonary infection.

NOTE:
Report dictated by resident, Phillip Fairbourn MD, 10389. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F @ice.dhs.gov>"
CC:	"Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Subject:	ADULT - AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/16 18:55:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find the approved memo of age redetermination for the above listed person. He altered his BC by modifying the BC of an individual named (b)(6) (b)(6) (b)(6) The correct DOB is (b)(6) 1997.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, Jose (ACF)
Sent: Thursday, June 16, 2016 3:41 PM
To: Hillin, Myriam (ACF)
Subject: Re: APPROVAL NEEDED ADULT - AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) CASA PHOENIX

Yes ma'am you have my approval to move forward.

From: Hillin, Myriam (ACF)
Sent: Thursday, June 16, 2016 5:39:31 PM
To: Gonzalez, Jose (ACF)
Subject: APPROVAL NEEDED ADULT - AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

I forgot to mention I need your approval Jose.

Thanks,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Thursday, June 16, 2016 2:18 PM
To: Gonzalez, Jose (ACF)
Subject: ADULT - AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Importance: High

Good afternoon Jose,

Attached please find a memo of age redetermination for the above listed person. He altered his BC by modifying the BC of an individual named (b)(6) (b)(6) (b)(6) (b)(6) The correct DOB is (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Sent Date:	2016/06/16 18:56:05
Delivered Date:	2016/06/16 18:55:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 20, 2016 as a juvenile as a result of (b)(6) misrepresentation of himself as a minor by knowingly providing an incorrect date of birth of December 3, 1998 to officers who apprehended him.

Following placement in ORR care it was not immediately apparent to assigned Case Manager (b)(6) that (b)(6) could be overage; therefore Case Manager continued reunification efforts for (b)(6) who was seeking reunification with his father Mr. (b)(6) who resides in Richmond, Virginia.

On June 4, 2016 while reviewing (b)(6) case this FFS noticed that the provided copy of the birth certificate was inconsistent with the properties of a legitimate birth certificate. FFS then proceeded to verify the birth certificate with the RENAP website which produced a birth certificate for a different person instead of the birth certificate of (b)(6) The birth certificate that the Official RENAP site showed was the birth certificate for a person named (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) 1986. FFS requested that (b)(6) birth certificate be verified by the Phoenix Guatemalan Consulate.

(b)(6) was then interviewed by the Phoenix Guatemalan Consulate on June 7, 2016. Guatemalan Consular Assistant, Ms. (b)(6) emailed ORR on June 7, 2016 the results of the verification of the DOB and name on the birth certificate provided by Mr. (b)(6) indicating that there were no matches, and informed that (b)(6) reported to them "his father paid a guide for him to travel with and to turn him in to immigration and that his father had resided in US for 14 years; during the interview with the father informed that when he traveled to the US the youth was named (b)(6) and he did not know why his name is now (b)(6) and that he has resided in the US for around 16 or 17 years and that (b)(6) was one and half years old when he left Guatemala. We suppose that (b)(6) is of legal age and that he may have been using documents of one of his older siblings".

On June 14, 2016 Case Manager proceeded to address with (b)(6) the results of the verification of his birth certificate and (b)(6) admitted that his real name is (b)(6) (b)(6) with a DOB of (b)(6) 1997. He stated that he wanted to be with his father and work. He said that he paid 1500 Quetzals for the altered birth certificate that a friend provided to him.

The Case Manager then proceeded to contact immediately (b)(6) reported mother in Guatemala who informed that her son (b)(6) was the person who assisted (b)(6) with obtaining an altered document. Case Manager then spoke with (b)(6) who reported that he paid 1500 Quetzals for an altered birth certificate and that the birth certificate was provided by an attorney in Guatemala whose name he could not recall. Case Manager then spoke with (b)(6) reported father in the US who informed that he did not know about the document being altered and that as he has been in the US for so long he could not specify what the date of birth of his son was. The family faxed a correct copy of the birth certificate on June 15, 2016.

On June 15, 2016 the Guatemalan consulate provided to ORR an electronic record of birth from the official RENAP (Registro Civil Nacional de las Personas) site that shows that **the true and legal name under which (b)(6) was born is (b)(6) (b)(6) and the date of birth with which he is registered is FEBRUARY 3, 1997.**

I reviewed the documentation gathered by SWK Casa Phoenix and the Phoenix Guatemalan Consulate and I agreed that Mr. (b)(6) (b)(6) AKA (b)(6) (b)(6) has now determined to be 19 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC with name (b)(6) (b)(6) and DOB (b)(6) 1998
- Verified Altered BC showing (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1986
- Verified BC for (b)(6) (b)(6) with DOB (b)(6) 1997
- RENAP verified name and DOB
- photograph
  Consular verification of DOB and interview:
  NOTA: (b)(6) (b)(6) A# (b)(6) el confeso llamarse (b)(6) (b)(6)
  1. Datos coinciden con RENAP
  (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) 1997
  LdN: Guatemala, (b)(6)
  CdN (b)(6)

- Respecto al siguiente caso , me permito confirmarle, según datos proporcionados en la entrevista con (b)(6)
  Entrevista con el Padre y madre por teléfono y datos verificados en RENAP, lo siguiente:

  Datos NO coinciden con RENAP. No aparecen datos registrados en RENAP (Se envió a verificar el acta de nacimiento a la sede central).
  (b)(6) (b)(6)
  Fecha de nacimiento: (b)(6) 1998
  LdN: Guatemala, (b)(6) (b)(6)
  CdN: Libro (b)(6)
  ** (b)(6) (b)(6) fue entrevistado el dia de hoy 7 de junio el nos indicó que el padre pago un guía para que el se viniera y se entregará a migracion, que el padre tenía 14 años de haber venido a Estados Unidos, en la entrevista con el padre el informo que cuando él se vino el joven se llamaba (b)(6) que no sabe por qué ahora se llama (b)(6) y que él tiene como 16 ó 17 años de estar aqui, y (b)(6) ya tenía año y medio cuando él se vino de Guatemala. Suponemos que (b)(6) es mayor de edad y podría estar utilizando los documentos de uno de sus hermanos mayores.

In accordance with ORR policy, FFS Supervisor Jose Gonzalez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) AKA (b)(6) (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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)

002021

(b)(6)

RENAP

Registro Nacional de las Personas

República de Guatemala

No. correlativo: (b)(6)

VERIFICADOR: (b)(6)

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 San Antonio Huista, departamento de Huehuetenango,

CERTIFICA

(b)(6)

- (b)(6) , (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

*ver nota referencial

Fotografía no disponible

*ver nota referencial

Datos del padre

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

En RENAP registramos lo más valioso de Guatemala... "su gente"

www.renap.gob.gt

002022

Observaciones

RAZON: La presente se reasentó en base al decreto 09-2006 del congreso de la República de Guatemala

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

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

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

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA No. 245
SAN ANTONIO
HUISTA
HUEHUETENANGO

Doy fe

(b)(6)

Rosa[illegible]loñez
Registrador Civil de las Personas

Este certificado fue impreso el día veintinueve de abril del dos mil dieciséis y tiene vigencia de seis meses.

002023

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)

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 San Antonio Huista, departamento de (b)(6)

CERTIFICA

que con fecha cinco de enero de mil novecientos ochenta y siete, en la partida (b)(folio (b)(del libro (b)(, del Registro Civil del Municipio de SAN ANTONIO HUISTA, Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos ochenta y seis

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

09:20:24a.m.

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio San Antonio Huista, departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 20/04/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día uno de abril 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)

Rosa Teudicely , Jerónimo Ordóñez

Registrador Civil de las Personas

Este certificado fue impreso el día uno de abril del 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 del link : https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002025

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

Pais, departamento y municipio de nacimiento: GUATEMALA (b)(6)

Libro: 1

Folio:

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

Pais, 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 veridica 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 mi.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma

002026

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADO (b)(6)
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 Unión Cantinil, departamento de Huehuetenango,
CERTIFICA

(b)(6)

- (b)(6) , (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)
Código Único de Identificación (CUI)

(b)(6) mil novecientos noventa y siete
Fecha de nacimiento

Guatemala, (b)(6)
Lugar de nacimiento

Masculino
Género

Datos de la madre

(b)(6)
Nombres y apellidos de la madre

--
Fecha de nacimiento

Unión Cantinil
Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)
Nombres y apellidos del padre

--
Fecha de nacimiento

Unión Cantinil
Lugar de origen

(b)(6)

(b)(6)

3:42:25p.m.

Observaciones
RAZÓN: la presente se reasentó en base al decreto 09-2006 del Congreso de la República de Guatemala

Extendida el día catorce de junio 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)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 246 UNION CANTINIL, HUEHUETENANGO

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día catorce de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516

(b)(6) (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) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue May 24, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

(b)(6)

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No evidence for active infectious
granulomatous disease.

Thank you for making MIHS a part of your patient care.

(b)(6) (b)(6) (MRN (b)(6)
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 5/24/2016 7:58 AM
CC: (b)(6) , PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

PCP: (b)(6)
Auth Prov:
Att Prov:

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F @ice.dhs.gov>"
CC:	"Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/17 14:38:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1997.

Contact Information for transportation arrangements:

(b)(6) M.A.
Southwest Key Program
Lead Case Manager
Casa Phoenix - 922
Work Cell: (602) (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, Jose (ACF)
Sent: Friday, June 17, 2016 9:32 AM
To: Hillin, Myriam (ACF)
Subject: Re: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(

I agree. Please refer to ICE.

From: Hillin, Myriam (ACF)
Sent: Friday, June 17, 2016 11:24:16 AM
To: Gonzalez, Jose (ACF)
Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6)

From: Hillin, Myriam (ACF)
Sent: Thursday, June 16, 2016 8:38 PM
To: Gonzalez, Jose (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6)
Importance: High

Good evening again Jose,

Please see attached Memo of Age Redetermination for the above listed individual who has a DOB (b)(6) 1997.

This person admitted that his father altered his birth certificate so he could pass as a minor as minors can be quickly reunited with relatives.

Thanks,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Sent Date:	2016/06/17 14:39:07
Delivered Date:	2016/06/17 14:38:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 17, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)
AKA: (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 12, 2016 as a juvenile as a result of (b)(6) misrepresentation of himself as a minor by knowingly providing an incorrect date of birth of (b)(6), 1998 to officers apprehending him.

Following placement in ORR care it was immediately apparent to assigned Case Manager (b)(6) that (b)(6) appears physically much older than his reported age. Case Manager proceeded to request a copy of (b)(6) birth certificate from his father in Guatemala and one was faxed to Case Manager on June 15, 2016.

Case Manager proceeded to immediately verify the birth certificate with the official RENAP website which produced a copy of the real birth certificate for (b)(6) with a different date of birth of (b)(6) 1997.

On June 15, 2016 Case Manager proceeded to provide (b)(6) the opportunity to explain the discrepancy and (b)(6) responded that in fact his correct date of birth is (b)(6) 1997 and that it was his father's idea to alter the birth certificate as they understood that minors are released to their relatives quickly.

The Case Manager then proceeded to contact immediately (b)(6), reported father in Guatemala and he denied that the birth certificate was altered and insisted that the copy of the document he sent to the Case Manager was a correct document.

I reviewed the documentation gathered by SWK Casa Phoenix including the verification of the formal documents and (b)(6) (b)(6) confirmation and verification of his date of birth and I agreed that there is strong evidence to support that (b)(6) is an 18-year-old adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC with DOB (b)(6) /1998
- Verified BC with DOB (b)(6) 1997
- photograph
- TB clearance

In accordance with ORR policy, FFS Supervisor Jose Gonzalez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)

002034

(b)(6)

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6) , (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 siete

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) , (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

Observaciones

RAZÓN: La presente se reasentó en base al decreto 09-2006 del Congreso Nacional de la República de Guatemala.
RAZÓN: El titular presento partida No. 1951 Libro No. 196 de Chiantla. (b)(6) (b)(6) Firma y sello Registrador Civil.-

Extendida el día seis de junio 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)

Widvin Duglas , Merida Velasquez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día seis de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

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) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Jun 14, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease.

NOTE:
Report dictated by resident, Phillip Fairbourn MD, 10389. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.

002038

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

MIHS is an ACR Accredited Imaging Facility.

Reading Radiologist: Mary J. Connell, MD
Phillip Fairbourn, MD

Released By: Mary J. Connell, MD on 6/14/2016 8:40 AM

CC: (b)(6) PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

002039

Observaciones
RAZÓN: La presente se reasentó en base al decreto 09-2006 del Congreso Nacional de la República de Guatemala.
RAZÓN: El titular presento partida No. (b)(6) Libro No. (b)(6) de Chiantla. (b)(6) (b)(6) Firma y sello Registrador Civil.-

Extendida el día seis de junio 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)

Widvin Douglas , Merida Velasquez

Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 245
UNION
CANTINIL
(b)(6)

Este certificado fue impreso en papel bond el día seis de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

RENAP
Registro Nacional de las Personas

002040

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)

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 (b)(6) departamento de (b)(6)

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 (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6), (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, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6), (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

002041

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, November 18, 2016 17:53

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Maria Rios; (b)(6) (b)(6) @swkey.org); Andrea Palomaro

Subject: ADULT - AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) SWK CASA PHOENIX

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) with DOB (b)(6) 1998.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program	(b)(6)	etorres@swkey.org

	Director		
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

002046

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, December 2, 2016 12:55

To: Phoenix, Juvenile; PHO, Juv Placement

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6) (b)(6)

Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) SWK CASA PHOENIX

Good afternoon,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct
DOB (b)(6) 1998. She is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org

Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Referred to DHS	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/12/02 16:22:48
Delivered Date:	2016/12/02 16:23:38

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F @ice.dhs.gov>"
CC:	"Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/17 13:03:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find the approved ORR Memo of Age Redetermination for the above listed Individual with a verified DOB (b)(6) /1997.

Contact information for transfer arrangements:

(b)(6) M.A.
Southwest Key Program
Lead Case Manager
Casa Phoenix - 922
Work Cell: (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, Jose (ACF)
Sent: Friday, June 17, 2016 7:41 AM
To: Hillin, Myriam (ACF)
Subject: Re: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6)

Please proceed. Approved.

From: Hillin, Myriam (ACF)
Sent: Friday, June 17, 2016 2:02:45 AM
To: Gonzalez, Jose (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6)

Jose,

Attached please find for your approval the Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) who arrived with a copy of his birth certificate with an altered date of birth. After verification by the consulate (b)(6) admitted his correct DOB is (b)(6) 1997. He paid 20,000 Quetzals for his journey that included the alteration of the BC.

Thanks,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Sent Date:	2016/06/17 13:04:20
Delivered Date:	2016/06/17 13:03:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 17, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#**(b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 5, 2016 as a juvenile as a result of (b)(6) misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) who reviewed the birth certificate (b)(6) brought with him. It was apparent to the Case Manager the birth certificate presented with discrepant fonts throughout the document, therefore the birth certificate was sent for verification with the Phoenix Guatemalan Consulate.

(b)(6) reported that he traveled to the US to reunite with his father (b)(6))(6) (b)(6) who resides at (b)(6) Nashville, Tennessee (b)(6) phone number (b)(6) Case Manager contacted then (b)(6) father and requested a copy of the birth certificate of his son. A copy of the same document was faxed to the Case Manager.

On June 16, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives,** (b)(6) **was registered with a date of birth May 5, 1997**.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate (b)(6) brought with him and the one his father provided and (b)(6) admitted that the birth certificate was altered. After Case Manager explained that the document was verified by the Guatemalan consulate (b)(6) proceed to admit that he forgot his date of birth and that he had a significant debt for his journey and that he did not want to return to Guatemala.

Case Manager then spoke with (b)(6) father again to obtain additional information. (b)(6) father admitted the documented was altered and wanted to know what would happen to his son. He explained that his son was approached by a Coyote and that the Coyote told his son that he knew a person who could change information on the birth certificate. He added that the person lives in Quiche, but doesn't know more information. His son borrowed money from friends and paid 20,000 Quetzals for the altered document and the trip to the US border.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) identity and I agreed that (b)(6) is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- photograph
- TB Clearance
- RENAP Consular Verification:

  (b)(6) (b)(6)
  Fecha de nacimiento: (b)(6) 1997
  LdN: Guatemala, (b)(6)
  CdN: Libro (b)(6)

In accordance with ORR policy, FFS Supervisor Jose Gonzalez reviewed all the new information and documents mentioned above indicating that (b)(6) (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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)

002055

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) Departamento de Baja Verapaz,

CERTIFICA

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

Datos del inscrito

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

Nombre y apellidos del inscrito

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

Fecha de nacimiento — Género

GUATEMALA, (b)(6)

Pais, Departamento, Municipio de nacimiento

Datos de la madre

(b)(6)

Nombre y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

(b)(6)

Nombre y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

(b)(6)

ID: (b)(6)

1 de 2

(b)(6)

57:21a.m.

002056

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:

Tercer Nombre:

Primer Apellido: (b)(6)

Segundo Apellido: (b)(6)

Apellido Casada:

CUI: (b)(6)

ID Partida:

Sexo: MASCULINO

Fecha de Nacimiento: (b)(6) 1997

País, departamento y municipio de nacimiento: (b)(6)

Libro: (b)(6)

Folio:

Partida:

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 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.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma consular operador

(b)(6) 002057 (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) (b)(6) (b)(6)
DOB: (b)(6) 999
Sex: Male

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

Final
XR Chest Ap Only

Exam Date & Time: Tue Jun 7, 2016 10:06 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are within
normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

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

Released By: Pejman Hedayati, MD on 6/7/2016 10:34 AM
CC: CELESTE OLMOS, PA - FAX

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)@ice.dhs.gov>"
CC:	"Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/17 12:58:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1997.

Contact information for transfer arrangements:

(b)(6) M.A.
Southwest Key Program
Lead Case Manager
Casa Phoenix - 922
Work Cell: (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, Jose (ACF)
Sent: Friday, June 17, 2016 7:41 AM
To: Hillin, Myriam (ACF)
Subject: Re: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) AKA (b)(6) (b)(6) (b)(6)

Please proceed. Approved.

From: Hillin, Myriam (ACF)
Sent: Friday, June 17, 2016 1:04:27 AM
To: Gonzalez, Jose (ACF)

Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6)

Jose,

Attached please find for your final approval a Memo of Age Redetermination for the above listed person who entered ORR care under the name of (b)(6) (b)(6) (b)(6) and DOB (b)(6) /1999. He initially said he traveled with his father who was detained with ICE. He rapidly admitted that his real name is instead (b)(6) (b)(6) with DOB (b)(6) 1999 and that he lied about his father being detained. He reported that his travelling companion convinced him that if they both presented as father/son they will be both promptly released as a family unit. His reported real father (no detained) then sent a BC for him with a DOB (b)(6) /1999. When the BC was verified it was revealed that his true DOB is (b)(6) /1997.

Thanks,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6) @ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Sent Date:	2016/06/17 12:59:00
Delivered Date:	2016/06/17 12:58:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 17, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)
AKA: (b)(6) Isai (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 29, 2016 as a juvenile as a result of Mr. (b)(6) misrepresentation of himself as a minor by knowingly providing an incorrect name and a date of birth of (b)(6) 1999 to officers who detained him.

Following placement in ORR care and immediately during his initial intake on May 29, 2016 Mr. (b)(6) reported that he was detained with his father named (b)(6) (b)(6) (b)(6)

On June 1, 2016 he was allowed to contact his reported mother (b)(6) who resides in Guatemala. Case Manager then spoke with (b)(6) who stated that she knew that her husband was detained by immigration.

Mr. (b)(6) provided Case Manager with information to contact a cousin named (b)(6) who was expecting his arrival and could sponsor him. When Case Manager spoke with (b)(6) on June 1, 2016 Mr. (b)(6) stated he did not know anyone with the name (b)(6) (b)(6)

On June 2, 2016 Mr. (b)(6) met with his counselor and during the interview Mr. (b)(6) revealed that his name is not (b)(6) (b)(6) that his real name is (b)(6) (b)(6) that his real date of birth is (b)(6) 1999 and that his cousin (b)(6) is in reality his father and not a cousin. He added that his traveling companion, Mr. (b)(6) (b)(6) (b)(6) was the person who advised him to say that they were father and son so they would be quickly released as a family unit and he admitted as well that (b)(6) is not his mother.

Case Manager then proceeded to contact again Mr. (b)(6) on June 2, 2016 and Mr. (b)(6) confirmed that he was expecting the arrival of his son (b)(6) Isai (b)(6) who has a date of birth (b)(6) 1999. Mr. (b)(6) faxed then a copy of his son's birth certificate to the Case Manager. The document had the name of (b)(6) (b)(6) with a date of birth of (b)(6) 1999.

Case Manager proceeded to immediately verify the birth certificate with the official RENAP website which returned with errors making it not possible to verify the document, therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On June 15, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) **According to the verification of the RENAP (Registro Civil Nacional de las**

Personas) archives, Mr. (b)(6) (b)(6) was registered with a date of birth (b)(6) 1997. He is the son of (b)(6) and (b)(6)

Case Manager then proceeded to provide Mr. (b)(6) an opportunity to explain the new discrepancy on his birth certificate and Mr. (b)(6) admitted that his correct DOB is (b)(6) 1997. Mr. (b)(6) stated that he bought the document from a man whose name he does not remember. His purpose was to stay in the United States as a minor and reside with his father. (b)(6) stated he paid 1000 Quetzals for the document. The father denies knowing that his son's birth certificate was altered. After speaking with Mr. (b)(6) 's real mother, (b)(6) she admitted that her son is an adult and the reason for altering the birth certificate was to provide her son a better future.

Mr. (b)(6) confirmed that in fact he traveled to reunite with his father (b)(6) who resides at (b)(6) (b)(6) Edenton, NC (b)(6) and has a phone number (b)(6)

I reviewed the documentation gathered by SWK Casa Phoenix including the verification of the formal documents and Mr. (b)(6) s confirmation and verification of his date of birth and I agreed that there is strong evidence to support that Mr. (b)(6) s an 18-year-old adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC with DOB (b)(6) 1999
- Verified BC with DOB (b)(6) 1997
- photograph
- TB clearance

In accordance with ORR policy, FFS Supervisor Jose Gonzalez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) AKA: (b)(6 (b)(6) 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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

Correlativo: (b)(6)

VERIFICADOR
ID (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las personas del municipio de (b)(6) de (b)(6)

CERTIFICA

que con fecha de treinta de agosto de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(del libro (b)(, del Registro Civil del Municipio de (b)(6) Departamento de (b)(6) quedo Inscrito el nacimiento de:

- (b)(6))(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, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Anotaciones:
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día nueve de abril del dos mil dieciséis por el Registrador Civil de las Personas, la cual es autentica por ser una copia fiel de su original.

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

REGISTRO CIVIL DE LAS PERSONAS DE GUATEMALA
RENAP
OFICINA 245
(b)(6)
(b)(6)
HUEHUETENANGO

Doy fe

(b)(6)

Widvin Duglas Méndez Velásquez
Registrador Civil de las Personas

Este certificado fue impreso el día nueve de abril 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 traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002064

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:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)		MASCULINO	(b)(6) 1997

Pais, departamento y municipio de nacimiento:

GUATEMALA (b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)			SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Pais, 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 veridica 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 mi.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma consular u operador

(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: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR chest AP only

Exam Date & Time: Tue May 31, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB SCREENING

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:

HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease.

(b)(6)

NOTE:
Report dictated by resident, Phillip Fairbourn MD, 10389. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

(b)(6) (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: Mary J. Connell, MD
Phillip Fairbourn, MD

Released By: Mary J. Connell, MD on 5/31/2016 10:23 AM
CC: (b)(6) PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6)@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT/AGE REDETERMINATION (b)(6) (b)(6) PHOENIX
Date:	2016/06/23 08:33:00
Priority:	Urgent
Type:	Note

Attached please find an approved memo of age redetermination for the above listed individual with a DOB (b)(6) /1994.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 23, 2016 5:20 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT/AGE REDETERMINATION (b)(6) (b)(6)
Importance: High

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 22, 2016 6:48 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT/AGE REDETERMINATION (b)(6) (b)(6)
Importance: High

Good evening Ivonne,

Attached please find for your final approval a Memo of Age Redetermination for the above listed individual with a verified DOB of (b)(6) /1994.

Thank you,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (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,>"
Sent Date:	2016/06/23 08:33:43
Delivered Date:	2016/06/23 08:33:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 27, 2016 as a juvenile as a result of (b)(6) knowingly misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that (b)(6) appears to be overage. Case Manager immediately requested a copy of the birth certificate of (b)(6) from his father in Guatemala. (b)(6)(b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) 1999, however it had a visibly different font in the date of birth from standard formal documents; therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On June 21, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate (b)(6) father l provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives** (b)(6) **was registered with a date of birth** (b)(6) **1999.**

Case Manager then proceeded to contact and interview again (b)(6) father, (b)(6) (b)(6) who finally admitted to the Case Manager that the correct date of birth of his son is (b)(6) 1994 and that the document was altered per advice received from his wife's cousin who reported that if would be better for his son to cross the border as a minor and they referred the family to an individual who altered the document, however, he could not provide details about how the alteration occurred.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by (b)(6) father. (b)(6) (b)(6) first expressed not to be aware that his birth certificate was altered, but when the Case Manager informed him that his father had already acknowledged how his birth certificate was altered, (b)(6) admitted to his correct date of birth and agreed to document it in writing.

(b)(6) reported he traveled to reunite with Grandfather Mr (b)(6) with DOB (b)(6) 1955 residing at (b)(6) (b)(6) Henderson, LA (b)(6) with phone number (b)(6)

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) s new information about his date of birth being (b)(6) 1994 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) s 21 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consular RENAP verification of DOB

Respecto al siguiente caso, me permito confirmarle, según datos verificados en RENAP, lo siguiente:

Datos NO coinciden con RENAP
(b)(6)
Fecha de nacimiento CORRECTA: (b)(6) 1994
LdN: Guatemala, (b)(6)
Libro (b) Folio (b) Partida (b)(

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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002071

(b)(6)

RENA

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las personas del (b)(6)

CERTIFICA

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

Datos del Inscrito

(b)(6)

Nombres y Apellidos del Inscrito

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

Fecha de nacimiento — Género

Guatemala, (b)(6)

País, Departamento, Municipio de Nacimiento

Datos de la madre

(b)(6)

Nombres y Apellidos de la Madre

(b)(6)

Lugar de Origen

Datos del padre

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

Nombres y Apellidos del Padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

(b)(6)

(b)(6)

Registrador Civil de las Personas

(b)(6)

002072

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:

Tercer Nombre:

Primer Apellido: (b)(6)

Segundo Apellido: (b)(6)

Apellido Casada:

CUI: (b)(6)

ID Partida:

Sexo: MASCULINO

Fecha de Nacimiento: (b)(6) 1994

País, departamento y municipio de nacimiento: GUATEMALA (b)(6)

Libro: (b)(6)

Folio:

Partida:

Estado civil: SOLTERO

Teléfono casa:

Teléfono celular: (b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción: 5668

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) (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.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma consul u operador

(b)(6)

002073

002074
(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) 999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR chest AP only

Exam Date & Time: Mon May 30, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Mild peribronchial cuffing. Blunted right costophrenic angle. No pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. Mild peribronchial cuffing and blunted right costophrenic angle which is nonspecific finding
likely infectious/ inflammatory etiology. However granulomatous/fungal disease is not
excluded.

(b)(6)

NOTE

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/23 08:32:00
Priority:	Normal
Type:	Note

Attached please find an approved memo of age redetermination for the above listed individual with a DOB (b)(6) 1994.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 23, 2016 5:20 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 22, 2016 7:55 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) CASA PHOENIX

Ivonne,

Attached please find for your final approval the Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) 1994.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (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,>"
Sent Date:	2016/06/23 08:33:05
Delivered Date:	2016/06/23 08:32:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)
AKA: (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 14, 2016 as a juvenile as a result of (b)(6) knowingly providing a different name and date of birth for himself 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 (b)(6) could be overage. Case Manager requested a copy of (b)(6) birth certificate from his sister (b)(6) (b)(6) who resides in Honduras. Ms. (b)(6) immediately informed Case Manager that his brother's correct name is (b)(6) with a correct date of birth (b)(6) (b)(6) 1994 and she faxed a document on June 22, 2016 confirming the information.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the document received and the information he verbally provided about his date of birth and name and (b)(6) very regretfully admitted that his correct name is (b)(6) and that his **correct date of birth is** (b)(6) **1994** and that he was not honest when he provided the name (b)(6) (b)(6) He added that when he was traveling to the US with a friend he was advised to report that he was a minor and so he reported the date of birth and name of his younger brother instead of his true name and date of birth. He explained that he was forced to jump a fence and turn himself in to immigration and present himself as a minor and to provide his younger sibling's identity information.

(b)(6) was traveling with a friend and was planning to reside with his friend from whom he became separated after being detained and he has no other relatives who can assist here in the US.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (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 (b)(6) and that he is 21 years old.

Along with this Memo ORR is submitting the following documents:

- BC for (b)(6)
- Photograph
- TB Clearance
- Self-Statement

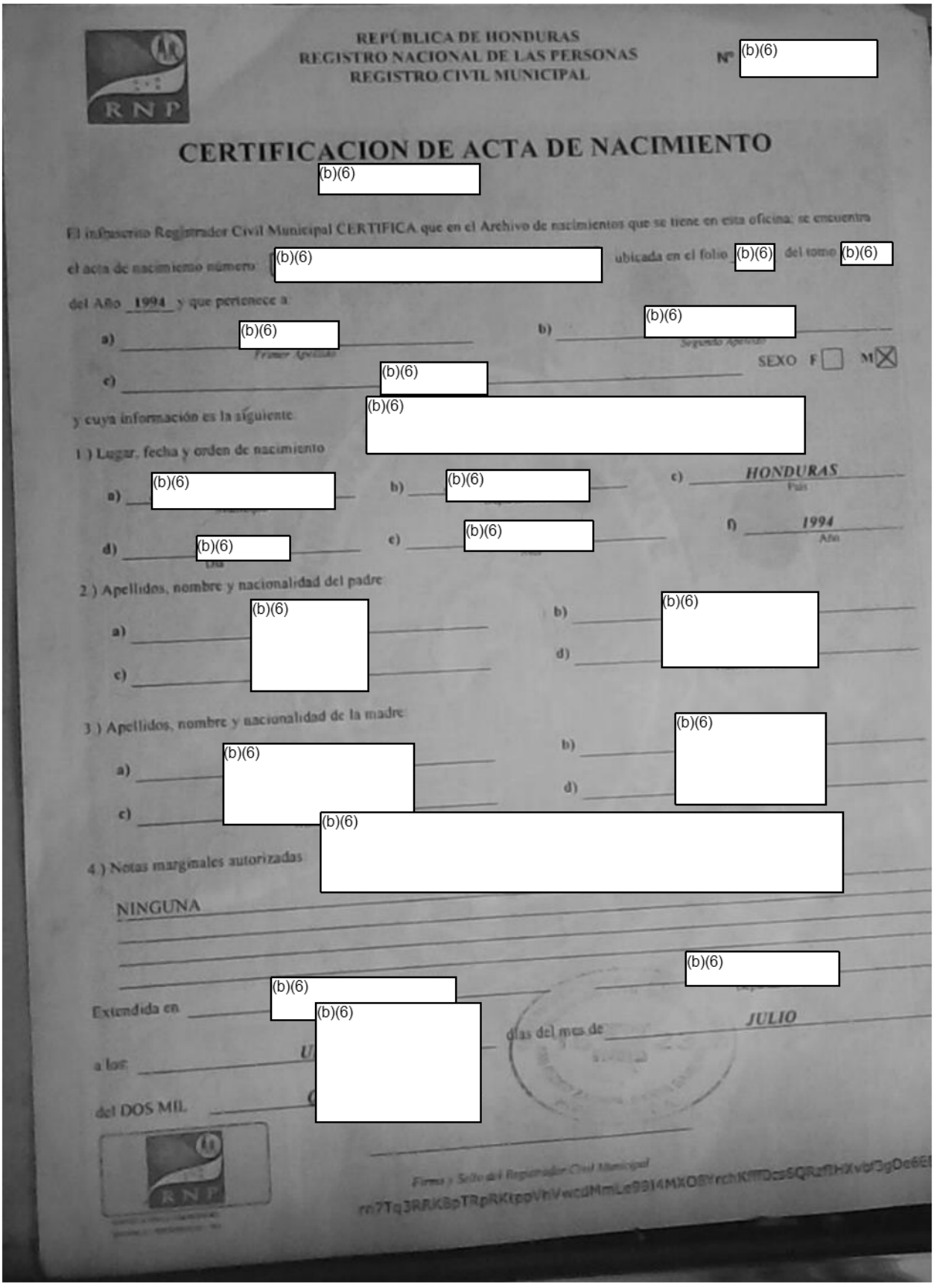
In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) AKA: (b)(6) is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@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 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 1994 y que pertenece a:

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

c) (b)(6) SEXO F ☐ M ☒

y cuya información es la siguiente (b)(6)

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) b) (b)(6) c) HONDURAS País

d) (b)(6) e) (b)(6) f) 1994 Año

2.) Apellidos, nombre y nacionalidad del padre

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

c) d)

3.) Apellidos, nombre y nacionalidad de la madre

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

c) d)

4.) Notas marginales autorizadas (b)(6)

NINGUNA

Extendida en (b)(6) (b)(6) días del mes de JULIO

a los U

del DOS MIL

(b)(6)

Firma y Sello del Registrador Civil Municipal

rn7Tq3RRKBpTRpRKtpoVhiVvcdMmLe9914MXO8YrchKffDcs6QRuflHXvbf3gDe6E

(b)(6)

002080

(b)(6)

002081

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu Jun 16, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 6/16/2016 7:31 AM
CC: (b)(6), PA - FAX

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

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F) ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/23 08:31:00
Priority:	Normal
Type:	Note

Attached please find an approved memo of age redetermination for the above listed individual with a DOB (b)(6) 1992.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 23, 2016 5:19 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) (b)(6) b)(6) CASA PHOENIX

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 22, 2016 9:51 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

Ivonne,

Attached please find for you final approval the Memo of Age redetermination for (b)(6) (b)(6 (b)(6) who has a true name (b)(6))(6) with a verified DOB (b)(6) 1992.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (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,>"
Sent Date:	2016/06/23 08:32:24
Delivered Date:	2016/06/23 08:31:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6)

Mr. (b)(6) (b)(6) was transferred to and placed in HHS ORR care on June 8, 2016 as a juvenile as a result of (b)(6) misrepresentation of himself as a minor by creating a false identity and providing a date of birth of (b)(6) 1999 to apprehending officials.

Immediately upon arrival (b)(6) provided his assigned Case Manager (b)(6) with a copy of the birth certificate he brought with him. Case Manager then proceeded to immediately verify the document with the official website RENAP site and the document returned as a valid birth certificate.

Case Manager then requested that the Phoenix Guatemalan Consulate interview (b)(6) on June 21, 2016 as it was apparent to Case Manager that (b)(6) appeared to be overage.

Guatemalan Consular Assistant, Ms. (b)(6) emailed on June 22, 2016 to ORR the results of their interview and revealed that (b)(6) true identity is (b)(6) (b)(6) with a date of birth of (b)(6) 1992.

Case Manager then met with (b)(6) again to provide him the opportunity to explain the new information about his identity provided by (b)(6) and (b)(6) admitted to (b)(6) that he took the identity of a cousin of his and admitted that his real name is (b)(6) (b)(6) with date of birth (b)(6) 1992. (b)(6) **will be referred to from here forward in this document as Mr.** (b)(6)

Mr. (b)(6) continued to explain to Case Manager that (b)(6) (b)(6) is a relative of his who was willing to provide the formal document to Mr. (b)(6) and that he did this as he was advised by prior acquaintances who successfully utilized this method before that this was the best way to successfully enter the US.

Case Manager then contacted again Mr. (b)(6) mother, Ms. (b)(6) to confirm the identity of her son and she initially insisted that her son's name is (b)(6) (b)(6) and that he is a minor. Case Manager then placed both Mr. and Ms. (b)(6) on the speaker phone and Mr. (b)(6) informed his mother that he was interviewed by the Guatemalan Consulate and that he reported to them his true identity and that the consulate already verified who he was. Mr. and Ms. (b)(6) apologized for their actions and explained that they wanted to ensure that Mr. (b)(6) could remain in the US.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) and the Phoenix Guatemalan Consulate regarding the identity of Mr. (b)(6) and I agreed that he is an adult. Mr. (b)(6) reports he is illiterate and cannot provide a Self-Statement.

Along with this Memo ORR is submitting the following documents:

- Mr. (b)(6) 's taken identity BC of (b)(6) (b)(6)
- Consular Verification of (b)(6) (b)(6)
- A photograph
- TB clearance
- Consular Verification of (b)(6) (b)(6)

Datos coinciden con RENAP y con la entrevista (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (Nombre correcto)
Fecha de nacimiento correcta: (b)(6) 1992
LdN: Guatemala, (b)(6)
CdN: Libro (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) AKA (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002088

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (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, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día treinta de mayo 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)

María del Rosario , Hernández Ros

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 en papel bond el día treinta de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002090
(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: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu Jun 9, 2016 7:26 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 6/9/2016 8:21 AM
CC: CARLOS J LOPEZ, MD - FAX

002091

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-21

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1992

Pais, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6)			SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Pais, 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 mi.

(b)(6)

Firma titular

Firma cónsul u operador

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/23 08:31:00
Priority:	Normal
Type:	Note

Attached please find an approved memo of age redetermination for the above listed individual with a DOB (b)(6) /1995.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 23, 2016 5:17 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 22, 2016 9:59 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX

Ivonne,

Attached please find for your final approval the MEMO OF AGE REDETERMINATION for (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) 1995

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (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,>"
Sent Date:	2016/06/23 08:31:45
Delivered Date:	2016/06/23 08:31:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 15, 2016 as a juvenile as a result of (b)(6) knowingly misreporting his date of birth as (b)(6) 1998 upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that (b)(6) appears to be overage. Case Manager immediately requested a copy of the birth certificate of (b)(6) from his brother in Guatemala. Mr. (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) 1998.

Case Manager then proceeded to verify the birth certificate with the official website RENAP which produced a verified document with a date of birth of (b)(6) 1995 and had a picture of (b)(6) consistent with his appearance.

Case Manager then proceeded to contact and interview again Mr. (b)(6) who denied that the copy of the birth certificate he sent to the Case Manager on behalf of his brother was altered.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by (b)(6) s brother. (b)(6) (b)(6) admitted that he had requested that his brother send a birth certificate with a year of birth 1998 instead of 1995 as before leaving Guatemala he informed his brother that 1998 would be the year he would report as his year of birth. (b)(6) (b)(6) added that his neighbor gave him the idea to do this as according to his neighbor minors are not deported and are allowed to stay in the US. (b)(6) reported that he is not aware of how the alteration of the document was carried out.

(b)(6) traveled to the US to reunite with an uncle named (b)(6) residing at (b)(6) Fort Lauderdale, FL, (b)(6) with phone number (b)(6)

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) new information about his date of birth being (b)(6) 1995 and I agreed that there is sufficient strong evidence to indicate that (b)(6) is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC

- RENAP verified BC
- 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) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002096

RENAP

Correlativo (b)(6)

VERIFICADOR (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

JUZGADO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 029 (b)(6) QUICHE

[redacted]
El Infrascrito Registrador Civil de las Personas del municipio Chajul, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 10/12/2013.

Extendida el día veinte de junio 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)

Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 028
(b)(6)
QUICHE

Este certificado fue impreso en papel bond el día veinte de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002098

3

RENAP

Registro Nacional de las Personas

República de Guatemala

(b)(6)

Registro Civil de las Personas
Certificado Literal de Nacimiento

RENAP

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) Departamento de Quiche,

CERTIFICA

Haber tenido a la vista el libro de Nacimientos No. 5 Ilom Folio No. (b)(6) en donde se encuentra la partida No. (b)(6) del Registro Civil del Municipio de Chajul, Departamento de Quiche, la que copiada literalmente dice:

Datos del Inscrito

- (b)(6) , (b)(6) -
Nombres y Apellidos del inscrito

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

(b)(6) de mil novecientos noventa y ocho — 12:00
Fecha de nacimiento — Hora de nacimiento

Guatemala, Quiche, (b)(6) — Masculino
País, Departamento, Municipio de nacimiento — Género

Datos de la Madre

(b)(6) — 29
Nombres y Apellidos de la Madre — Edad

Chajul
Lugar de Origen

Datos del Padre

(b)(6) — 33
Nombres y Apellidos del Padre — Edad

(b)(6)
Lugar de Origen

Datos del Compareciente

-(b)(6) - — 33
Nombres y Apellidos del Compareciente — Edad

(b)(6) — (b)(6)
Documento de identificación Extendida en — Cedula

(b)(6)
Residencia del Compareciente

(b)(6)

(b)(6)

64

Extendida el día Veintitrés de marzo de dos mil dieciséis 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)

002100

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADO (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de Quiche,

CERTIFICA

que con fecha diecinueve de febrero de mil novecientos noventa y seis, en la partida (b)(6), del Registro Civil del Municipio de (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Chajul, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 10/12/2013, por lo que corresponde el Código Único de Identificación - CUI (b)(6)

Extendida el día veinte de junio 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)

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veinte de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jun 17, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

(b)(6)

Released By: Mary J. Connell, MD on 6/17/2016 8:30 AM
CC: (b)(6), PA - FAX

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT -AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) CASA PHOENIX
Date:	2016/06/23 08:29:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a DOB (b)(6) /1990.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 23, 2016 5:16 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT -AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)((b)(6) CASA PHOENIX

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 22, 2016 10:46 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT -AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) (b)(6) CASA PHOENIX

Ivonne,

Attached please find for your final approval the Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) /1990.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (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,>"
Sent Date:	2016/06/23 08:30:17
Delivered Date:	2016/06/23 08:29:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 15, 2016 as a juvenile as a result of (b)(6) knowingly misreporting his date of birth as (b)(6) 1998 upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that (b)(6) appears to be overage. (b)(6) arrived in care with a copy of his birth certificate in his possession. The birth certificate presented with a visibly altered font for his date of birth prompting Case Manager to submit the document to the Phoenix Guatemalan Consulate for verification on June 20, 2016.

Guatemalan Consular Assistant, Ms. (b)(6) interviewed (b)(6) on June 21, 2016 and emailed that same day to ORR the results of the interview and informed that (b)(6) correct date of birth according to the RENAP archives is (b)(6) **1990**.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate he provided. (b)(6) admitted that during his journey to the US the guide he hired to assist him informed him of the shelters available in the US. He added that his foot guide told him that if he entered the US as a minor that the process was going to be easier for him. The guide informed (b)(6) that he was going to use his real name and information but would change his date of birth. (b)(6) reports that he paid 2,000 Quetzals for the altered birth certificate and $6000 quetzals for his entire journey. (b)(6) reported that the birth certificate was given to him in (b)(6) Mexico.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) new information about his date of birth being (b)(6) 1990 and I agreed that there is sufficient strong evidence to indicate that (b)(6) is 25 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification of name and DOB:

  Datos coinciden con RENAP y con la entrevista

002106

(b)(6) (b)(6) (b)(6) A# (b)(6)
Fecha de nacimiento correcta: (b)(6) 1990
LdN: Guatemala, (b)(6)
CdN: Libro (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 25 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) Departamento de Huehuetenango,

CERTIFICA

que con fecha veintidós de octubre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de Tectitán, Departamento de Huehuetenango, quedó inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

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

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 11
(b)(6)
HUEHUETENANGO

(b)(6)

ID:
1 de 2

002108

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-21

No. solicitud: 50959

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1990

Pais, departamento y municipio de nacimiento:

GUATEMALA (b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)			SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(602) 2003660		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: 4747 N 7TH ST SUITE 410 Código Postal: 85014

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

Pais, 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 mi.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma cónsul u operador

(b)(6) (b)(6) (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) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jun 17, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.
BONES: Thoracic dextrocurvature 13 degrees.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 6/17/2016 8:26 AM

002110

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

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) / SWK CASA SOL
Date:	2016/06/23 08:28:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find approved memo of age redetermination for the above listed individual with a DOB of (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 23, 2016 5:15 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(/ SWK CASA SOL

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 22, 2016 11:20 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) / SWK CASA SOL

Ivonne,

Attached please find for your approval the Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (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,>"
Sent Date:	2016/06/23 08:29:03
Delivered Date:	2016/06/23 08:28:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Sol

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

SUBJECT: Age Re-Determination of an Adult

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

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Sol on June 15, 2016 as a juvenile as a result of (b)(6) misreporting his date of birth as (b)(6) 1998 upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that (b)(6) appears to be overage. Case Manager proceeded then to contact (b)(6) potential sponsor, (b)(6) who resides in Miami and (b)(6) informed Case Manager that he believed (b)(6) was approximately 20 years old.

Case Manager then contacted in Honduras (b)(6) sister, Ms. (b)(6) who informed Ms. (b)(6) that her brother will be 19 years old soon and that his correct date of birth is (b)(6) 1997 and faxed to Case Manager a copy of (b)(6) birth certificate which confirmed the date of birth to be (b)(6) 1997.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one (b)(6) verbally reported when apprehended. (b)(6) admitted misreporting his date of birth as he wanted to remain in the US.

I reviewed the documentation gathered by SWK Casa SOL regarding (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 (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- True BC
- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

Supplemental TB Screening

002115
Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Initial Admission: 06/15/2016
Date of Birth: (b)(6) 1998
Category: NA

Effective Date: 06/15/2016 22:32
Admission: 06/15/2016
Gender: M
Physician:

Location: (b)(6)
A#: (b)(6)
Score: NA

A. General Information

1. Healthcare Provider
   a. Name and Designation:
   (b)(6) PA-C
   b. Telephone:
   (b)(6)
2. Date of visit
   06/16/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   925

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
   06/16/2016
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
9. Findings
   - a. Normal
   - b. Abnormal

002116

Supplemental TB Screening

Resident: (b)(6)

10. TB Determination

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

11. Additional Information

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/23 08:26:00
Priority:	Normal
Type:	Note

Good morning,

Please see attached approved memo of age redetermination for the above listed individual with a DOB (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 23, 2016 5:13 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) CASA PHOENIX

Dear Myriam,
Please contact ICE and have this individual transferred in t their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 22, 2016 11:55 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX

Ivonne,

Attached please find for your approval the Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) /1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (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,>"
Sent Date:	2016/06/23 08:26:56
Delivered Date:	2016/06/23 08:26:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 1, 2016 as a juvenile as a result of (b)(6) knowingly providing a different date of birth for himself upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that (b)(6) could be overage. Case Manager requested a copy of (b)(6) birth certificate from his mother, Ms. (b)(6) (b)(6) who resides in Guatemala. (b)(6) faxed to Case Manager a copy of (b)(6) birth certificate showing a date of birth (b)(6) 1999.

On June 22, 2016 while reviewing (b)(6) file it became apparent to Case Manager that the font on the birth certificate for the date of birth appeared altered therefore she proceed to verify the document with the official RENAP website which produced a verified document with a date of birth of (b)(6) 1997.

Case Manager then contacted (b)(6) to inform her about the discrepancy between the date of birth in the document she sent on behalf of his son and the verified version of the document and (b)(6) denied she knew that there was a discrepancy.

Case Manager then provided (b)(6) an opportunity to explain the discrepancy and (b)(6) admitted that the document was altered. He stated that it was his idea to alter the document so he could remain in the US and be reunified with his relative and that he contacted his mother and requested that the document be altered to show he is a minor. He added that he does not know the details of whom and how the document was altered.

While in ORR care (b)(6) reported that he was seeking reunification with his first cousin, (b)(6) (b)(6) who resides at (b)(6) Huron, SD, (b)(6) with phone number (b)(6) According to (b)(6) his cousin was not aware he altered his birth certificate and that he was in the process of sponsor an adult.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) s new information about his correct identity and I agreed that there is sufficient strong evidence to indicate that (b)(6) is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Altered BC
- 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) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002121

elativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

CERTIFICA

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

- - (b)(6) , (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

Cinco de marzo de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

--

Fecha de nacimiento

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

Lugar de origen

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento

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

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002122

002123

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) , (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) (6)
-

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6) b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento

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

Lugar de origen

(b)(6)

(b)(6)

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio (b)(6) departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 12/10/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día tres de junio 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)

Jacqueline Jamileth , Rabanales Ochoa

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día tres de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002125

(b)(6) (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) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jun 3, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

(b)(6)

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) (b)(6) @ice.dhs.gov>"
Subject:	FW: TB contact investigation, Casa Phoenix (b)(6)
Date:	2016/10/03 19:23:00
Priority:	Normal
Type:	Note

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

Please see guidance below.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Kim, Curi (ACF)
Sent: Monday, October 03, 2016 4:21 PM
To: Jereb, John (ACF); Hillin, Myriam (ACF)
Cc: Routh, Janell (ACF); Irizarry, Tamara (ACF) (CTR); Velazquez, Ivonne (ACF); Boss, Mark (ACF); DCS - UAC Medical; Elson, Diana
Subject: RE: TB contact investigation, Casa Phoenix (b)(6)

Thanks, Dr. Jereb for all of your help around this TB case and for serving for the POC on this complicated investigation.

Just one correction to your points below, which is #4. "Children who are being released on their own recognizance" are presumably either adults who were posing as children or children who just turned 18 years old (aging out). We cannot keep these adults in ORR care, or pay for any further evaluations as they are not UC. They must be turned over to DHS ASAP. As noted, these individuals are not infectious.

For those who are being released on their own recognizance, they should be educated about the need to follow-up with a HD for repeat TB testing. If they have a stable destination in mind, let us know and we can send a notification to the HD. For those who are going into ICE custody, follow #3 below.

Thanks,
Curi

Curi Kim, MD, MPH
CDR, U.S. Public Health Service
Director, Division of Refugee Health
Office of Refugee Resettlement
Administration for Children and Families
U.S. Department of Health and Human Services
Mary E. Switzer Building
330 C St SW, MS 5123
Washington, DC 20201
Phone: 202-401-5585
curi.kim@acf.hhs.gov
www.acf.hhs.gov

From: Jereb, John (ACF)
Sent: Monday, October 03, 2016 6:47 PM
To: Hillin, Myriam (ACF)
Cc: Routh, Janell (ACF); Irizarry, Tamara (ACF) (CTR); Velazquez, Ivonne (ACF); Boss, Mark (ACF); DCS - UAC Medical; Kim, Curi (ACF); (b)(6)
Subject: RE: TB contact investigation, Casa Phoenix (b)(6)

Hi, Myriam,

Thank you for your questions! I was just speaking to Ivonne Velazquez, and she clarified some of the issues. Also, Dr. Fanny Rivera called today to update me about the steps that Southwest Keys is taking to meet requests from the ORR Medical Team and the Maricopa County health department. The health department has the authority to run the contact investigation, and Dr. Renuka Khurana, who is the medical director of the Maricopa County TB program, is coordinating her efforts with us. We are still discussing the exact steps, but I can see already that this investigation is going to affect many children at Casa Phoenix.

Here are some key points:

1. Admissions to Casa Phoenix do not have to be held for any medical reasons. The TB exposure has ended because the child who has TB is being treated and has been isolated. Therefore, the ORR Medical Team has no reason to ask for a hold on admissions. The Admissions Team could decide to hold admissions because of the workload at the shelter during the TB investigations, but that reason is separate from any medical reasons for holding admissions.

2. Children who are being repatriated can leave at any time. They should receive their standard health packets, including the TB examinations that were already done at admission, PLUS a letter stating that they were exposed to TB and might need examination as contacts to TB. The public health officials in Maricopa County do have the authority to stop someone from traveling by air before his or her TB status is

determined, but they are unlikely to invoke this authority in this circumstance, because the exposure to TB took place in the past couple of weeks, and the incubation period for TB is much longer than this, on the order of months. Therefore, the children who were being repatriated do not pose any infection risk.

3. Children who have to be transferred to ICE immediately and who have not been examined yet can leave ORR custody with a standard health packet and a letter stating what the TB exposure was and when it happened. These children do NOT need to be isolated because they already had TB examinations when they were admitted to Casa Phoenix, and they were exposed only in the past couple of weeks. (The incubation period for TB is months or longer.) However, the ORR Medical Team cannot assure you that this is acceptable to ICE, and I have copied this message to Dr. Diana Elson, who may have an opportunity to help us on this detail.

4. Children who are being released on their own recognizance cannot go to a U.S. destination until an initial TB examination is completed, unless Dr. Curi Kim corrects me on this point. Depending on the situation, the initial TB examination could take 3--10 days to complete.

5. Even after the initial examinations for TB, almost everyone who is released is going to need to receive documentation that further testing is needed in about 8 weeks. Children who remain in custody for those 8 weeks can have the second examination at Casa Phoenix. The ORR Medical Team will send out notifications to health departments for some of the children who need additional examinations.

Pending confirmation from Dr. Kim, I will be the point-of-contact for the ORR Medical Team during this investigation, with back-up support from Drs. Kim and Routh. My Blackberry cell phone seems like the most reliable way to reach me: (b)(6) Thank you.

Regards,
John

John Jereb, MD FAAP
CAPT (retired), USPHS
GDIT contractor
Division of Refugee Health and Division of Children's Services
Office of Refugee Resettlement, Administration for Children and Families
Mary E. Switzer Building
330 C ST SW
Room 5123
Washington DC 20201
john.jereb@acf.hhs.gov
202.401.5375
(b)(6)

From: Hillin, Myriam (ACF)
Sent: Monday, October 03, 2016 6:04 PM
To: Jereb, John (ACF)
Cc: Routh, Janell (ACF); (b)(6);(b) Tamara (ACF) (CTR); Velazquez, Ivonne (ACF); Boss, Mark (ACF)
Subject: RE: TB contact investigation, Casa Phoenix (b)(6)

Good afternoon/evening,

I was wondering if there is any update on the status of the investigation plan for TB at Casa Phoenix. We have 2 identified adults, 2 age out UCs and 3 repatriations scheduled for this week and ICE is also asking whether these UC could be discharged or not. ICE is requesting time also to accommodate the needs of the identified adults that need to be transferred to their custody as they will need time to secure appropriate isolated placement. Some age outs have had plans for release on their own recognizance and the attorneys had purchased tickets in anticipation of their quick releases, however, ICE would need to transfer these UC to a different location which may jeopardize the restricted time window for ICE prior agreement to release on their own recognizance. Two UC have scheduled flights on Thursday for repatriation to Guatemala and ICE would like to know more specifics.

Thanks in advance,

Myriam

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Jereb, John (ACF)
Sent: Friday, September 30, 2016 5:45 PM
To: (b)(6)
Cc: Routh, Janell (ACF); Meyerstein, Shaanan (ACF) (CTR); Irizarry, Tamara (ACF) (CTR); Hillin, Myriam (ACF); Horacio Necoechea; Buriel, Celestina (ACF) (CTR); Velazquez, Ivonne (ACF); Boss, Mark (ACF); Kim, Curi (ACF); Buckley, Kirsten (ACF)
Subject: TB contact investigation, Casa Phoenix (b)(6)

Hi, (b)(6)

Thanks for calling this evening! I appreciate the update on the mother-baby pair at your shelter. The mother has alien number (b)(6) and her infant son has number (b)(6) The mom has been healthy, but her chest radiograph shows a cavity. Her

initial assessment, with help from the health department, showed negative sputum smears and negative PCR from Sep 15, but in the past couple of days, the health department notified us that the TB culture result was positive for one sputum. (By the way, the Portal needs to be updated for the sputum results. It shows "pending" for the smear, with only one specimen, and nothing about the culture.)

The little boy has been generally healthy, but he has had some respiratory illness that was interpreted as "acute bronchiolitis." His tuberculin skin test on Sep 16 had 0 mm induration. I see that a QuantiFERON-TB test result is pending. I see that some kind of specimens shown as sputum (I'm assuming gastric aspirates?) had negative smear results for two, pending for one. I do not see any report of an X-ray study, and one does need to be done if it hasn't been done already!

Today, the epidemiologist from the Maricopa County health department visited your shelter, about starting a contact investigation. Your question was whether any unaccompanied children need to be held back from release to sponsors.

1. Until we have a full plan for a TB contact investigation, none of the current residents should be released. I expect that we will have a plan by the end of Monday.

2. You do not have to stop admissions to the shelter for medical reasons, if the mom (b)(6) is isolated and is receiving treatment for TB. However, the ORR Medical Team does not control admissions, and the decision to continue admissions rests with FFS and DCS-ORR.

3. The ORR plan for the contact investigation has to be coordinated with the public health authorities of Maricopa county. Dr. Khurana and I started the discussions, but we did not reach a full plan.

4. Once we have a full plan for the investigation, only the children who need to be tested will need to be held back from release until after the test results are available.

    a. The children who have negative results (T-SPOT.TB for the older children and tuberculin skin test for the children aged younger than 5 years) may be released when the results are back. The sponsors will need notifications (and the health departments, from ORR) that these children should to be retested in 8--10 weeks.

    b. The officials at the health department may direct that some infants will need to have chest radiographs even if the skin test results are negative.

    c. The children who have test positive results will need to have chest radiography if it has not been done already. Some may need to have repeat radiography, and we will decide this on a case-by-case basis.

5. You or your colleagues should start drawing up a contact list now. I attached a template. You should include the children who have been released from custody already, because ORR will send notifications.

6. The ORR definition of contact is anyone who spent at least 8 hours TOTAL in the same room with the index patient (b)(6) How to determine TOTAL time: This means that you add up the separate times into one total figure. Example: If the children attended a 1-hour class together on 8 different days, the total is 1+1+1+1+1+1+1+1 = 8, and this counts as "contact" by ORR policy.

7. The contact investigation will need to be uploaded in the Portal for each contact, as soon as we have started the investigation.

Share this information on a need-to-know basis. Thank you.

John

John Jereb, MD FAAP
CAPT (retired), USPHS
GDIT contractor
Division of Refugee Health and Division of Children's Services
Office of Refugee Resettlement, Administration for Children and Families
Mary E. Switzer Building
330 C ST SW
Room 5123
Washington DC 20201
john.jereb@acf.hhs.gov
202.401.5375
(b)(6)

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
Sent Date:	2016/10/03 19:23:50
Delivered Date:	2016/10/03 19:23:00

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/06/25 22:42:00
Priority:	Normal
Type:	Note

Good evening,

Attached please find the approved Memo of Age Redetermination for (b)(6) (b)(6) with a verified DOB (b)(6) /1997.

At your earliest convenience please arrange for pickup. I am including here Assistant Program Director Eva Torres (b)(6) and Alexander Gonzalez (b)(6) to make transportation arrangements.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Saturday, June 25, 2016 7:30 PM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6)

Dear Myriam,
Contact. ICE and have these individuals transfeRed in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Saturday, June 25, 2016 6:10:35 PM

To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6)

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) /1997

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Sent Date:	2016/06/25 22:42:54
Delivered Date:	2016/06/25 22:42:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 9, 2016 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 requested a copy of Mr. (b)(6) 's birth certificate from his brother (b)(6) (b)(6) who resides in the US. (b)(6) (b)(6) mailed to Ms. (b)(6) a copy of (b)(6) s birth certificate on June 22, 2016.

Case Manager immediately observed that the birth certificate of (b)(6) was very different from the parents' and (b)(6) s documents including misplaced and different seal, misplaced and different barcodes suggesting to Ms. (b)(6) that the document appeared altered.

The document was sent for verification on June 22, 2016 to the Dallas Honduran Consulate. On June 24, 2016 the Consular Agent, Ms. (b)(6), informed that the birth certificate and photographic census for the youth (b)(6) (b)(6) (b)(6) has an identity number and date of birth that differ from the copy of the document submitted for verification and for that reason the youth, who was born on May 21, 1997, is already 19 years old.

Case Manager then contacted again (b)(6) (b)(6) who was in the process of sponsoring his brother (b)(6) to inquire about the confirmed alteration of the document he provided on behalf of his brother. (b)(6) (b)(6) indicated that he did not know his brother's date of birth had been altered on the document he sent and added that to his understanding his brother is a minor and that if the document was altered it was because of his brother 's need to flee Honduras because he was threatened. He also reported that his family in Honduras live far away from an RNP agency site and that a cousin, (b)(6) was the one who obtained the document on behalf of the parents.

Case Manager attempted several times to contact the parents of (b)(6) (b)(6) in Honduras, but calls went straight to voicemail.

Case Manager then spoke to (b)(6) who revealed that he is 19 years of age and confirmed his date of birth to be (b)(6) 1997. (b)(6) hen wrote a statement and did not disclose any other information regarding the alteration of the document and informed the Case Manager that he does not have a cousin named (b)(6) as his bother indicated. (b)(6)

added that he had been threatened in Honduras, but did not know the person who threatened him and said that he is scared to return to Honduras as one of his brothers had been killed by police in Honduras 9 years ago.

Mr. (b)(6) was seeking reunification with his verified brother (b)(6) (b)(6) who resides at (b)(6) (b)(6), (b)(6) (b)(6), phone number (b)(6).

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Honduran RNP verified BC
- photograph
- TB Clearance
- Consular verification:

  Por instrucciones del Cónsul Alvarado, le remito del sistema RNP de Honduras copia de lo siguiente:
  1. Acta de nacimiento y padrón fotográfico del joven (b)(6) (b)(6) cuyo número de identidad y fecha de nacimiento difiere de la copia enviada por usted, por lo tanto el joven que nació el (b)(6) **de 1997, ya tiene 19 años**.
  2. Acta de nacimiento del hermano del joven (b)(6) = coincide con su copia
  3. Acta de nacimiento del padre del joven (b)(6) = coincide con su copia
  4. Padrón fotográfico de la madre del joven (b)(6) no fue posible extraer al acta, pero se pueden corroborar ciertos datos con el padrón fotográfico)
  5. Árbol familiar del joven

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that Felix (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002136

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

N° (b)(6)

CERTIFICACIÓN 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 17 de Noviembre de 1982. CERTIFICA que en los [illegible] esta institución se encuentra el acta de nacimiento número: (b)(6) Número de Identidad 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 [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) Municipio b) FRANCISCO MORAZÁN 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) (b)(6) Segundo Apellido

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

4.) Notas marginales autorizadas:

NINGUNA

Extendida en DISTRITO CENTRAL Municipio FRANCISCO MORAZÁN Departamento

a los: CATORCE días del mes de JUNIO

del DOS MIL DIECISEIS (b)(6)

FIRMA Y SELLO DEL DIRECTOR

002137

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) ***FRANCISCO MORAZÁN*** *departamento*

c) ***HONDURAS*** *pais*

d) (b)(6) *dìa*

e) (b)(6) *mes*

f) ***1997*** *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) *primer apellido*

b) *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) (b)(6) *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***VEINTICUATRO*** dias del mes de ***JUNIO***

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

C0801197303448
172.20.1.1

firma y sello del registrador civil municipal

itT6uLsk $ @pC$+ PksbEg@906)MNk5TJ25KldGX@mQrlY@\@e6nC@vW/R6Mdv/EDJaH5@1@eoIwzpF]xYVgrKuSiaH@51@DSOj@3E/MzVlx/mJQu

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)(/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sat Jun 11, 2016 (b)(6)
Accession #: (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

NOTE
Report dictated by resident, Roy Colglazier MD. 10773. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.

002139

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 AKA: (b)(6) (b)(6) (b)(6 (b)(6) (b)(SWK Casa Phoenix
Date:	2016/08/26 10:23:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person approved by FFS Supervisor Ivonne Velasquez (see email below).

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, August 25, 2016 7:51 AM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Importance: High

Dear Myriam,
Please contact ICE and have them take this individual in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Wednesday, August 24, 2016 10:37:26 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix

Ivonne,

Attached please find for your review, consideration and approval a Memo of Age Redetermination for the person listed in the subject line:

- (b)(6) (b)(6) (b)(6) with DOB (b)(6) /199 is suspected to be impersonating his younger brother when his true identity is (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1997.
- A dental forensic exam concluded that "**The average empirical probability that this individual has reached his 18th birthday expressed as a percentage is 81.25%**".
- This UC traveled to reunite with a brother in Florida. This brother offered a bribe to the Case Manager when the manager confronted the sponsor regarding the UC's true identity.
- The mother of the UC did not admit to the true identity but sent a BC for another son named (b)(6) (b)(6) (b)(6) who will be 19 on (b)(6) 2016.
- The Consulate interviewed him twice and believe he is an adult impersonating another individual.

Please let me know if you would approve of this UC to be transferred to adult custody considering the above listed items.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) <(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) (b)(6) @swkey.org>"

Sent Date:	2016/08/26 10:23:50
Delivered Date:	2016/08/26 10:23:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) A# (b)(6)
AKA (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 8, 2016 as a juvenile as a result of (b)(6) (b)(6) misreporting his Identity and DOB upon apprehension by immigration officials.

Following placement in ORR care (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that (b)(6) appeared to be overage. The case was then reassigned to Case Manager (b)(6) who requested a copy of (b)(6) (b)(6) birth certificate from his mother, Mrs. (b)(6) (b)(6) (b)(6) in Guatemala. On July 3, 2016 Mrs. (b)(6) (b)(6) (b)(6) faxed a copy of his son's birth certificate to the Case Manager who proceeded to verify the document with the Phoenix Guatemalan Consulate.

Mr. (b)(6) (b)(6) (b)(6) had the opportunity to meet with the Guatemalan Consulate on July 11, 2016 and on August 23, 2016. On August 23, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the meeting and informed ORR that the birth certificate for (b)(6) (b)(6) (b)(6) was a valid document with DOB (b)(6) 1999. The consulate then stated that the UC appears to be overage and might be using his younger's brother's birth certificate.

To ensure custody and consistency with the statutory requirements under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), Office of Refugee Resettlement (ORR) policy requires that when available information is inconclusive medical age assessment procedures may be used to determine age.

Thus on August 3, 2016, (b)(6) (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 18th birthday expressed as a percentage is 81.25%**". 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 then contacted (b)(6) brother and potential sponsor Mr. (b)(6) (b)(6) (b)(6) who resides in the US to provide an opportunity to explain the correct identity of the brother he was expecting. (b)(6) (b)(6) (b)(6) first responded that his brother's name is (b)(6) (b)(6) (b)(6) with a date of birth (b)(6), 1999. However, then Mr. (b)(6) (b)(6) (b)(6) began to offer a bribe to the Case Manager by stating that he would be able to help the Case Manager by sending money to him. A report was filed with ORR for this sponsor's attempted bribery.

Case Manager then spoke with (b)(6) (b)(6) mother who then sent a birth certificate for her other son (b)(6) (b)(6) (b)(6) with a date of birth (b)(6) 1997. This document was verified by the Phoenix Guatemalan Consulate which

suggested that the minor they interviewed at SWK Casa Phoenix on July 11 and on August 23, 2016 is older than the age reflected on the initial birth certificate provided for him (with name (b)(6) (b)(6) (b)(6) This indicated that the UC is impersonating his younger brother (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1999, but his true identity is (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **1997.**

HHS-ORR may make age determinations of UC when they are in HHS custody based on a reasonable suspicion that an individual in HHS custody is 18 years or older; therefore this FFS, after careful consideration and review of the all available evidence listed above and approval of FFS Supervisor Ivonne Velasquez, concurs with the professional findings of both the medical expert Dr. Arvanitis, the Phoenix Guatemalan Consulate and the Case Manager assessment and concludes that there is reasonable and strong evidence that the UC is actually an adult presumed to be impersonating his younger brother (b)(6) (b)(6) (b)(6) but his real identity is (b)(6) (b)(6) (b)(6) with DOB (b)(6) **1997**.

Along with this Memo ORR is submitting the following documents:

- Taken identity of younger brother (b)(6) (b)(6) (b)(6) DOB (b)(6) 1999
- True identity (b)(6) (b)(6) (b)(6) DOB (b)(6) 1997
- Photograph
- TB Clearance
- Consulate verification & observation email

In accordance with ORR policy and procedures it suffices to establish that an individual is not a minor to request transfer to ICE custody; therefore FFS Supervisor Ivonne Velasquez reviewed the medical age determination exam along with the recommendation provided by the Guatemalan Consulate and concurs with the new information indicating that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1997 is over 18 year 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002145

FW: (b)(6) (b)(6) (b)(6) A#(b)(6) (Interview on August 16, 2016)

Hillin, Myriam (ACF)

Tue 8/23/2016 6:04 PM

(b)(6) (b)(6)@swkey.org>;

2 attachments (248 KB)

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

FYI

From: CONSULADO GUATEMALA PHOENIX
Sent: Tuesday, August 23, 2016 5:42 PM
To: Buriel, Celestina (ACF) (CTR)
Subject: SEGUIMIENTO ENTREVISTA (b)(6) (b)(6) (b)(6) CASA PHOENIX

Estimada Celestina,

Respecto al siguiente caso , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

1. Datos coinciden con RENAP
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento: (b)(6) 1999
LdN: Guatemala, (b)(6) San Antonio Huista
Libro (b)(6) Folio (b)(6) Partida (b)(6)

Observaciones: Suponemos que (b)(6) (b)(6) (b)(6) es Adulto y podria estar utilizando el Acta de nacimiento de otra persona.

2. Datos coinciden con RENAP
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento: (b)(6) de 1997
LdN: Guatemala, (b)(6) San Antonio Huista
Libro (b)(6) Folio (b)(6) Partida (b)(6)

* Adjunto constancias de verificación

Atentamente,

002146

(b)(6)
Asistente en documentacion consular
Consulado General de Guatemala
Phoenix, Arizona

002147

Dr. Peter Arvanitis
Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date: August 3, 2016
Name: (b)(6) (b)(6) (b)(6)
ID: A # (b)(6)

To Whom It May Concern:

This is in response to South West Key Program's request regarding (b)(6) (b)(6) (b)(6) age determination. (b)(6) (b)(6) (b)(6) was seen at our dental office on August 3, 2016.

Using **"The A.B.F.O Study of Third Molar Development and It's Use As an Estimator of Chronological Age,"** *Journal of Forensic Science*, JFSCA, Vol.38, No.2, March 1993,pp.379-390, and **"The Accuracy and Precision of Third Molar Development as an Indicator of Chronological Age in Hispanics,"** *Journal of Forensic Science 2002; 47(3)*: 531-535, we attempted to create a probable age range.

In the course of dental examination it was ascertained that (b)(6) (b)(6) (b)(6) has third molars #1, #16, #17 and #32. An evaluation of the orthopantomogram revealed that third molars #1, #16, #17, #32 presented a mineralization stage of H.

According to the mean age of attainment of stages of the third molar crown-root formation, (b)(6) (b)(6) (b)(6) is 20.6+/-2.3 years old if you consider the mandibular third molars and 20.1+/-2.6 if you consider the maxillary third molars.

The age range is **17.5-22.9.**

The probability of (b)(6) (b)(6) (b)(6) being over 18 years of age based on third molars developmental stages is 75% for tooth #1, 76% for tooth #16, 89% for tooth #17, 85% for tooth #32.

The average probability that this individual has reached his 18th birthday expressed as a percentage is **81.25%.**

Sincerely,
(b)(6)
Peter Arvanitis DDS PC

002148

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 1999
Collection Date/Time: 06/08/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 06/09/2016 4:00AM EDT
Approval Date/Time: 06/10/2016 12:37PM 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	3
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID: 1

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de (b)(6)

CERTIFICA

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

- (b)(6), (b)(6) (b)(6)

Nombres y apellidos del inscrito

Datos del inscrito

Fotografía no disponible

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

Fotografía no disponible

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

01 ENE. 1999 12:48AM P2 NO. DE TEL. : DE :

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día quince 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)

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 243
SAN ANTONIO
HUISTA,
HUEHUETENANGO

Rosa Teudicely , Jerónimo Ordóñez
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 en papel bond el día quince de agosto del dos mil dieciséis y tiene vigencia de seis meses para verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

01 ENE. 1999 12:47PM P1 NO. DE TEL. : DE :

3-1

002151

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-08-16

No. solicitud: 60711

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1997

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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.

(b)(6)

Firma titular

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: (b)(6)

002152

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-08

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1999

Pais, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Pais, 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 veridica 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 mi.

(b)(6)

Firma titular

Firma consular operador

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

USUARIO: (b)(6)

© 2012 Registro Nacional de las Personas

002153

(b)(6)

Registro Nacional de las Personas

República de Guatemala

(b)(6), Huehuetenango

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha dieciséis de junio de mil novecientos noventa y nueve en la partida (b)(6) del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Extendida en el municipio de San Antonio Huista, departamento de Huehuetenango, el día diez de agosto 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 — Julia Guisela , Cifuentes Escobar de López

Registrador Civil de las Personas

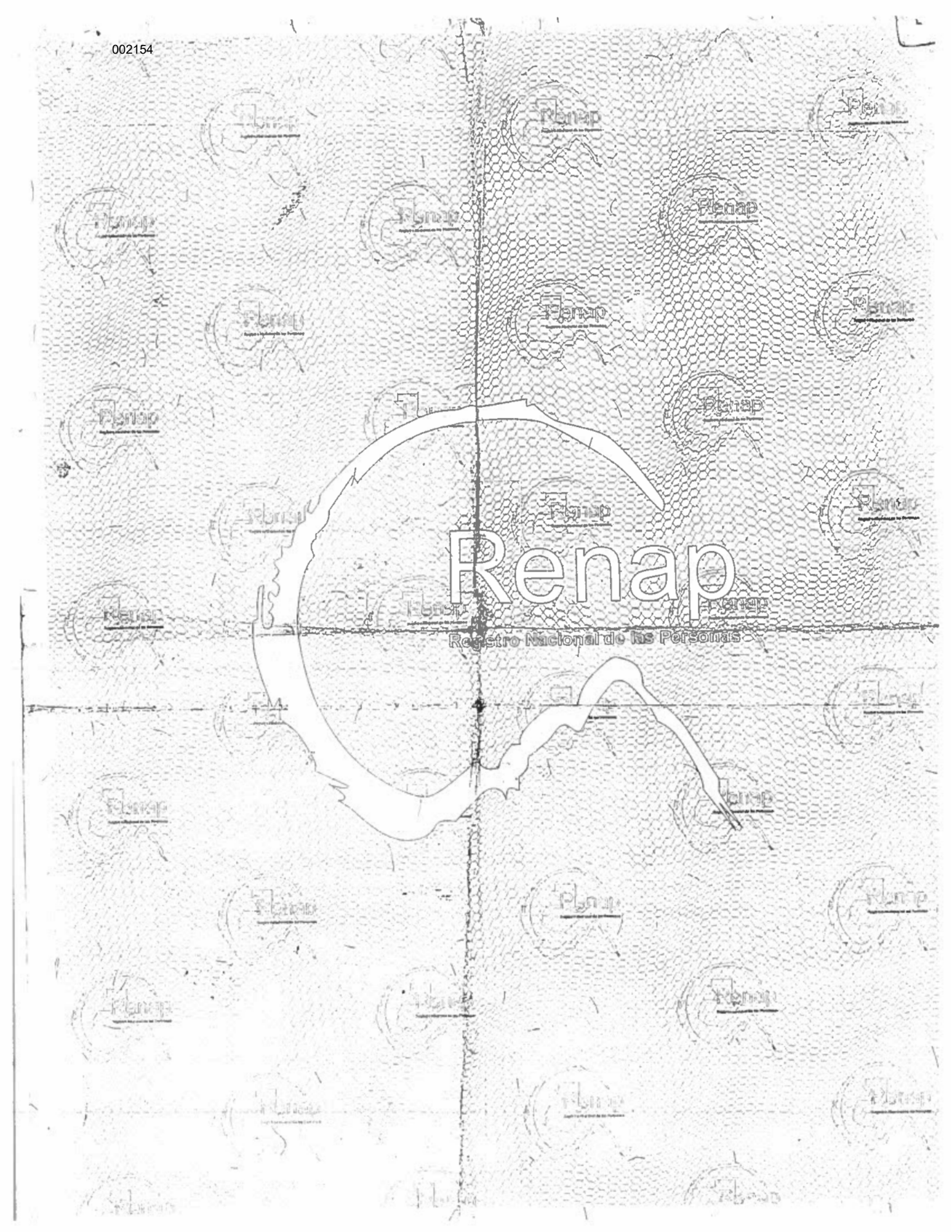
REGISTRO NACIONAL DE LAS PERSONAS - RENAP - Renap REGISTRO CIVIL HUEHUETENANGO, SAN ANTONIO HUISTA

OR8LXMFLJA

(b)(6)

1 de 1

002154



002155

Renap

Registro Nacional de las Personas

San Antonio Huista

Registro Civil de las Personas

Autorización de Pago

Sede: 243 - (b)(6)

Trámite: 16 - NACIMIENTOS DE LIBRO

Nombre: (b)(6) (b)(6) (b)(6)

Libro: (b)(6) Folio: (b)(6) Partida (b)(6)

Sede del Evento : (b)(6)

Fecha de Evento: (b)(6) 1999

No. Copias: 1

Firma Electrónica: CITFNM

Fecha Emisión: 10/08/2009 2:07 pm

Usuario: (b)(6)

Original-Cliente

No.: (b)(6)

REGISTRO NACIONAL DE LAS PERSONAS - RENAP - Renap - REGISTRO CIVIL - MUNICIPIO SAN ANTONIO HUISTA, SEDE No. 243 -

Valor: Q. 05.00

002156

BANCO DE DESARROLLO RURAL S.A.
COBRO RENAP - 254 - [QUETZALES]

Nota No.....: 8158243
Recibo.....: 4307604
Sede.....: 243 SAN ANTONIO HUISTA, HUEHUETENANGO
Tramite.....: 16 NACIMIENTOS DE LIBRO
Fecha Nac....: 24/05/1999
Monto.....: 5.00

Efectivo.....: 5.00
Ch.Propios...: 0.00
Total.....: 5.00

56 smrh 270 10/08/2009 15:09:10
N-ON 154452484 20090810

FORMA AUTORIZADA 01-REC-ING-RENAP-REG-CIV-SCC,SEGUN RESOLUCION No. 8w./007771 Clas.:005853 -20000-A-17-2007 de fecha 30/11/2007.ENVIO FISCAL 4-ASCC 7300 de fecha 05/03/2009.Correlativo 97/2009 del 05/03/2009.LIBRO 4 ASCC,FOLIO14.CUENTADANCIA R1-60

BANCO DE DESARROLLO RURAL, S.A.
AGENCIA 56 SAN ANTONIO HUISTA
10 AGO. 2009

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)((b)(6) AKA (b)(6) (b)((b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX
Date:	2016/06/25 22:40:00
Priority:	Normal
Type:	Note

Good evening,

Attached please find the approved Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) /1997.

At your earliest convenience please arrange for pickup. I am including here Assistant Program Director Eva Torres (b)(6) and Alexander Gonzalez (b)(6) to make transportation arrangements.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Saturday, June 25, 2016 7:30 PM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(

Dear Myriam,
Contact. ICE and have these individuals transfeRed in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Saturday, June 25, 2016 7:14:21 PM

To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)(6

Ivonne,

Attached please find for your approval the Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6) @ice.dhs.gov>"; (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,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Sent Date:	2016/06/25 22:40:30
Delivered Date:	2016/06/25 22:40:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 16, 2016 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) (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) s birth certificate from his father Mr. (b)(6) (b)(6) who resides in (b)(6)

Case Manager received a copy of Mr. (b)(6) s birth certificate with a date of birth of (b)(6) 1997 so she contacted (b)(6) (b)(6) to inquire about the date of birth of his son and Mr. (b)(6) informed that his son is 19 years old with a correct date of birth of 1997 not 1999. Mr. (b)(6) reported that he first said his son was in 1999 only because his son told him to, but did not specify why. Father informed case manager that he did not know of the age requirement for the shelter.

Case Manager then spoke with (b)(6) (b)(6) to provide him an opportunity to explain the discrepancy and he reported that he was a minor as he had heard from friends from Honduras that if he said he was underage he would get help from people in the U.S.

Mr. (b)(6) was seeking reunification with his uncle Mr. (b)(6) (b)(6) (b)(6) who resides at (b)(6) Baltimore MD (b)(6) with phone number (b)(6) Case Manager called sponsor to further investigate the discrepancy with the date of birth, but sponsor never answered. Call was attempted many times at different hours.

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

Along with this Memo ORR is submitting the following documents:

- Altered BC
- True BC
- photograph

- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION 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 número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)

Número de Identidad

del Año 1997 y que pertenece a:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) (b)(6) Nombre

SEXO F ☐ M ☒

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) Municipio

b) OCOTEPEQUE Departamento

c) HONDURAS País

d) (b)(6) Día

e) (b)(6) Mes

f) 1997 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) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en SENSENTI Municipio OCOTEPEQUE Departamento

a los: VEINTE (b)(6) FEBRERO

del DOS MIL QUINC 15

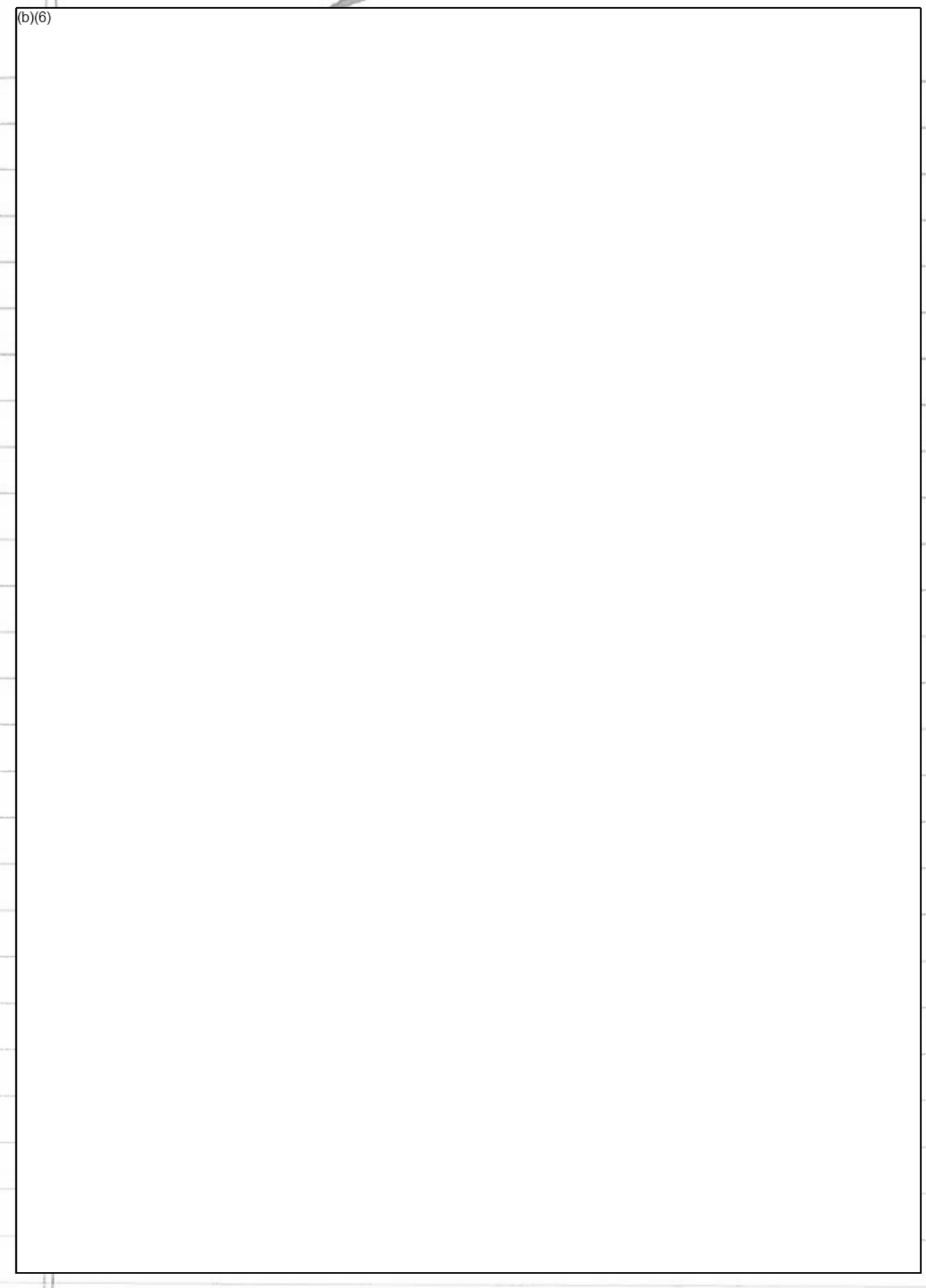
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL
SENSENTI
OCOTEPEQUE
HONDURAS, C.A.

Firma y Sello del Registrador Civil Municipal

(b)(6)

002162

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

DOB: (b)(6)/1999 **Ord #:** (b)(6)
Sex: Male **Phone:** 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sat Jun 18, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Printed by (b)(6) [RMARTI14] at 6/20/2016 1:47:05 PM

Reading Radiologist: David August, MD

Released By: David August, MD on 6/18/2016 9:45 AM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) /SWK CASA PHOENIX
Date:	2016/06/25 22:51:00
Priority:	Urgent
Type:	Note

Good evening,

Attached please find the approved Memo of Age Redetermination for (b)(6) (b)(6) with a verified DOB (b)(6) 1998.

At your earliest convenience please arrange for pickup. I am including here Assistant Program Director Eva Torres (b)(6) and Alexander Gonzalez (b)(6) to make transportation arrangements.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Saturday, June 25, 2016 7:30 PM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) /SWK CASA PHOENIX
Importance: High

Dear Myriam,
Contact. ICE and have these individuals transfeRed in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Saturday, June 25, 2016 1:18:23 PM

To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) /SWK CASA PHOENIX

Ivonne,

Attached please find for your approval a copy of the Memo of Age Redetermination for (b)(6) with a verified DOB (b)(6), 1998.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) h@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Sent Date:	2016/06/25 22:52:01
Delivered Date:	2016/06/25 22:51:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)

(b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 21, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing a different date of birth for himself of (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) could be overage as during his interview he indicated that he completed over 10 years of formal education in 2014.

On June 23, 2016 Case Manager received a copy of Mr. (b)(6)'s birth certificate from his father (b)(6) which was immediately apparent to Case Manager to be different from other formal documents.

Case Manager then proceeded to verify the birth certificate with the official RENAP website and this inquiry was unable to produce a verified copy of the birth certificate and resulted in no matches found. The codes in the document were visibly altered.

Case Manager then contacted again Mr. (b)(6) and informed that the verification of the birth certificate resulted in no matches and requested a correct copy of the document. Mr. (b)(6) then provided a different copy of the birth certificate still with date of birth (b)(6), 1999, but with different identifier numerals. Case Manager proceeded then to verity the second document and this time a copy of a verified document was provided showing **a correct date of birth of (b)(6), 1998.**

Case Manager then contacted Mr. (b)(6)'s mother, Ms. (b)(6) to inquire about the documents and the different date of birth obtained after verification and she refused to speak with the Case Manager and passed the phone to Mr. (b)(6) who informed Case Manager that his son was born (b)(6) that his son is an adult and that any change in the document was done by his son and did not provide any additional information.

Case Manager then provided Mr. (b)(6) an opportunity to explain the discrepancy and Mr. (b)(6) admitted that his correct date of birth is (b)(6) 1998, but refused to provide any information about the details of the alteration.

While in ORR care Mr. (b)(6) reported that he was seeking reunification with his first cousin, (b)(6) who resides at (b)(6) (b)(6) (b)(6) with phone number (b)(6) According to Mr. (b)(6) he was not aware that Mr. (b)(6) altered his birth certificate.

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:

- Verified BC
- Altered BC
- 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

602169

3 - 8

(b)(6)

RENA
Registro Nacional de las Personas

No. correlativo: (b)(6)

Registro Nacional de las Personas
República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

ID: (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Nebaj, departamento de Quiche,

CERTIFICA

que con fecha cuatro de junio de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de (b)(6), 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, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

1 (b) 2

(b)(6)

(b)(6)

(b)(6)

4-8

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

ULTIMA LINEA

Extendida el día once de noviembre de dos mil quince por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

ULTIMA LINEA

Doy fé

(b)(6)

Juana Cedillo Ramírez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 111
NEBAJ
QUICHE

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.

002171

(b)(6)

VERIFICADOR (b)(6)
ID

(b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Nebaj, departamento de Quiche,

CERTIFICA

que con fecha cuatro de junio de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de (b)(6) 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, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 111 NEBAJ, QUICHE

(b)(6)

(b)(6)

(b)(6)

002172

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinticuatro de junio 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)

Juana, Cedillo Ramírez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA No. GUATEMALA, C.A.

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Nebaj, departamento de Quiche,

CERTIFICA

que con fecha cuatro de junio de mil novecientos noventa y ocho, en la partida (b)(, folio (b)(del libro (b)(6) del Registro Civil del Municipio de (b)(6) , 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)

Veinte de abril de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinticuatro de junio 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)

Juana , Cedillo Ramírez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veinticuatro de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002175

(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: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu Jun 23, 2016 7:10 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession #(b)(6)

CLINICAL HISTORY:
TB screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

(b)(6)

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

Thank you for making MIHS a part of your patient care.

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(AKA (b)(6 (b)(6) (b)((b)(6) (b)((b)((b)(/CASA PHOENIX
Date:	2016/06/25 22:46:00
Priority:	Urgent
Type:	Note

Good evening,

Attached please find the approved Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) with a true name of (b)(6) (b)(6) (b)(6 (b)(6) and a verified DOB: (b)(6) 1993.

At your earliest convenience please arrange for pickup. I am including here Assistant Program Director Eva Torres (b)(6) and Alexander Gonzalez ((b)(6)) to make transportation arrangements.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Saturday, June 25, 2016 7:30 PM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)((b)(6) (b)((b)((b)(/CASA PHOENIX
Importance: High

Dear Myriam,
Contact. ICE and have these individuals transfeRed in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Saturday, June 25, 2016 2:49:08 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6 (b)(6) (b)(6 (b)((b)(6) PHOENIX

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) with a true name of (b)(6) (b)(6) (b)(6 (b)(6) and a verified DOB: (b)(6) 1993.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Alexander Gonzalez Rodriguez <AGRodriguez@swkey.org>"
Sent Date:	2016/06/25 22:46:41
Delivered Date:	2016/06/25 22:46:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)((b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on May 27, 2016 as a juvenile as a result of Ms. (b)(6) knowingly misrepresenting himself as a minor by altering his true identity and providing a date of birth of (b)(6), 1998 to officers who apprehended him.

Upon placement in in ORR care (b)(6) informed his assigned Case Manager (b)(6) that he traveled accompanied by his brother (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) /2000 who is placed as well at the same shelter. (b)(6) added that he and his brother (b)(6) traveled with their father (b)(6) (b)(6) (b)(6) and that all three were detained, but later separated and their father remained in ICE custody while the two siblings were referred to ORR care.

(b)(6) and his alleged brother (b)(6) (b)(6) (b)(6) both traveled with birth certificates in their possession which the Case Manager was able to retrieve from their backpacks. It became immediately apparent to the Case Manager that the documents appeared altered and that their stories were incongruent, so Case Manager requested that the (b)(6) siblings be interviewed by the Guatemalan consulate.

On June 21, 2016 Guatemalan Consular Assistant Ms. (b)(6) interviewed both Mr. (b)(i (b)(6) (b)(6) and Mr. (b)(6) (b)(6) (b)(6) and emailed ORR the results of the interview on June 22 including verification of both their birth certificates. According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives, the document presented by (b)(6) (b)(6) (b)(6) revealed that the correct name on that document is (b)(6) (b)(6) (b)((b)(6) with a correct date of birth of (b)(6), **1993** and he is the son of (b)(6) and (b)(6) (b)((b)(6) The verification of the formal document confirms what (b)(6) admitted later to be his true name, his true date of birth and the true name of both his parents which were also altered in an attempt to be reunified with a person that is not his real father.

(b)(6) admitted that the copy of the birth certificate he and (b)(6) (b)(6) (b)(6) provided to ORR were not issued by the RENAP, but were altered by their guide to create their new identity and to provide a document for the purpose of deceiving the staff who would view the documents as real proof of their identity. **Mr.** (b)(6) (b)(6) (b)(6) **will now be referred to as Mr.** (b)(**in this document**.

Ms. (b)(6) informed that the birth certificate that (b)(6) presented belonged to a person with the name (b)(6) (b)(6) (b)((b)(6) and they suppose that that (b)(6) and (b)(6) are not brothers.

Regarding (b)(6) s brother, Ms. (b)(6 also noted that in the document that (b)(6) (b)(6) (b)(6 provided and during the interview he said that he was born on (b)(6) (b) 2000, that he had two siblings and that his father is detained by immigration. It is important to mention that the images of the parents in the birth certificate are different from the DPI of the parents, potentially indicating that the person who traveled with him is not his father. The number of CUI o DPI of Ms. (b)(6) (b)(6) the supposed Mother of (b)(6) that appears in the birth certificate, is not correct the correct number is (b)(6)

Case Manger then provided Mr. (b)(the opportunity to explain the identified discrepancies and Mr. (b)(admitted that his real father is (b)(6) , (b)((b)(6) and that (b)(6) is a first cousin of (b)(6) (b)(6) (b)(6) (reportedly detained by ICE). Both Mr. (b)(and (b)(6) had decided to complot the story that (b)(6) (b)(6) (b)(6) would present himself as the father of (b)(6) and (b)(6) so they all three would be released as a family group, father and two sons. Mr. (b)(added that this was suggested by their guide and the guide provided the altered birth certificate for him so he could pass as the son of (b)(6) (b)(6) Mr. (b)(reported that his father, (b)(6) (b)((b)(6) resides in (b)(6) and is a cousin of (b)(6) (b)(6)
Mr. (b)(also added that (b)(6) (b)(6) (b)(6 is not his brother, but a distant cousin as (b)(6) is the real son of (b)(6) (b)(6) (b)(6) Mr. (b)(added that the birth certificate that (b)(6) presented is also altered as (b)(6) is not 15, but 17 years old and the father of (b)(6) is the person detained by ICE (b)(6) (b)(6) (b)(6)
Mr. (b)(reported that his parents did not know about the plan to alter the birth certificates as this was done and decided during the journey by their guide. This statement contradicts (b)(6) (b)(6) (b)(6) statement who reported that the plot was organized prior to their journey and that all parties were informed that altering the birth certificates was the best way to enter the US.
Mr. (b)(reported that if they were to enter the US successfully a lady named (b)(6) was going to receive them.

On June 25, 2016 Case Manager (b)(6) contacted alleged mother (b)(6) and she stated that the (b)(6) altered all the documents. She stated that it was done out of necessity. She also stated that she did not know how to read or write and denied knowing any other type of information. When asked for (b)(6) and (b)(6) date of birth she did not know, but stated that (b)(6) was her son.

Ms. (b)(6) then called (b)(6) (b)((b)(6) ((b)(6)), (b)(6) alleged real father in (b)(and there was no answer. Ms. (b)(6) then called (b)(6) allegedly (b)(6) real mother and she stated that they paid 35,000 quetzals for the coyote named (b)(6) phone number (b)(6) to simply cross him into the US because he was known for crossing other people from the town. She also stated that (b)(6) did not know that the documents were going to be altered. (b)(6) stated that the coyote, (b)(6) , told (b)(6) to say that (b)(6) was her son, and had her sign a document stating so. (b)(6) does not know how to read or write and she has been signing papers according to (b)(6) (b)(6) stated that neither she nor her husband (b)(6) originally knew that the coyote was going to alter the documents until later on. The father (b)(6) went along with the lie as he only found out about the alterations when Case Manager called inquiring about (b)(6) and the fact that (b)(6) was providing a different last name and he called (b)(6) to inform her of what had happened.

Case Manger (b)(6) interviewed UC (b)(6) (b)(6) (b)(6 to obtain his version of the incidents and (b)(6) reported that initially the idea was for his father (b)(6) to travel to the US along with (b)(6) passing as his son as they were advised that parents and minors were easily reunited with minimum requirements and that the birth certificates for (b)(6) will be altered to pass as (b)(6) son. (b)(6) then decided to join them since he felt that because he is the real son of (b)(6) that he could take advantage of the opportunity as well. According to (b)(6) all parties knew about the plot of altering the documents, though the documents according to (b)(6) were altered by the coyote (b)(6) during the journey.

Case Manager (b)(6) attempted to begin the reunification process for the siblings, who reported that they were planning to reside with a Ms. (b)(6) , but neither (b)(6) nor (b)(6) reported knowing her and Ms. (b)(6) never followed through with or sent any of the requested documents.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) new information about his correct identity and I agreed that there is sufficient strong evidence to indicate that (b)(6) (b)(6) (b)(6) (b)(6 true name is (b)(6) (b)(6) (b)((b)(6) and that he is 22 years old.

Along with this Memo ORR is submitting the following documents:

- Guatemalan altered BC for (b)(6)
- TB clearance
- A photograph
- A self-statement handwritten by Ms. (b)(6)
- Guatemalan Consular verification of DOB and name:

002181

Respecto a los siguientes casos, me permito confirmarle, según datos verificados en RENAP, lo siguiente:

Datos NO coinciden con RENAP (b)(6)
(b)(6) (b)(6) (b)((b)(6)
Fecha de nacimiento CORRECTA: (b)(6) **1993**
LdN: Guatemala, Chimaltenango, (b)(6)
Libro (b)(6) Folio (b)(Partida (b)(

NOTA (b)(6) (b)(6) (b)(6) El acta de nacimiento que presento (b)(6) le pertenece a otra persona con el nombre de (b)(6) (b)(6) (b)(Ixcaco, los padres son (b)(6) (b)(suponemos que (b)(6) y (b)(6) no son hermanos y de acuerdo a la verificación del acta que (b)(6) presento me permito confirmarle lo siguiente:

Datos NO coinciden con RENAP Y con la entrevista A# (b)(6)
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) **1998**
LdN: Guatemala, Chimaltenango, (b)(6)
Libro (b)(6) Folio (b)(6) Partida (b)(6)

NOTA (b)(6) (b)(6) (b)(6) En el acta de nacimiento que el proporciono y en la entrevista dijo que nació el (b)(6) (b)(6) del 2000, que tenía dos hermanos y que su padre está detenido en migración, Es importante mencionar que las imágenes de los padres en el certificado de nacimiento no es igual a la de los DPI de los padres, posiblemente la persona que venía con él no es el padre. El número de Cui o DPI de la señora (b)(6) (b)(6 supuesta madre de (b)(6) que aparece en el acta de nacimiento no es correcto, el correcto es (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6) (b)(6 is 22 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002182

Registro Nacional de las Personas
República de Guatemala

(b)(6)

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

(b)(6)
ID

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de San Martín Jilotepeque, departamento de Chimaltenango,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Chimaltenango (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002183

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

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

Extendida el día ocho de marzo de dos mil dieciseis 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)

Francis Marlene , Hernández Barrios
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
2
RENAP
San Martin Jilotepeque
Chimaltenango
Oficina No-283

Este certificado fue impreso el día ocho de marzo de dos mil dieciseis 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 traves del link. https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002184

RENAP

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-22

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1993

País, departamento y municipio de nacimiento:

GUATEMALA	CHIMALTENANGO	SAN MARTÍN JILOTEPEQUE

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 veridica 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

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 110101005721478

002185

(b)(6)

002186

(b)(6)

Registro Nacional de las Personas

República de Guatemala
Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de San Martín Jilotepeque, Departamento de Chimaltenango,

CERTIFICA

que con fecha trece de diciembre de mil novecientos noventa y tres, en la partida (b)(6), folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de San Martín Jilotepeque, Departamento de Chimaltenango, quedó inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y tres — Masculino

Fecha de nacimiento — Género

Guatemala, Chimaltenango, San Martín Jilotepeque (b)(6)

País, Departamento, Municipio de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACION

REGISTRO NACIONAL DE LAS PERSONAS - RENAP - REGISTRO CIVIL - MUNICIPIO DE SAN MARTIN JILOTEPEQUE, DEPARTAMENTO DE CHIMALTENANGO

(b)(6)

el garantizar su identidad www.renap.gob.gt

002187

Extendida el día veintiuno de noviembre de dos mil once por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

María Amalia , Xalín León

Registrador Civil de las Personas

(b)(6)

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b) (b)(6) CASA PHOENIX
Date:	2016/06/24 18:57:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find an approved Memo of Age Redetermination for the above listed individual with a verified DOB of (b)(6) 1997.

I am including here Assistant Program Director Eva Torres (b)(6) and Alexander Gonzalez ((b)(6)) to make transportation arrangements.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Friday, June 24, 2016 3:50 PM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(
Importance: High

Dear Myriam,
Please contact ICE and have this individual trAnsfered in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Friday, June 24, 2016 3:45:18 PM

To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)(6

Ivonne,

Attached please find for your final approval a memo of age redetermination for the above listed person with a verified DOB of (b)(6) /1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Eva Torres <ETorres@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/06/24 18:57:55
Delivered Date:	2016/06/24 18:57:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 24, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on June 3, 2016 as a juvenile as a result of Mr. (b)(6) misreporting his date of birth as (b)(6) 1999 to apprehending officers at the time of his apprehension.

Upon placement in ORR care it was not immediately apparent to assigned Case Manager (b)(6) that Mr. (b)(6) could be overaged and therefore he commenced with reunification efforts on behalf of Mr. (b)(6) with his reported brother Mr. (b)(6) (b)(6) residing at (b)(6) (b)(6) (b)(6) with phone number (b)(6)

Case Manager requested from Mr. (b)(6) father, (b)(6) (b)(6) (b)(6), in Guatemala a copy of his son's birth certificate. Case Manager received a copy of the document which showed a date of birth of (b)(6), 1999, but was missing several identifier codes, so Case Manager proceeded to request a new copy. Mr. (b)(6) father then submitted a RENAP copy of the birth certificate of his son showing a date of birth July 2, 1997. Case Manager then proceeded to verify the second copy of the provided document which confirmed a date of birth of (b)(6), 1997.

Case Manager contacted Mr. (b)(6) (b)(6) (b)(6) to inquire why the first copy had a date of birth of (b)(6), 1999 and he responded that he knows that the correct date of birth of his son is (b)(6), 1997 and that he did not know why the first copy had the incorrect date of birth.

Case Manager then spoke with Mr. (b)(6) who reported that he believed that his date of birth was (b)(6) 1999 and does not know why his father sent two documents with two different dates; Mr. (b)(6) accepts that if his father reports that he was born in (b)(6) 1997, then this is his correct date of birth.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of (b)(6) (b)(6) (b)(6) (b)(6) and I agreed that he is an adult with a correct date of birth of (b)(6) **1997**.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified BC
- Photograph
- TB clearance

- Statement

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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

RENAP Registro Nacional de las Personas

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Tectitán, Departamento de Huehuetenango,

CERTIFICA

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

Datos del inscrito

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

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, Huehuetenango (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

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

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 41 TECTITAN HUEHUETENANGO

(b)(6)

ID:
1 de 2

(b)(6)

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

ULTIMA LINEA

No.

Doy fe

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 41
TECTITAN,
HUEHUETENANGO

Registrador Civil de las Personas

ID:
2 de 2

(b)(6)

(b)(6)

(b)(6)

002194

Correlativo: (b)(6)

(b)(6)

VERIFICADOR (b)(6)

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 Tectitán, departamento de Huehuetenango,

CERTIFICA

que con fecha uno de agosto de mil novecientos noventa y siete, en la partida (b)(6) folio (b)(del libro (b)(6 del Registro Civil del Municipio de CUILCO, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Huehuetenango (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002195

Observaciones

Razón: El segundo apellido correcto del padre es (b)(6) y el segundo apellido de la madre (b)(6) sin tilde por error registral como también el lugar de origen del padre es (b)(6) (b)(6) según Acuerdo (b)(6) 3 del Directorio del Registro Nacional de las Personas. Conste (b)(6)

Extendida el día veintidós de junio 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)

Abidan Reynaldo , Lopez Méndez

Registrador Civil de las Personas

Este certificado fue impreso el día veintidos de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6) (b)(6)
DOB: 7/2/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Jun 7, 2016 10:16 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are within
normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

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

Released By: Pejman Hedayati, MD on 6/7/2016 10:35 AM
CC: (b)(6) PA - FAX

(b)(6)

002197

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Natalia Pena <natalia.pena@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) /SWK Casa Phoenix
Date:	2016/07/21 17:24:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1997.

Contact information for transportation arrangements:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

Natalia C. Peña, Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. 3843
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, July 21, 2016 11:27 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6)

(b)(6) /SWK Casa Phoenix
Importance: High

Dear Myriam,
Please contact ICE and transfer this individual in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Thursday, July 21, 2016 11:22 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) /SWK Casa Phoenix
Importance: High

Ivonne,

Attached please find for your approval a memo of age redetermination for the above listed individual with a verified DOB (b)(6) 1997.

Myriam Hillin, MA-MSPC

Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/07/21 17:24:57
Delivered Date:	2016/07/21 17:24:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 21, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA DOB: 01/20/1997

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on May 20, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) 's misrepresentation of himself as a minor by providing a date of birth of (b)(6), 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it did not become immediately apparent that Mr. (b)(6) (b)(6) could be overaged.

Case Manager requested a copy of Mr. (b)(6) birth certificate from his father, (b)(6) (b)(6) (b)(6) who was able to fax to Case Manager a copy of his son's document showing a date of birth (b)(6) **1999.**

On July 10, 2016 while reviewing Mr. (b)(6) (b)(6) file, the Case Manager was unable to verify the document with the official RENAP website, therefore she submitted the document to the Phoenix Guatemalan Consulate for verification.

On July 18, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) father provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6), 1997**.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) (b)(6) (b)(6) to explain the discrepancy between the verified document and the document provided by his father and Mr. (b)(6) (b)(6) admitted that his correct DOB is January 20, 1997 and not 1999. Mr. (b)(6) (b)(6) father informed the Case Manager that he did not know how to read or write and could not provide an explanation as to why he sent a document on behalf of his son with an incorrect date of birth.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) s verified birth certificate and his own retraction of his correct date of birth admitting he is 19 years old and agrees that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the

safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Altered BC
- Photograph
- TB clearance
- Statement
- Consular Verification:

  Datos NO coinciden con RENAP
  (b)(6); (b)(6);(b) (b)(6);(b (b)(6);(
  Fecha de nacimiento CORRECTA: (b)(6) DE 1997
  LdN: Guatemala, Chimaltenango, (b)(6)
  Libro (b)(6) Folio (b)(Partida (b)(6)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6); (b)(6);(b) (b)(6);(b) (b)(6);(is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

(b)(6)

002204

Registro Nacional de las Personas

República de Guatemala

San Martín Jilotepeque, Chimaltenango

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de San Martín Jilotepeque

CERTIFICA

que con fecha veinte de febrero de mil novecientos noventa y siete en la partida (b)(6), del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y siete — Masculino

Fecha de nacimiento — Género

Guatemala, Chimaltenango, San Martín Jilotepeque, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

REGISTRO NACIONAL DE LAS PERSONAS - CHIMALTENANGO - RENAP - REGISTRO CIVIL - SAN MARTIN JILOTEPEQUE

(b)(6)

002205

Extendida en el municipio de (b)(6), departamento de Chimaltenango, el día trece de septiembre de dos mil diez por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

María Amalia , Xalín León
Registrador Civil de las Personas

REGISTRO NACIONAL DE LAS PERSONAS - RENAP - REGISTRO CIVIL - SAN MARTIN III

(b)(6)

(b)(6)

(b)(6)

(b)(6)

RENAP
Registro Nacional de las Personas
República de Guatemala

No. correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Martín Jilotepeque, departamento de Chimaltenango,

CERTIFICA

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

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Chimaltenango, San Martin Jilotepeque (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de nacimiento

Datos del padre

Fotografía no disponible

(b)(6)

Nombre y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de nacimiento

(b)(6)

(b)(6)

(b)(6)

El Renap cuida y valora su identidad
www.renap.gob.gt

Observaciones:
NO CONSTA NINGUNA ANOTACIÓN

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

Extendida el día tre de mayo de dos mil dieciséis por el Registrador Civil de las personas, la cual es auténtica por ser una copia fiel de su original.

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

REGISTRO CIVIL DE LAS PERSONAS DE GUATEMALA
RENAP
OFICINA263
SAN MARTIN
JILOTEPEQUE

Doy fe

Licenciada María Amalia , Xalin Leon
Registrador Civil de las Personas

Este certificado fue impreso el día tres de mayo 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 traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002208

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-18

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6);	(b)(6);(b)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6);(b)	Lastor	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1997

País, departamento y municipio de nacimiento:

GUATEMALA	CHIMALTENANGO	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 mi.

(b)(6)

Firma titular

Firma cónsul u operador

Facility #: --- 002209 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 12, 2016 | Immunization Report | User: (b)(6)

Time: 17:04:09 MT

Resident: (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	- Edith Gonzalez 07/12/2016	
Tetanus	Consented	- Edith Gonzalez 07/12/2016	
Varicella (chicken pox)	Consented	- Edith Gonzalez 07/12/2016	
IPV	Consented	- Edith Gonzalez 07/12/2016	
MMR	Consented	- Edith Gonzalez 07/12/2016	

002210

Supplemental TB Screening

Resident: (b)(6)
Effective Date: 05/25/2016 13:48
Location: (b)(6)
Initial Admission: 05/25/2016
Admission: 05/25/2016
A#: (b)(6)
Date of Birth: (b)(6) 1999
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6) ,PA
   b.Telephone:
   (b)(6)
2. Date of visit
   05/23/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   Casa Phoenix 922, Southwest Key Programs

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
   05/23/2016
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
   05/24/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

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)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Natalia Pena (natalia.pena@swkey.org)"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6 (b)((b)(AKA: (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX
Date:	2016/06/29 14:36:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for the above listed individual with a real name: (b)(6) (b)(6) (b)(6) (b)(6) and verified DOB: (b)(6) /1992.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

Natalia C. Peña, Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. 3843
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, June 29, 2016 9:33 AM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6 AKA: (b)(6)

(b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX
Importance: High

Myriam,
Please contact ICE and have this individual transfered in to their custody.
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 29, 2016 8:23:22 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6 AKA: (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Good morning Ivonne,

Attached please find for your final approval a Memo of Age Redetermination for the person listed in the subject line. This person took the identity of a minor friend (b)(6) (b)(6 (b)(6) (b)(6) with DOB (b)(6) /1998, however, his true identity is (b)(6) (b)(6) (b)(6) (b)(6) with true DOB: (b)(6) /1992.

Thank you,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org)"
Sent Date:	2016/06/29 14:37:27
Delivered Date:	2016/06/29 14:36:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 29, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) /1992

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on May 27, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) misrepresenting himself as a minor by creating a false identity and providing a date of birth of (b)(6) 1998 to apprehending officials.

Immediately upon arrival Mr. (b)(6) (b)(6) provided his assigned Case Manager (b)(6) with a copy of the birth certificate he brought with him. Case Manager then proceeded to immediately verify the document with the official website RENAP and the document returned as a valid birth certificate.

Case Manager then requested that the Phoenix Guatemalan Consulate interview Mr. (b)(6) (b)(6) on June 28, 2016 as it was apparent to Case Manager that Mr. (b)(6) (b)(6) appeared to be overage.

Guatemalan Consular Assistant, Ms. (b)(6) emailed on June 28, 2016 to ORR the results of their interview and revealed that Mr. (b)(6) (b)(6) true identity is (b)(6) (b)(6) (b)(6) (b)(6) with a date of birth of (b)(6) **1992. Mr.** (b)(6) (b)(6) **will be referred to from here forward in this document as Mr.** (b)(6) (b)(6)

On June 26 Case Manager met with Mr. (b)(6) (b)(6) to provide him the opportunity to explain the new information about his identity provided by Ms. (b)(6) and Mr. (b)(6) (b)(6) admitted to Case Manager that he took the identity of a neighbor and admitted that his real name is (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) 2016.

Mr. (b)(6) (b)(6) informed Case Manager that he had been using a birth certificate from a neighborhood friend named (b)(6) (b)(6) (b)(6) (b)(6) who had backed out from traveling to the US with him, but allowed Mr. (b)(6) (b)(6) to use his document to pass as a minor. Mr. (b)(6) (b)(6) disclosed that in Guatemala they know that minors get a chance to be reunified with families and friends in the US. Mr. (b)(6) (b)(6) denied paying any amount of money to use the birth certificate of his friend (b)(6) (b)(6) (b)(6) (b)(6) Mr. (b)(6) (b)(6) stated that the person acting as his father is in reality his father-in-law (b)(6)

Case Manager then proceeded to speak with Mr. (b)(6) who also acknowledged and verified the information reported by Mr. (b)(6) (b)(6) Mr. (b)(6) reported that he will send the birth certificate of Mr. (b)(6) no later than June 28, 2016 along with his daughter's birth certificate and a marriage certificate between Mr. (b)(6) (b)(6) and his daughter.

Case Manager then contacted Mr. (b)(6) (b)(6) parents in Guatemala who informed that the person who was intended to receive their son is Francisco (b)(6) who is Mr. (b)(6) (b)(6) brother in law residing in Florida with phone number of (b)(6). Mr. (b)(6) (b)(6) informed CM that his goal was to pass as a minor and be reunified with his brother in law or a family friend named (b)(6) (b)(6) with phone number (b)(6) also residing with Mr. (b)(6) (b)(6)

Along with this Memo ORR is submitting the following documents:

- BC (b)(6) (b)(6) (b)(6) (b)(6)
- BC (b)(6) (b)(6) (b)(6) (b)(6)
- A photograph
- TB clearance
- Consular Verification of (b)(6) (b)(6) (b)(6) (b)(6)

  Datos coinciden con RENAP (b)(6) (b)(6) (b)(6) A# (b)(6)
  (b)(6) (b)(6) (b)(6) (b)(6) (nombre correcto)
  Fecha de nacimiento correcta: (b)(6) 1992
  LdN: Guatemala, Quiche, (b)(6)
  Libro (b) 2nda S Folio (b)(Partida (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002217

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 05/31/2016 18:46 **Location:** (b)(6)

Initial Admission: 06/01/2016 **Admission:** 06/01/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1998 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

Dr. (b)(6)

b.Telephone:

(b)(6)

2. Date of visit

05/31/2016

3. Name of program staff with child

(b)(6)

4. Program Name

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

05/31/2016

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

05/30/2016

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Referred to TB clinic

6/7/16 Per RN Angelic all 3 sputum collected resulted negative

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final

XR chest PA and lateral

Exam Date & Time: Mon Jun 13, 2016 12:41 PM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: History of pneumonia

EXAM DESCRIPTION:
XR CHEST PA AND LATERAL
Accession # (b)(6)

COMPARISON:
Radiographs of the chest dated 05/30/2016.

CLINICAL HISTORY:
History of pnuemonia

TECHNIQUE:
PA, Lateral Chest

FINDINGS:
HEART: Normal.

LUNGS: Improved bilateral interstitial prominence. No consolidation, effusion or pneumothorax.

VASCULATURE: Normal.

MEDIASTINUM: Normal.

SOFT TISSUES: Normal.

BONES: Normal.

(b)(6)

IMPRESSION:
1. Improved bilateral interstitial prominence when compared to 05/30/2016 chest x-ray.

002220

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 Chajul, departamento de Quiche,
CERTIFICA
que con fecha veinticuatro de julio de mil novecientos noventa y dos, en la partida
(b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de (b)(6),
Departamento de QUICHE, quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

-(b)(6)-

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)-

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Chajul, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 10/08/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)
29/05/2014 - La persona inscrita contrajo matrimonio con (b)(6) Ver inscripción de Matrimonio número (b)(6) del Municipio de Chajul, Departamento de Quiche. (b)(6)

Extendida el día veintiocho de junio 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)

Pedro , Pacheco Caba

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintiocho de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

RENAP
Registro Nacional de las Personas
República de Guatemala

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 Chajul, departamento de Quiche,

CERTIFICA

que con fecha doce de noviembre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6) del libro (b) 2da S, del Registro Civil del Municipio de (b)(6), Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (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, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 026
CHAJUL
QUICHE

(b)(6)

(b)(6)

(b)(6)

www.renap.gob.gt

002223

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-28

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1992

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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.

(b)(6)

Firma titular

Firma cónsul u operador

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; '(b)(6);(b)(7)(F) @ice.dhs.gov>"; '(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org)"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b) (b)(6) CASA PHOENIX
Date:	2016/06/29 14:18:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1994.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

Natalia C. Peña, Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, June 29, 2016 10:50 AM
To: Hillin, Myriam (ACF)

Subject: Fw: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX
Importance: High

Myriam,
Please contact ICE and have this individual transfered in to their custody.
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Wednesday, June 29, 2016 10:34:26 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Ivonne,

Attached please find for your final approval the Memo of Age Redetermination for the above listed person with a verified DOB (b)(6) /1994.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org)"
Sent Date:	2016/06/29 14:19:33
Delivered Date:	2016/06/29 14:18:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 29, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 5, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as (b)(6) 1998 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) s birth certificate from his father Mr. (b)(6) (b)(6) (b)(6) who resides at (b)(6) State Island, NY (b)(6) with phone number (b)(6)

Case Manager received a copy of Mr. (b)(6) s birth certificate with a date of birth of (b)(6) 1998 so she proceeded to verify the document with the official website RENAP site which returned with a no match of the information., therefore the birth certificate was sent for verification to the Guatemalan Consulate. The Guatemalan Consulate informed that they could not find the registration of the document in their RENAP official archives. Case Manager then contacted Mr. (b)(6) s father to inform him that the document appeared tampered with according to the official verification and he then informed that the document was sent to him by his wife (b)(6) (b)(6) who is in Guatemala.

On June 27, 2016, Mr. (b)(6) (b)(6) (b)(6) reported to Case Manager (b)(6) that his true date of birth is (b)(6) (b)(1994 and confirmed his true age as 21 years old. Mr. (b)(6) (b)(6) provided a written statement on June 27, 2016 indicating that his mother heard from neighbors that he would be able to reunify with his father quicker if he posed as a minor and that he did this out of necessity as his brother had been murdered in 2012 and he himself feared for his life.
Case Manager spoke to Mr. (b)(6) mother, (b)(6) (b)(6) (b)(on June 27, 2016 and she reported that she had heard rumors from neighbors and people in her community of a woman who both organized trips to the US, and altered adult birth certificates in order to allow individuals to reunify with family in the US. Ms. (b)(6) (b)(did not feel safe providing the woman's name, but indicated the woman resides and works in (b)(6) El Quiche, Guatemala. Ms. (b)(6) Xil indicated that she had initially contacted the woman in order to organize her son's trip, and that it was this woman's suggestion to have the birth certificate altered in order to complete the reunification process. Ms. (b)(6) (b) reports she paid a total of 40,000 Quetzals to this woman for the trip and the alteration of his birth certificate. Ms. (b)(6) (b)(confirmed her son's true name and date of birth is (b)(6) (b)(6) (b)(6) (b)(6) born on (b)(6) 1994. Ms. (b)(6) (b)(s Case Manager also spoke to (b)(6) father/sponsor, Mr. (b)(6) (b)(6) (b)(6) currently residing in New York, who indicated that he has been in the US for approximately 12 years and was not aware of his wife's alteration of their son's birth certificate. Mr. (b)(6) (b)(6)

indicated that he was not informed of his son's true date of birth until recently and about which he advised his son to be honest and admit his true date of birth.

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

Along with this Memo ORR is submitting the following documents:

- Altered BC
- True BC
- photograph
- TB Clearance
- Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

Registro Nacional de las Personas

República de Guatemala

(b)(6)

002228

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

RENAP

ID: (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de San Martín Jilotepeque, departamento de Chimaltenango,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Chimaltenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

--

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

--

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002229

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

ULTIMA LINEA

Extendida el día dieciseis de marzo de dos mil dieciseis 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)

Francis Marlene , Hernández Barrios
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
2
RENAP
San Martín Jilotepeque
Chimaltenango
Oficina No. 283

Este certificado fue impreso el día dieciseis de marzo de dos mil dieciseis 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 traves del link. https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002230

(b)(6)

(b)(6)

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de San Martín Jilotepeque, Departamento de Chimaltenango,

CERTIFICA

que con fecha Catorce de diciembre de mil novecientos noventa y cuatro, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de (b)(6) Jilotepeque, Departamento de Chimaltenango, quedó inscrito el nacimiento de:

Datos del inscrito

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y cuatro — Masculino

Fecha de nacimiento — Género

Guatemala, Chimaltenango, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
Oficina 263
San Martín Jilotepeque, Chimaltenango

(b)(6)

ID: (b)(6)

1 de 2

(b)(6)

002233

Extendida el día Veintiuno de abril de dos mil quince por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

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

(b)(6)

(b)(6)

No. (b)(6)

Doy fe

(b)(6)

María Amalía , Xalín León

Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
Oficina 263
San Martín Jilotepeque, Chimaltenango

(b)(6)

(b)(6)

002234

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 06/07/2016 17:06
Location: (b)(6)
Initial Admission: 06/08/2016
Admission: 06/08/2016
A#: (b)(6)
Date of Birth: (b)(6) 1998
Gender: M
Score: NA
Category: NA
Physician:

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   06/06/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   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
   06/06/2016
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
   06/07/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Jun 7, 2016 9:43 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are within
normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

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

Released By: Pejman Hedayati, MD on 6/7/2016 10:33 AM
CC: (b)(6) PA - FAX

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/07/05 11:04:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1998.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Medical Need Identified

This person arrived to the program with pain in his left wrist and was diagnosed with a fracture (see attached XR report). He fell from the train he was traveling on during his journey. He is taking Ibuprofen for pain as needed; however, the medical coordinator reported that he has not requested medication since his placement on 06/21/16.
Following initial medical assessment Mr. (b)(6) was not provided with a cast or any other medical device, however, in view that he will be transferred to ICE a splint was placed on his wrist for added protection.

Medical Coordinator provided the following update on 07/01/2016 at 6: 30 pm

Client is pending his Orthopedist appointment as recommended by attending physician for further evaluation of the healing progress of the fracture.
Client denies experiencing pain. He does have numbness and limited range of motion. Client has not taken any pain medications. Client's fracture is healing well.
We took him next door to Urgent Care and he will be getting a splint.
Since client has limited range of motion on his left hand, we need to be careful of not pulling, straining, hands. I would recommend no handcuffs on his left hand as it could further worsen the fracture.
The client at this moment only has as needed Ibuprofen for pain or swelling.
Client does not have a special order as it is provided from the house stock per Over The Counter.

(b)(6), BSN
Lead Medical Coordinator
SWK - Casa Phoenix
Office: (b)(6)
Cell: (b)(6)
Fax: 602-532-7525

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, July 05, 2016 5:58 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX
Importance: High

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Friday, July 01, 2016 6:51 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)/SWK CASA PHOENIX
Importance: High

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed person. The person entered ORR care on 6/21/16 and misreported his DOB as (b)(6) /1999 instead of (b)(6) /1998. He is 18 years old. His mother in Honduras and brother in US verified this information and provided immediately a correct copy of his birth certificate. He has been cleared from TB and received immunizations (see attachments).

Medical Need Identified

This person arrived to the program with pain in his left wrist and was diagnosed with a fracture (see attached XR report). He fell from the train he was traveling on during his journey. He is taking Ibuprofen for pain as needed; however, the medical coordinator reported that he has not requested medication since his placement on 06/21/16.
Following initial medical assessment Mr. (b)(6) was not provided with a cast or any other medical device, however, in view that he will be transferred to ICE a splint was placed on his wrist for added protection.

Medical Coordinator provided the following update on 07/01/2016 at 6: 30 pm
Client is pending his Orthopedist appointment as recommended by attending physician for further evaluation of the healing progress of the fracture.
Client denies experiencing pain. He does have numbness and limited range of motion. Client has not taken any pain medications. Client's fracture is healing well.
We took him next door to Urgent Care and he will be getting a splint.
Since client has limited range of motion on his left hand, we need to be careful of not pulling, straining, hands. I would recommend no handcuffs on his left hand as it could further worsen the fracture.

The client at this moment only has as needed Ibuprofen for pain or swelling.
Client does not have a special order as it is provided from the house stock per Over The Counter.

(b)(6) BSN
Lead Medical Coordinator
SWK - Casa Phoenix
Office: (b)(6)
Cell: (b)(6)
Fax: 602-532-7525

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: (b)(6) [mailto(b)(6)@swkey.org]
Sent: Thursday, June 30, 2016 11:30 AM
To: Hillin, Myriam (ACF)
Cc: 922 CaseManagementLeads; (b)(6)
Subject: REQUEST FOR MEMO OF AGE REDETERMINATION for client: (b)(6) (b)(6) (b)(6) (b)(6)
Importance: High

Good Morning Myriam,

Attached please find the documents required to proceed with the age re-determination for client, (b)(6) (b)(6) (b)(6) (b)(6) According to his BC provided by his mother, (b)(6) (b)(6) (b)(6) the Mr. (b)(6) DOB is listed as (b)(6) 1998.

The UAC Portal has been updated to reflect the actual NAME &DOB of Mr. (b)(6) (b)(6) (b)(6) In speaking with Medical, they have advised that Mr. (b)(6) is currently on OTC medication for his feet, which I have listed below for your review:

Identified Family willing to receive Mr. (b)(6)

Name: (b)(6) (b)(6)
Relation: Brother
Address: (b)(6)
Contact #: (b)(6)

Let me know if you require any additional information.

Thank you,

(b)(6)
Case Manager

Southwest Key Programs-Casa Phoenix 922
Office Phone: 602-396-7040 Ext. (b)(6)
Fax: 602-916-0506
Email (b)(6) @swkey.org
Mon-Fri: 8-4pm

1455658092830_Southwest

Opening doors to opportunity so individuals can achieve their dreams!!

Abriendo puertas a la oportunidad para que los individuos pueden alcanzar sus sueños!!

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/05 11:05:17
Delivered Date:	2016/07/05 11:04:00

southwest key
programs

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 1, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 21, 2016 as a juvenile as a result of Mr. (b)(6) 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) (b)(6), to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager proceeded then to contact Mr. (b)(6) potential sponsor (b)(6) (b)(6) who resides in (b)(6) and (b)(6) (b)(6) informed Case Manager that he believed Mr. (b)(6) was approximately 18 years old, but wasn't sure since he hasn't seen his brother for over 11 years.

On June 30, 2016, Case Manager, (b)(6) received the birth certificate from Mr. (b)(6) mom, (b)(6) (b)(6) (b)(6). After reviewing the birth certificate, it confirmed the actual date of birth for Mr. (b)(6) as (b)(6) (b), 1998. Mr. (b)(6) then contacted Honduras, Mr. (b)(6) mother, Ms. (b)(6) (b)(6) who confirmed with Mr. (b)(6) that her son was 18 years old and that his correct date of birth is (b)(6), **1998**.

On June 30, 2016, Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Ms. (b)(6) verbally reported when apprehended. Mr. (b)(6) admitted misreporting his date of birth due to misreading his actual birth certificate upon leaving Honduras, however was truthful in confirming his true identity.

I, Myriam Hillin, reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) new information about his date of birth being (b)(6), 1998 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:

- Verified BC
- Photograph
- TB Clearance
- Statement from Mr. (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

N° (b)(6)

CERTIFICACION 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) (Número de inscripción) ubicada en el folio (b)(6) del tomo (b)(6) del Año 1998 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: (b)(6)

1.) Lugar, fecha y hora de nacimiento:

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

d) (b)(6) (Día) e) (b)(6) (Mes) f) 1998 (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) - - - - - - - - (Segundo Apellido)

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

4.) Notas marginales autorizadas: (b)(6)

NINGUNA

Extendida en CEDROS (Municipio) FRANCISCO MORAZÁN (Departamento)

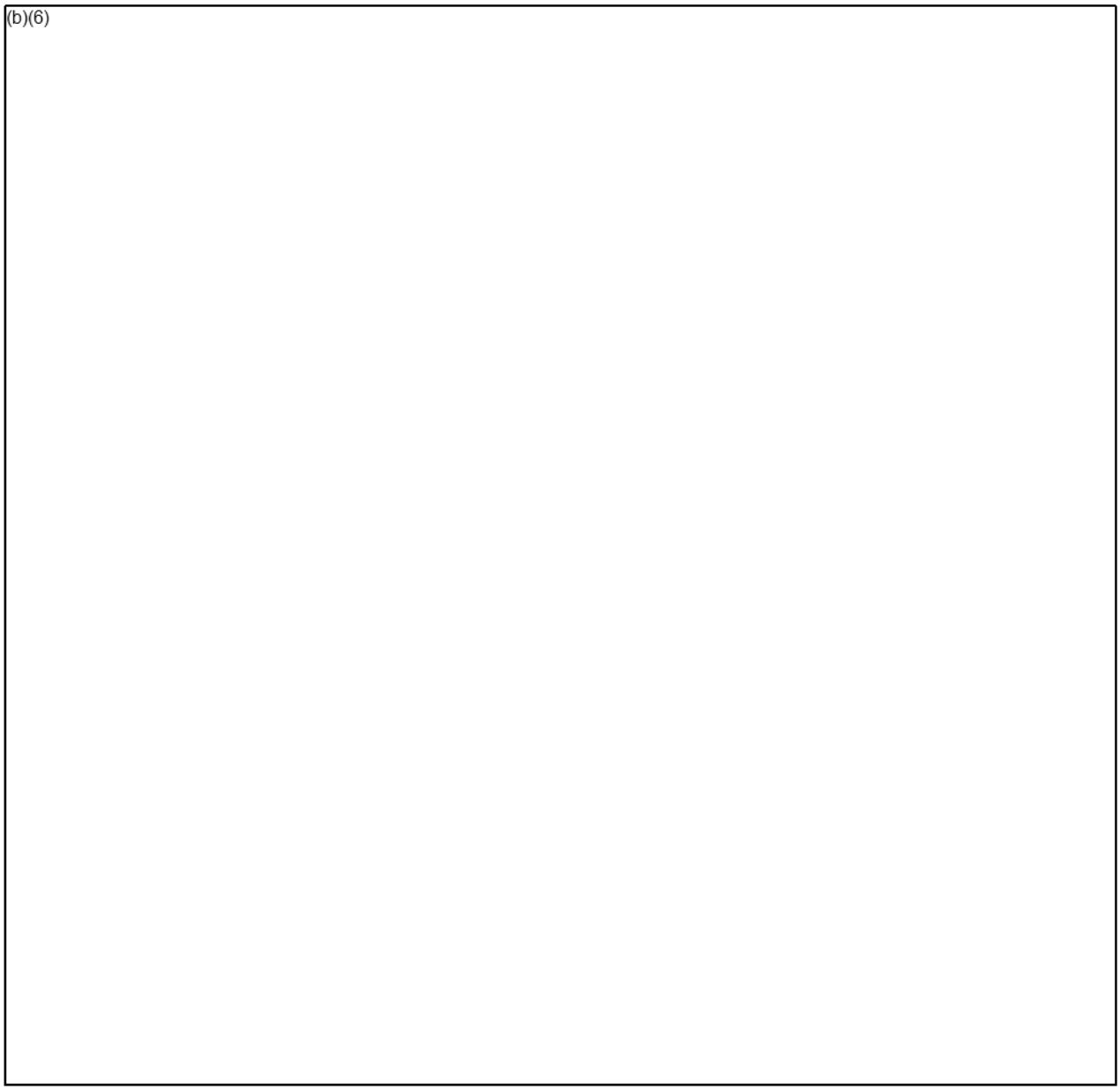
a los SEIS (Día del mes de) AGOSTO

del DOS MIL QUINCE

REGISTRO CIVIL MUNICIPAL 08 AGO 15 FIRMA
CEDROS FRANCISCO MORAZÁN
HONDURAS C.A.

Firma y Sello del Registrador Civil Municipal

(b)(6)


(b)(6)

002247

(b)(6)

002248

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 06/23/2016 12:46 **Location:** (b)(6)

Initial Admission: 06/22/2016 **Admission:** 06/22/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6), PA

b.Telephone:

602-254-0390

2. Date of visit

06/22/2016

3. Name of program staff with child

(b)(6), LMC

4. Program Name

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

06/22/2016

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

06/23/2016

9. Findings

- a. Normal
- b. Abnormal

002249

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Facility #: --- 002250 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jun 22, 2016 | Immunization Report | User: (b)(6)

Time: 20:26:19 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status:** All **Date Range:** 06/01/2016 - 06/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- Ricardo Meza 06/22/2016	
IPV	Consented	- Ricardo Meza 06/22/2016	
MMR	Consented	- Ricardo Meza 06/22/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 06/22/2016	
Hepatitis A	Consented	- Ricardo Meza 06/22/2016	
Hepatitis B	Consented	- Ricardo Meza 06/22/2016	
HPV	Consented	- Ricardo Meza 06/22/2016	
Meningicoccal	Consented	- Ricardo Meza 06/22/2016	

002251

Marquis Diagnostic Imaging - Phoenix
2830 N 3rd St
Phoenix, AZ 85004
Phone: 602-274-1919
Fax: 602-274-0804

Patient Name: (b)(6) (b)(6) (b)(6) Date of Birth: (b)(6) /1999

Referring Physician: (b)(6), PA Date of Exam: 06/24/2016

Marquis MRN #: (b)(6) Accession #: (b)(6)

Exam: **XR Left Hand Complete 3 views , XR Left Wrist Complete 3 views**

XRAY REPORT
EXAM: Left Hand and Wrist
INDICATIONS: Other specified injuries of left wrist, hand and finger(s), initial encounter
ADDITIONAL CLINICAL DATA: Patient fell from a train. Left hand and wrist pain with loss of strength.
COMPARISON: None
TECHNIQUE: 3 views of the hand in 3 separate views of the wrist
POTENTIAL STUDY LIMITATIONS: None

FINDINGS:

There is a healing transverse fracture of the distal radial metaphysis. The fracture line is not evident. A band of osteosclerosis traverses the distal radial metaphysis and there is smooth periosteal reaction along the medial side of the distal radius. A 4 mm partially corticated bone fragment adjacent to the tip of the ulnar styloid potentially represents an ulnar styloid fracture or could merely represent a developmental ossicle. Normal carpal alignment. Distal radial and ulnar growth plates are not yet completely fused.

The views of the hand demonstrate no obvious bone or joint abnormalities. No soft tissue abnormalities.

IMPRESSION: (b)(6)
Subacute healing transverse fracture of the distal radial metaphysis. Suspected associated fracture of the tip of the ulnar styloid.

No radiographic abnormalities of the left hand.

Comment: Special priority handling of this report was performed by Marquis staff through institutional protocol. An immediate fax report was sent to the office of the referring clinician after which successful transmission and receipt of fax confirmed with a followup phone call.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)((b) (b)(6) Casa Phoenix
Date:	2016/07/05 10:57:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1997.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) , Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, July 05, 2016 5:55 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Monday, July 04, 2016 8:15 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(

Ivonne,

Attached please find for your approval a memo of age redetermination for the above listed individual with a verified DOB (b)(6) 1997.

This individual arrived with was determined to be a potential minor allergic reaction that was causing itching in his legs and was prescribed topical cream. He has been cleared now and has no outstanding medical needs.

Source	Medication	Reason	Date	Date	Dose	Directions	Psychotropic

	Name		Started	Discontinued			
Initial Medical Exam	(b)(6)	possible allergic reaction	6/17/2016	6/24/2016	25mg	2 PO Q8H x1wk	No
Initial Medical Exam	(b)(6)	tinea pedis	6/17/2016	7/1/2016	1%	apply BID x2wks	No

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; '(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/05 10:58:09
Delivered Date:	2016/07/05 10:57:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 16, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what the Guatemalan consular verification determined is Mr. (b)(6) (b)(6) correct date of birth.

Upon placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage and therefore Case Manager began the age determination process following ORR policy and procedures which establish that HHS may make age determinations of UC when there is a reasonable suspicion that the UC is 18 years or older.

On June 20, 2016, Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his brother, (b)(6) (b)(6) (b)(6) who resides in Guatemala and who faxed to Case Manager a copy of Mr. (b)(6) (b)(6) birth certificate showing a date of birth (b)(6) 1998. As the document was missing the RENAP identifying codes, Case Manager submitted the document for further verification to the Phoenix Guatemalan Consulate.

On July 1, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives, Mr. (b)(6) was registered with a date of birth (b)(6), 1997**.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) brother. Mr. (b)(6) informed that he believed his date of birth to be (b)(6), 1998. Case Manager then contacted Mr. (b)(6) brother, (b)(6) (b)(6) (b)(6) who reported that he sent the only copy of the birth certificate he had for his brother and that he did not know anything about why the verified document is different. Case Manager also contacted sister, (b)(6) (b)(6) (b)(6) who resides in the US who informed she believed that Mr. (b)(6) (b)(6) is a minor and does not know why the verified document is different than the one supplied by her brother in Guatemala.

Mr. (b)(6) reported that he traveled to the US to reunite with his sister (b)(6) (b)(6) (b)(6) who resides at (b)(6) (b)(6), Phone Number (b)(6) In view of the concerns related to the alteration of Mr. (b)(6) (b)(6) date of birth in the formal document and in accordance with ORR policy and procedures the reunification process was not initiated.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including information from another local or foreign government such as a consular agency to verify the veracity of the documents presented by his citizens and whom HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) birth certificate and the verification of the correct date of birth and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) is 18 years old and 4 months.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification:
  Datos NO coinciden con RENAP
  (b)(6) Esteban (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) 1997
  LdN: Guatemala, (b)(6) Ixchiguan
  Libro (b) Folio (b) Partida (b)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), Departamento de (b)(6)

CERTIFICA

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

Datos del inscrito

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

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

Fecha de nacimiento | Género

Guatemala, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6), (b)(6) (b)(6) -

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

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

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

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

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 41
TECTITAN,
HUEHUETENANGO

1995918221207
13/05/2016 12:26:54p.m.
DPI_01_041

ID:
1 de 2

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

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

No.

Doy fe

(b)(6)

Abidan Reynaldo , Lopez Méndez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 41
TECTITAN
(b)(6)

(b)(6)

ID:
2 de 2

002259

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-30

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	Esteban	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1997

País, departamento y municipio de nacimiento:

GUATEMALA	(b)(6)	IXCHIGUÁN

Libro:	Folio:	Partida:	Estado civil:
48	13	26	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Fecha nacimiento de la madre:

Nombre del padre: (b)(6) (b)(6) (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.

CONSULADO DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma cónsul u operador

Facility #: --- 002260 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jun 17, 2016 | Immunization Report | User: (b)(6)

Time: 21:43:49 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 06/01/2016 - 06/30/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **1998 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- Ricardo Meza 06/17/2016	
IPV	Consented	- Ricardo Meza 06/17/2016	
MMR	Consented	- Ricardo Meza 06/17/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 06/17/2016	
Hepatitis A	Consented	- Ricardo Meza 06/17/2016	
Hepatitis B	Consented	- Ricardo Meza 06/17/2016	
HPV	Consented	- Ricardo Meza 06/17/2016	
Meningicoccal	Consented	- Ricardo Meza 06/17/2016	

002261

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 06/19/2016 19:29
Location: (b)(6)
Initial Admission: 06/17/2016
Admission: 06/17/2016
A#: (b)(6)
Date of Birth: (b)(6) 1998
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   06/17/2016
3. Name of program staff with child
   (b)(6) MC
4. Program Name
   SWK 922 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
   06/17/2016
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
   06/18/2016
9. Findings
   - a. Normal
   - b. Abnormal

002262

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
MRN #: (b)(6)

DOB: (b)(6) 1998
Sex: Male
Ord #: (b)(6)
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sat Jun 18, 2016 8:57 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Printed by (b)(6) at 6/20/2016 1:45:37 PM

Reading Radiologist: David August, MD

Released By: David August, MD on 6/18/2016 9:43 AM
CC: (b)(6), PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Subject:	ADULT-AGE REDETERMINATION Family Unit: (b)(6) (b)(6) & Child (b)((b)(6) (b)((b)(6) (b)((b)((b)(6) CASA PHOENIX
Date:	2016/06/16 13:26:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for (b)(6) with DOB: (b)(6) /1997 who is accompanied by her son (b)(6 (b)(6) (b)(6) (b)(6) DOB (b)(6) /14.

Included also please find:

- (b)(6) BC
- (b)(6 (b)(6) (b)(6) (b)(6) BC
- TB Clearance (b)(6) (b)(6) (b)(6)
- TB Clearance for (b)(6 (b)(6) (b)(6) (b)(6) N/A due to his young age.
- Photographs
- FFS Supervisor approval email below

Please inform us if any other assistance may be needed to complete this transfer.

The contact information to make transportation arrangements is:

Maria Rios, Program Director
SWK Programs- Casa PHX
Cell: (b)(6)
Email: mrios@swkey.org

Or

(b)(6) , M.A.
Southwest Key Program
Lead Case Manager
Casa Phoenix - 922
Work Cell: (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Gonzalez, (b)(6) (ACF)
Sent: Thursday, June 16, 2016 9:58 AM
To: Hillin, Myriam (ACF)
Subject: RE: APPROVAL NEEDED ORR MEMO OF AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(

Please proceed with sending the docs to DHS and referring adult to DHS as a family.

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)
http://www.acf.hhs.gov/programs/orr/programs/ucs

From: Hillin, Myriam (ACF)
Sent: Thursday, June 16, 2016 11:53 AM
To: Gonzalez, (b)(6) (ACF)
Subject: APPROVAL NEEDED ORR MEMO OF AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(
Importance: High

Good morning (b)(6)

The UC listed in the subject line are a mother and her child. They were placed in ORR care on 05/14/2016. Case Manager received yesterday a copy of the verified BC for the parent UC and she is confirmed to be 18 years old.

I completed the Memo of Age Redetermination to forward to ICE for transfer arrangements. It must be approved by the FFS Supervisor in order for the local ICE office to transfer the UC and her child to their custody.

I will be asking in my submission if they need our assistance with transportation arrangements for the two UC in case they decide to release them on their own recognizance to the person she traveled to reunite with (an unverified cousin) who is willing to accept them.

Our local ICE office requires memos be received before 4 pm local time in order for them to arrange immediate pick up.

Please let me know if anything else is needed.

Myriam

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"
Sent Date:	2016/06/16 13:26:19
Delivered Date:	2016/06/16 13:26:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on May 14, 2016 as a juvenile as a result of Ms. (b)(6) misreporting her date of birth to apprehending officers at the time of her detention. Ms. (b)(6) states that at the time of apprehension officers searched her backpack where they found a copy of the birth certificate Ms. (b)(6) was carrying and per Ms. (b)(6) they reviewed it and informed her that she was correct that she was a minor born in 1998. It seems the officer who reviewed the document mistook the year of registration, 1998, for the year of birth which is 1997.

Upon placement in ORR care it was not apparent to assigned Case Manager (b)(6) that Ms. (b)(6) could be overaged and therefore she commenced with reunification efforts on behalf of Ms. (b)(6) The birth certificate that Ms. (b)(6) had in her possession had a small blemish over the section of the date of birth and Case Manager requested a new copy from Ms. (b)(6) family. The family then provided on June 15, 2016 a clear copy of Ms. (b)(6) birth certificate which shows the date of birth for Ms. (b)(6) as (b)(6), 1997.

Case Manager then proceeded to inform Ms. (b)(6) that her correct date of birth was (b)(6), 1997 and not December 26, 1998 as she initially was reporting. Ms. (b)(6) insisted that she was born in 1998 and that the officer who detained her looked at the birth certificate she had in her possession at that time and he informed her that she was born in 1998 and therefore she was a minor.

Case Manager then contacted Ms. (b)(6) parents in El Salvador, Mr. (b)(6) (b)(6) and Ms. (b)(6) (b)(6) to inquire about Ms. (b)(6) understanding of her date of birth. Ms. (b)(6) parents said their daughter was born in the year 1997 and was registered in the year 1998 as the formal document shows. Parents informed Case Manager that perhaps their daughter was confusing the year her birth was registered with her actual date of birth.

Ms. (b)(6) traveled to the US accompanied by her one-year-old son (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6), 2014 who is in ORR care with Ms. (b)(6)

Ms. (b)(6) is seeking reunification with an unverified cousin Mr. (b)(6) (b)(6) residing at (b)(6) (b)(6), phone number (b)(6) Mr. (b)(6) is willing to assist Ms. (b)(6) and her son in the US if Ms. (b)(6) and her son were to be released on their own recognizance.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of (b)(6) (b)(6) (b)(6) (b)(6) and I agreed that she is an adult with a correct date of birth of (b)(6) **1997**.

Along with this Memo ORR is submitting the following documents:

- Birth certificate
- Photograph
- TB clearance

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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Jose Gonzalez, LMSW, FFS Supervisor
USDHHS-ACF-ORR-DCS
Jose.gonzalez@acf.hhs.gov
(b)(6)

002270

Para: (b)(6)

Alcaldía Municipal de Ilobasco
Departamento de Cabañas, El Salvador, C.A.
Tel 2362-6700. Fax 2332-2451

La Insfrascrita Jefa del Registro del Estado Familiar

CERTIFICA: que a página (b)(6) del tomo UNO del Libro de Partidas de Nacimiento Número (b)(6) que esta Oficina llevó en el año de mil novecientos noventa y ocho , se encuentra asentada la que literalmente dice: PARTIDA (b)(6) .- (b)(6) (b)(6) Sexo Femenino, nació a las dieciséis horas y minutos del día (b)(6) de mil Novecientos Noventa y siete en el (b)(6) el Centro de esta jurisdicción siendo hija de (b)(6) (b)(6) de treinta y dos años de edad, profesión u (b)(6) (b)(6) (b)(6) de veintiocho años de edad, profesion u (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Extendida por las autoridades Municipales de esta ciudad y firma juntamente con el infrascrito jefe del Registro del Estado Familiar que autoriza. Registro del Estado Familiar, Ilobasco, a los catorce días del mes de Enero de Mil novecientos noventa y ocho/ RA/ MG./ Maria Gloria Zamora de Quiñonez/ Jefe del Registro Del Estado Familiar**********RUBRICADAS**********mla*******CONF**** Es conforme con su original con el cual se confrontó y para los efectos de Ley se expide la presente en la Oficina del Registro del Estado Familiar Alcaldía Municipal de Ilobasco el día trece de abril de dos mil dieciseis /////.-

ALCALDIA MUNICIPAL DE ILOBASCO Depto. Cabañas JEFE DEL REG. DEL EST. FAM. El Salvador, C.A.

(b)(6)

Lcda. Deysi Estela Amaya Henriquez
Jefa del Registro del Estado Familiar.

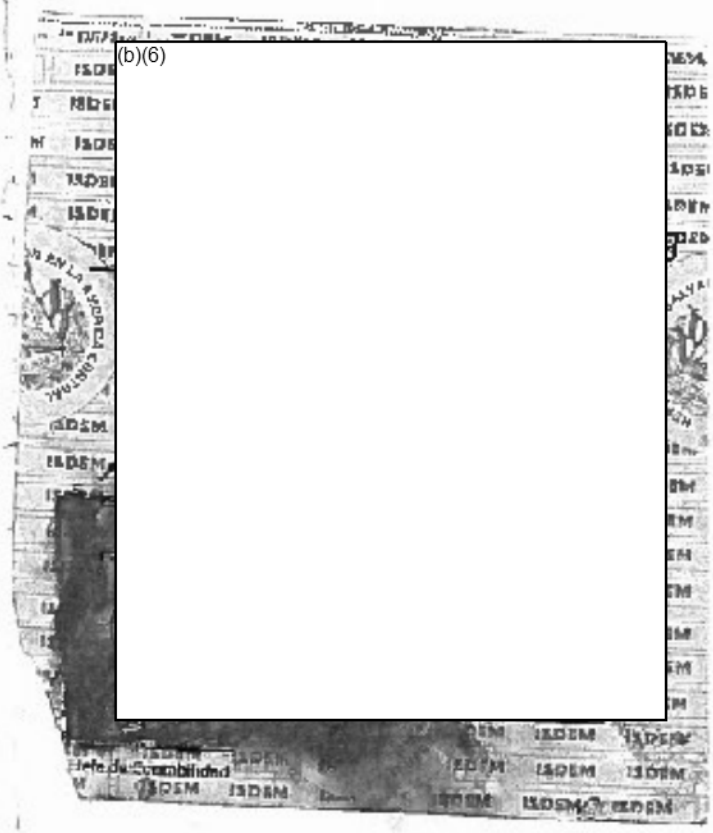
Alcaldía Municipal de Ilobasco
Departamento de Cabañas, El Salvador, C.A.
Tel 2362-6700. Fax 2332-2451

La Infrascrita Jefa del Registro del Estado Familiar

CERTIFICA: que a página (b)(6) del tomo UNO del Libro de Partidas de Nacimiento Número (b)(6) que esta Oficina llevó en el año de mil novecientos noventa y ocho , se encuentra asentada la que literalmente dice: PARTIDA NUMERO (b)(6) .- (b)(6) (b)(6) Sexo Femenino, nació a las dieciséis horas y minutos del día (b)(6) de mil Novecientos Noventa y siete en el (b)(6) el Centro de esta jurisdicción siendo hija de (b)(6) e treinta y dos años de edad, profesión (b)(6) (b)(6) (b)(6) de veintiocho años de edad, profesion u (b)(6) (b)(6) (b)(6) . Extendida por las autoridades Municipales de esta ciudad y firma juntamente con el infrascrito jefe del Registro del Estado Familiar que autoriza. Registro del Estado Familiar, Ilobasco, a los catorce días del mes de Enero de Mil novecientos noventa y ocho/ RA/ MG./ (b)(6) Jefe del Registro Del Estado Familiar**********RUBRICADAS**********mla******CONF**** Es conforme con su original con el cual se confrontó y para los efectos de Ley se expide la presente en la Oficina del Registro del Estado Familiar Alcaldía Municipal de Ilobasco el día veintiseis de abril de dos mil dieciseis //////.-

(b)(6)

Licda. Deysi Estela Amaya Henriquez
Jefa del Registro del Estado Familiar


(b)(6)

(b)(6) (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) (b)(6)
DOB: (b)(6) 1998
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue May 17, 2016 8:19 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:

HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No evidence for active pulmonary disease.

(b)(6)

NOTE:
Report dictated by resident, Phillip Fairbourn MD, 10389. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

002274

(b)(6) (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: (b)(6) , DO
Phillip Fairbourn, MD

Released By: (b)(6) DO on 5/17/2016 10:56 AM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

Alcaldía Municipal de Ilobasco
Departamento de Cabañas, El Salvador, C.A.
Tel 2362-6700. Fax 2332-2451

La Insfrascrita Jefa del Registro del Estado Familiar

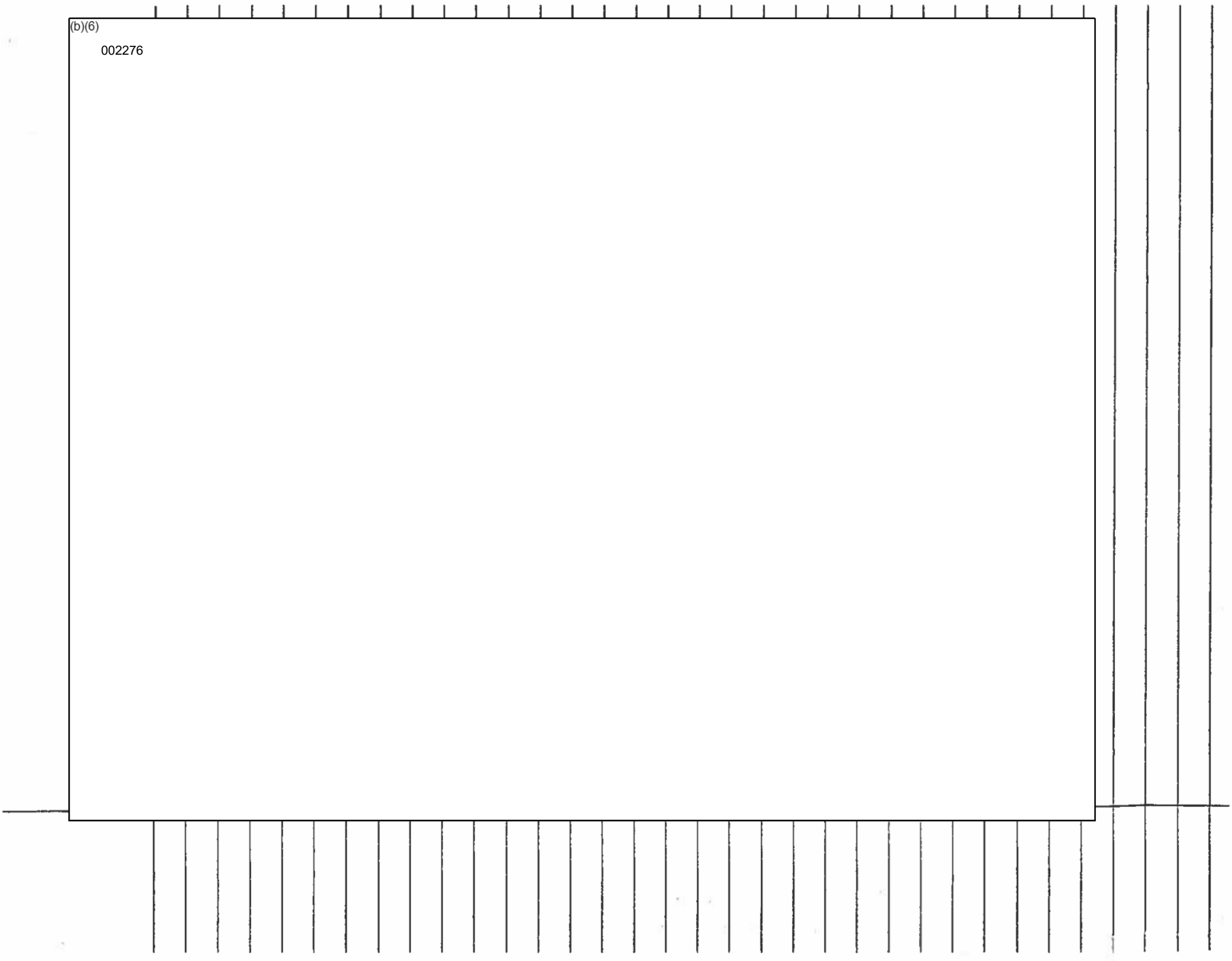
CERTIFICA, que a página (b)(6) del tomo DOS del Libro de Partidas de Nacimiento Número (b)(6) que esta Oficina llevó en el año de dos mil catorce, se encuentra asentada la que literalmente dice: PARTIDA NUMERO (b)(6) -(b)(6) ,sexo masculino, nació a las trece horas tres minutos del día (b)(6) de dos mil catorce , en Hospital Nacional de (b)(6) siendo hijo de (b)(6)

(b)(6)

RUBRICADAS.- . Es conforme con su original con el cual se confrontó y para los efectos de Ley se expide la presente en la Oficina del Registro del Estado Familiar Alcaldía Municipal de Ilobasco el día veintiseis de abril de dos mil dieciseis /////.-
/ / / /

(b)(6)

002276



(b)(6)

002277

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	FW: ADULT AGE REDETERMINATION (b)(6) /SWK Casa Phoenix
Date:	2016/07/18 11:37:00
Priority:	Normal
Type:	Note

Good morning,

This person has not been picked up since ORR referral was made on Thursday July 14.

Could someone please provide an update?

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Thursday, July 14, 2016 12:07 PM
To: 'PHO, Juv Placement'; Phoenix, Juvenile; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)
Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); (b)(6) Maria Rios; (b)(6) (b)(6)
Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Importance: High

Good afternoon,

Attached please find the approved memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1998.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)

(O) 602-396-7040 EXT: (b)(6)

(b)(6) Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, July 14, 2016 12:02 PM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix
Importance: High

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Thursday, July 14, 2016 11:59 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix
Importance: High

Ivonne,

The person listed in the subject line (b)(6) (b)(6) (b)(6) has a verified DOB (b)(6) 1998.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/18 11:38:25
Delivered Date:	2016/07/18 11:37:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 14, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 05, 2016 as a juvenile as a result of (b)(6) (b)(6) misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that (b)(6) (b)(6) appears to be overage. Case Manager immediately requested a copy of the birth certificate of (b)(6) (b)(6) from his mother in Guatemala. Ms. (b)(6) (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6), 1999.

Case Manager on July 09, 2016 then proceeded to verify the document with the official RENAP website which returned a 'no match' for the document. The document then was sent for further verification on July 09, 2016 to the Phoenix Guatemalan Consulate.

Guatemalan Consular Assistant, Ms. (b)(6) interviewed (b)(6) (b)(6) on July 12, 2016 and emailed on July 12, 2016 to ORR the results of the interview and informed that (b)(6) (b)(6) correct date of birth according to the RENAP archives is (b)(6) **1998**. The Consulate was also able to provide a copy of the correct document with a DOB (b)(6) 1998 and **informs that the document provided by Ms. (b)(6) (b)(6) with DOB (b)(6) /1999 is not a valid document**.

Case Manager provided then an opportunity to (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by his mother Ms. (b)(6) (b)(6) (b)(6) (b)(6) continues to state that his true date of birth is (b)(6) 1999 instead of the one that was verified by the Consular February 25, 1998.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) verified birth certificate indicating a date of birth of (b)(6), **1998** and agrees that there is sufficient strong evidence to support the claim that he is 18 years old.

Accordingly, under these procedures, the age determination process for (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety

of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- Photograph
- TB Clearance
- Consular Verification:

  Datos NO coinciden con RENAP
  (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) **1998**
  LdN: Guatemala, Quiche (b)(6)
  Libro (b) Folio (b)(Partida (b)(

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

Minor BC

002283

RENAP
Registro Nacional de las Personas

(b)(6)

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

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

- (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

-

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6) -

Nombres y apellidos de la madre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 348 ZACUALPA, QUICHE

(b)(6)

(b)(6)

(b)(6)

Página 1 de 2

07-07-'16 12:44 DE- COMERCIAL EL AMIGO (b)(6) T-757 P0003 F-799

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día dieciséis de junio de dos mil dieciséis 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)

Brenda Ester , Chóm Jimón
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 348
ZACUALPA
QUICHE

Este certificado fue impreso en papel bond el día dieciséis de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

07-07-'16 12:44 DE- COMERCIAL EL AMIGO (b)(6) T-757 P0004 F-799

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de Quiche,

CERTIFICA

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

- (b)(6) (b)(6) (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, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día dieciséis de junio 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)

Brenda Ester , Chóm Jimón

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día dieciséis de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002287

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-12

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1998

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6	(b)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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.

(b)(6)

Firma titular

Firma cónsul u operador

Facility #: --- 002288

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 6, 2016

Immunization Report

User: (b)(6)

Time: 21:14:19 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **/1999 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	- Ricardo Meza 07/06/2016	
Hepatitis A	Consented	- Ricardo Meza 07/06/2016	
HPV	Consented	- Ricardo Meza 07/06/2016	
Meningicoccal	Consented	- Ricardo Meza 07/06/2016	
IPV	Consented	- Ricardo Meza 07/06/2016	
Tdap	Consented	- Ricardo Meza 07/06/2016	
MMR	Consented	- Ricardo Meza 07/06/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/06/2016	

002289

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 07/07/2016 20:59 **Location:** (b)(6)

Initial Admission: 07/06/2016 **Admission:** 07/06/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   07/06/2016
3. Name of program staff with child
   (b)(6), LMC
4. Program Name
   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
   07/06/2016
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
   07/07/2016
9. Findings
   - a. Normal
   - b. Abnormal

002290

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)((b) (b)(6) Casa Phoenix
Date:	2016/07/14 14:49:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find an approved memo of age redetermination for the above listed person with a verified DOB (b)(6) 1991.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, July 14, 2016 9:59 AM

To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) (b)((b)((b)(6) Casa Phoenix

Dear Myriam,
Please contact ICE and have this individual transferred in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Thursday, July 14, 2016 9:48 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) (b)((b)((b)(6) Casa Phoenix

Ivonne,

Attached please find for your approval a memo of age redetermination for (b)(6 (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) /1991.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services

Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/07/14 14:50:21
Delivered Date:	2016/07/14 14:49:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 14, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 24, 2016 as a juvenile as a result of Mr. (b)(6) (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) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it did not become immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager immediately requested a copy of the birth certificate of Mr. (b)(6) (b)(6) from his mother in Guatemala. Mrs. (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) 1999, however the document appeared altered as compared with other standard formal documents; therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On July 12, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6) 1991.**

Case Manager (b)(6) then provided an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate his mother provided. Mr. (b)(6) (b)(6) reports that he was informed by unknown individuals in (b)(6), Guatemala of the shelters available in the US. Mr. (b)(6) (b)(6) obtained an altered birth certificate in Guatemala, which Mr. (b)(6) (b)(6) brought along on his journey to the US. Mr. (b)(6) (b)(6) then turned himself to immigration authorities and misreported his date of birth as (b)(6), 1999 as he understood the process of release would be easier for him. Mr. (b)(6) (b)(6) decided that he was going to use his real name and information but, would change his date of birth. Mr. (b)(6) (b)(6) reports that he paid 1,000 Quetzals for the altered birth certificate and 20,000 quetzales for his entire journey.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) birth certificates, his own retraction credible testimony of his correct date of birth acknowledging his is (b)(6) (b)(6) (b)(6) (b)(6) **with date of birth** (b)(6) **1991** and agrees that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) is 24 years old.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consular RENAP verification of DOB

Respecto al siguiente caso, me permito confirmarle, según datos verificados en RENAP, lo siguiente:

1. Datos coinciden con RENAP
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA : (b)(6) 1991
LdN: Guatemala, Quiche, (b)(6)
Libro (b)(6) Folio (b)(6) Partida (b)(6)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002296

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(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 (b)(6), departamento de Quiche,

CERTIFICA

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

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

3987219961420
Código Único de Identificación (CUI)

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

Guatemala, Quiche, (b)(6)
Lugar de nacimiento

Masculino
Género

Datos de la madre

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

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

--

Nombres y apellidos del padre

--

Fecha de nacimiento

--

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

002297

Extendida el día seis de mayo 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)

Axel Maximiliano , Granados Herrera

Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 383 IXCAN, QUICHE

Este certificado fue impreso en papel bond el dia seis de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002298

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-12

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1991

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	IXCÁN

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Fecha nacimiento de la madre:

Nombre del padre:

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 mi.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma consul u operador

Facility #: --- 002299

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: May 26, 2016

Immunization Report

User: (b)(6)

Time: 22:30:15 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 05/01/2016 - 05/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Edith Gonzalez 05/25/2016	
Hepatitis B	Consented	- Edith Gonzalez 05/25/2016	
Influenza	Consented	- Edith Gonzalez 05/25/2016	
Tdap	Consented	- Edith Gonzalez 05/25/2016	
Varicella (chicken pox)	Consented	- Edith Gonzalez 05/25/2016	
HPV	Consented	- Edith Gonzalez 05/25/2016	
IPV	Consented	- Edith Gonzalez 05/25/2016	
Meningicoccal	Consented	- Edith Gonzalez 05/25/2016	
MMR	Consented	- Edith Gonzalez 05/25/2016	

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6) (9181)	**Effective Date:** 05/25/2016 22:30	**Location:** (b)(6)
Initial Admission: 05/25/2016	**Admission:** 05/25/2016	**A#:** (b)(6)
Date of Birth: (b)(6) /1999	**Gender:** M	**Score:** NA
Category: NA	**Physician:** (b)(6)	

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6), PA

b.Telephone:

(b)(6)

2. Date of visit

05/25/2016

3. Name of program staff with child

(b)(6) LMC

4. Program Name

Southwest Key Program - 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

05/25/2016

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

05/26/2016

9. Findings

- ◉ a. Normal
- ○ b. Abnormal

002301

oxford.
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)((b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 1999
Collection Date/Time: 05/25/2016 9:20AM EDT

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 05/26/2016 8:30AM EDT
Approval Date/Time: 06/02/2016 3:55PM 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	0
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.

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(b)(6) (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu May 26, 2016 7:31 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY IMG1592
Accession # (b)(6)

CLINICAL HISTORY:
TB screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; '(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/07/14 14:47:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find an approved memo of age redetermination for the above listed person with a verified DOB (b)(6) /1997.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) , Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, July 14, 2016 11:31 AM

To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT/AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) Casa Phoenix

Dear Myriam
Please contact ICE and have this individual transferred in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Thursday, July 14, 2016 11:09 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT/AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) Casa Phoenix

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed person with a verified DOB (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services

Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/14 14:48:04
Delivered Date:	2016/07/14 14:47:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 14, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)((b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)((b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 22, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly providing a different date of birth of (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it did not become immediately apparent that Ms. (b)(6) (b)(6) could be overage. Ms. (b)(6) (b)(6) was carrying a birth certificate with her at the time of arrival in ORR care with a date of birth (b)(6), 1999. Ms. (b)(6) (b)(6) did not have an identified sponsor during her stay with ORR as the person she identified as a potential sponsor never returned phone calls to the assigned Case Manager.

On July 10, 2016 Ms. (b)(6) (b)(6) while meeting with her clinician made a comment that she was 19 years old. Case Manager then immediately met with Ms. (b)(6) (b)(6) to ask her again what her correct date of birth was and Ms. (b)(6) (b)(6) admitted to Case Manager that she was 19 years old and that she was born in 1997.

Case Manager then sent Ms. (b)(6) (b)(6) birth certificate for verification to the Honduran Consulate in Dallas and ORR received from the Consulate a verified copy of Ms. (b)(6) (b)(6) correct document with a correct DOB of (b)(6) 1997.

Case Manager then contacted Ms. (b)(6) (b)(6) mother, Ms (b)(6) (b)(6) (b)(6) in Honduras to ask about her daughter's correct date of birth and she informed that she was aware that her daughter was traveling to the US with an altered document. She added that her daughter obtained the altered document from a friend, but could not elaborate on the details.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Ms. (b)(6) (b)(6) altered and verified birth certificates, her own retraction of her correct date of birth, her mother 's retraction of the true date of birth of her daughter admitting her daughter is an adult and their credible testimony acknowledging and corroborating that (b)((b)(6) (b)(6) (b)(6) has a **date of birth** (b)(6) **, 1997** and agrees that there is sufficient strong evidence to support the claim that she is 19 years old.

Accordingly, the age determination process for (b)((b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Ms. (b)((b)(6)

(b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Consular Identification ID
- 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)((b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for her care and custody and therefore 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002308

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, Articulo 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) *Número de Identidad* 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 [X] 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

b) (b)(6) Día

e) (b)(6) Mes

f) *1999* Año

2.) Numero de identidad, apellidos, nombre y nacionalidad del padre: ***N. Identidad:*** (b)(6)

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

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

3.) Numero de identidad, apellidos, nombre y nacionalidad del madre: ***N. Identidad:*** (b)(6)

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

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en *YORITO* Municipio, *YORO* Departamento

a los *SEIS* días del mes de *MAYO*

del DOS MIL *DIECISEIS*

(b)(6)

FIRMA Y SELLO DEL DIRECTOR

002309

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: (b)(6)

Nombre identificación: (b)(6) (b)(6) / (b)(6) (b)(6)

Nombre Registro Civil: (b)(6) (b)(6) / (b)(6) (b)(6)

Sexo: **FEMENINO**

Fecha nacimiento: (b)(6) **1997**

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud: (b)(6)

(b)(6)

0023104

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 **FEMENINO**

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) ***1997*** *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) (b)(6) *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***TRECE*** dias del mes de ***JULIO***

del dos mil ***DIECISEIS***

(b)(6)

firma y sello del registrador civil municipal

C0801197303448
172.20.1.1

35]xUDCoxI]MMdlo@AmajTPVDeXj9T7[@APeKf4ZhWP6wTAnhc8Y4ZRuD1XQoxgb@F+\@sG/bFY9[/8dMe3 O1@s@]xUZiXBmAQ6V8Nk9qsr4$@hD@kC8u@fJyO/O$[3M/gApp]v

Facility #: --- 002311

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 12, 2016

Immunization Report

User: (b)(6)

Time: 17:06:32 MT

Resident: (b)(6) (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	- Edith Gonzalez 07/12/2016	
Tetanus	Consented	- Edith Gonzalez 07/12/2016	
Varicella (chicken pox)	Consented	- Edith Gonzalez 07/12/2016	
IPV	Consented	- Edith Gonzalez 07/12/2016	
MMR	Consented	- Edith Gonzalez 07/12/2016	

(b)(6) (b)(6) (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) (b)(6) Elsy
DOB: (b)(6) 1999
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue May 24, 2016 7:34 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No evidence for active infectious
granulomatous disease.

(b)(6)

Thank you for making MIHS a part of your patient care.

(b)(6) (b)(6) (b)(6) (MRN (b)(6)
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 5/24/2016 8:09 AM
CC: (b)(6) PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

(b)(6)

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) a@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/07/06 18:57:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1995.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, July 06, 2016 3:14 PM

To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix
Importance: High

Dear Myriam,
Please contact ICE and have this individual transfered in to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Wednesday, July 6, 2016 3:11:03 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed individual with a DOB (b)(6) /1995.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/07/06 18:58:08
Delivered Date:	2016/07/06 18:57:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 6, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 13, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) misreporting his date of birth as (b)(6) 1998 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager proceeded then to contact Mr. (b)(6) (b)(6) potential sponsor, (b)(6) (b)(6) (b)(6), who resides in (b)(6) (b)(6) (b)(6) (b)(6) reported he does not know the real age of Mr. (b)(6) (b)(6) because he never asked this information to him or to his family.

Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older, the assigned Case Manager began the age determination process for Mr. (b)(6) (b)(6)

Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father, (b)(6) (b)(6) (b)(6) who resides in Guatemala. Mr. (b)(6) (b)(6) faxed to Case Manager a copy of his son's birth certificate showing a date of birth (b)(6), 1999. This date is different from the date (b)(6) 1998 that Mr. (b)(6) (b)(6) reported after apprehension.

Case Manager noticed immediately as well that the document appeared altered as it lacked all identifying codes and the entire document showed an unusual font than other formal documents so the document was sent to the Phoenix Guatemalan Consulate for further verification.

Guatemalan Consular Assistant, Ms. (b)(6) interviewed Mr. (b)(6) (b)(6) on June 28, 2016 and emailed that same day to ORR the results of the interview and verification of the document and informed that Mr. (b)(6) (b)(6) correct date of birth according to the RENAP archives is (b)(6) **1995**.

Mr. (b)(6) then contacted Mr. (b)(6) (b)(6) father in Guatemala, (b)(6) (b)(6) (b)(6) who reported that he doesn't know how to write and read and he always had only the copy he sent to the Case Manager. Mr. (b)(6) (b)(6) (b)(6) reported he will be sending the correct copy of his son's document.

On June 30, 2016, Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Ms. (b)(6) (b)(6) verbally reported when apprehended. Mr. (b)(6) (b)(6) admitted misreporting his date of birth due to misreading his actual birth certificate upon leaving Guatemala.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) altered birth certificate and the corroboration of the Guatemalan Consulate confirming that the correct date of birth for (b)(6) (b)(6) (b)(6) (b)(6) **is** (b)(6) **1995** and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that (b)(6) (b)(6) (b)(6) (b)(6) is 21 years old.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the consular verification of the formal document provided for Mr. (b)(6) (b)(6) and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Personal statement
- Consular Verification:
  Datos coinciden con RENAP A# (b)(6)
  (b)(6) (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento: 24 de enero 1995
  LdN: Guatemala, (b)(6) (b)(6) (b)(6)
  Libro (b) Folio (b) Partida (b)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002320

Registro Nacional de la Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) (b)(6) Departamento de (b)(6)

CERTIFICA

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

Datos del inscrito

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

Nombres y apellidos del inscrito

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

Fecha de Nacimiento — Género

Guatemala, (b)(6) (b)(6) (b)(6) (b)(6)

Lugar de nacimiento

Datos de la madre

- (b)(6) -

Nombres y apellidos dela madre

(b)(6)

Lugar de Origen

Datos del padre

- (b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 341 SAN SEBASTIAN HUEHUETENANGO, HUEHUETENANGO

ID:
1 de 2

(b)(6)

002321

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-28

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1995

País, departamento y municipio de nacimiento:

GUATEMALA	(b)(6)	SAN SEBASTIAN (b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección:	Código Postal:
(b)(6)	(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 corresponde 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 mi.

(b)(6)

Firma titular

Firma cónsul u operador

Facility #: --- 002322

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: May 20, 2016

Immunization Report

User: (b)(6)

Time: 15:52:53 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Date Range: 05/01/2016 - 05/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **DOB:** (b)(6) **/1998 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Amy Barraza 05/16/2016	
Hepatitis B	Consented	- Amy Barraza 05/16/2016	
Tdap	Consented	- Amy Barraza 05/16/2016	
IPV	Consented	- Amy Barraza 05/16/2016	
HPV	Consented	- Amy Barraza 05/16/2016	
Meningicoccal	Consented	- Amy Barraza 05/16/2016	
MMR	Consented	- Amy Barraza 05/16/2016	
Varicella (chicken pox)	Consented	- Amy Barraza 05/16/2016	

002323

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (7901)
Effective Date: 05/16/2016 08:15
Location: (b)(6)
Initial Admission: 05/16/2016
Admission: 05/16/2016
A# (b)(6)
Date of Birth: (b)(6) 1998
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6), PA
   b.Telephone:
   (b)(6)
2. Date of visit
   05/16/2016
3. Name of program staff with child
   (b)(6), LMC
4. Program Name
   Casa Phoenix 922, Southwest Key Programs

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
   05/16/2016
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
   05/17/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

(b)(6) (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) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue May 17, 2016 8:59 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:

HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
No evidence for active pulmonary disease.

NOTE: Report dictated by resident, Phillip Fairbourn MD, 10389. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.

002326

(b)(6) (b)(6) (MRN (b)(6)
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: (b)(6) DO
Phillip Fairbourn, MD

Released By: Samantha L Matz, DO on 5/17/2016 9:55 AM
CC: (b)(6) PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

002327

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b) (b)(6) Casa Phoenix
Date:	2016/07/06 18:54:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB: (b)(6) 1997.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, July 06, 2016 11:25 AM
To: Hillin, Myriam (ACF)

Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix

Dear Myriam
Please contact ICE and have this individual transfered in to their Custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Wednesday, July 6, 2016 11:08:25 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix

Ivonne,

Attached please find for your approval a memo of age redetermination for the above listed individual with a verified DOB (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/06 18:55:09
Delivered Date:	2016/07/06 18:54:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 6, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on June 16, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) misreporting his date of birth as (b)(6), 1998 to apprehending officers at the time of his apprehension.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it did not become immediately apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager received from Mr. (b)(6) (b)(6) uncle, (b)(6) who resides in Guatemala, a copy of his nephew's birth certificate on June 21, 2016 showing a date of birth of (b)(6), 1998. The document presented visibly altered and misaligned font on the date of birth. According to Mr. (b)(6) (b)(6) (b)(6) both his parents are deceased.

On June 21, 2016 Case Manager proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) and no document was found with the identifier codes, 'correlativo' and 'verificador' or 'ID' listed on the birth certificate provided by (b)(6) therefore the assistance of the Phoenix Guatemalan Consulate was requested in verifying the document.

Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older the assigned Case Manager began the age determination process for Mr. (b)(6) (b)(6) The procedures require that the Case Manager seeks as evidence when conducting age determinations at least information of the official government-issued documents, including birth certificates. When the unaccompanied child in question is not in possession of original documentation, or if the authenticity of the original documentation is in question, government officials of the unaccompanied child's home country must be consulted in order to verify the validity of the documentation.

On June 29, 2016 Guatemalan Consular Assistant, Ms. (b)(6) provided ORR with the results of the verification and informed that the correct date of birth Mr. (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) **, 1997**.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the provided verification from the Consulate and the document his family presented on his behalf. (b)(6) (b)(6) denied knowing anything about the discrepancy and instructed the Case Manager to address the discrepancy with his uncle (b)(6) because he was the one who told him his date of birth was 1998.

Case Manager contacted then Mr. (b)(6) to address the fact that the consular verification of the birth certificate he sent on behalf of his nephew had a different year of birth and Mr. (b)(6) responded that he was not aware of his nephew's birth certificate having an incorrect date of birth. Mr. (b)(6) reports that he obtained the birth certificate on the RENAP site and added that the RENAP site has been having issues with providing birth certificates.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) birth certificates and the corroboration of the Guatemalan Consulate confirming that the correct date of birth for Mr. (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) 1997 and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that (b)(6) (b)(6) (b)(6) is 18 years old.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the consular verification of the formal document provided for Mr. (b)(6) (b)(6) (b)(6) and therefore Mr. (b)(6) (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification 06/29/2016:

  Datos NO coinciden con RENAP
  (b)(6) (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento Correcta: (b)(6) 1997
  LdN: Guatemala, (b)(6) (b)(6)
  Libro (b)(Folio (b)(Partida (b)(6)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 Cuilco, departamento de Huehuetenango,

CERTIFICA

que con fecha diecisiete de septiembre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6), del libro (b)(6), del Registro del Municipio de (b)(6), Departamento de (b)(6) quedó inscrito el nombre de:

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

—

Nombres y apellidos del padre

—

Fecha de nacimiento

—

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

REGISTRO NACIONAL DE LAS PERSONAS
OFICINA 332
CUILCO
HUEHUETENANGO

002333

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-29

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1997

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Fecha nacimiento de la madre:

Nombre del padre:

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.

(b)(6)

Firma titular

Firma cónsul u operador

002334

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 06/19/2016 19:39 **Location:** (b)(6)

Initial Admission: 06/17/2016 **Admission:** 06/17/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1998 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6)

b.Telephone:

(b)(6)

2. Date of visit

06/17/2016

3. Name of program staff with child

(b)(6) MC

4. Program Name

SWK 922-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

06/17/2016

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

06/18/2016

9. Findings

- a. Normal
- b. Abnormal

002335

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) **MRN #:** (b)(6)

DOB: (b)(6) /1998 **Ord #:** (b)(6)
Sex: Male **Phone:** 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sat Jun 18, 2016 8:58 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Screening-pulmonary TB
Diagnosis:

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Printed by (b)(6) at 6/20/2016 1:44:40 PM

Reading Radiologist: David August, MD

Released By: David August, MD on 6/18/2016 9:44 AM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

Facility #: --- 002338

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jun 17, 2016

Immunization Report

User: (b)(6)

Time: 22:09:37 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 06/01/2016 - 06/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- Ricardo Meza 06/17/2016	
IPV	Consented	- Ricardo Meza 06/17/2016	
MMR	Consented	- Ricardo Meza 06/17/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 06/17/2016	
Hepatitis A	Consented	- Ricardo Meza 06/17/2016	
Hepatitis B	Consented	- Ricardo Meza 06/17/2016	
HPV	Consented	- Ricardo Meza 06/17/2016	
Meningicoccal	Consented	- Ricardo Meza 06/17/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; '(b)(6);(b)(7)(F) @ice.dhs.gov>"; '(b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; '(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION (b)((b)(6) (b)((b)((b)((b)((b)(6) CASA PHOENIX
Date:	2016/07/05 10:53:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) 1989.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, July 05, 2016 5:54 AM
To: Hillin, Myriam (ACF)

Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Monday, July 04, 2016 8:59 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Ivonne,

Attached please find for your approval the Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1989.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services

Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/05 10:54:09
Delivered Date:	2016/07/05 10:53:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 29, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what Mr. (b)(6) (b)(6) and his family have now revealed to be his true date of birth with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by Intake Team which informed the assigned Case Manager (b)(6) that Mr. (b)(6) appears to be overage. Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older the assigned Case Manager began the age determination process for Mr. (b)(6) (b)(6)

Case Manager proceeded then to contact Mr. (b)(6) mother in Guatemala who faxed to Case Manager a copy of Mr. (b)(6) birth certificate with a date of birth of (b)(6) 1998 even after case manager expressed that the document needed to be the original document.

Case Manager then proceeded to verify the birth certificate in the official website RENAP site and the verified document revealed a date of birth of (b)(6) 1989. Case Manager then spoke with Mr. (b)(6) mother (b)(6) (b)(6) who stated that she received the birth certificate from her brother (b)(6) approximately 5 days before Mr. (b)(6) traveled to the US. Mr. (b)(6) and his mother (b)(6) (b)(6) do not know how much the uncle paid for the document, but stated that he went to the main city, (b)(6) to obtain the birth certificate. (b)(6) (b)(6) stated that the reason they received an altered birth certificate was because they wanted to help (b)(6) (b)(6) (b)(6) since they do not have enough jobs in Guatemala and (b)(6) (b)(6) (b)(6) was going to help his mother financially.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended and the date of birth in the document sent first by his mother and Mr. (b)(6) admitted misreporting his date of birth as he wanted to remain in the US.

Mr. (b)(6) (b)(6) and his family are not disputing that they have engaged in the modification of Mr. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) (b)(6) could be reunited as a minor in the US.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including the testimony of the individual in question and other individuals determined to have personal knowledge of the individual and whom HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) s birth certificates, Mr. (b)(6) (b)(6) own retraction of his true identity admitting he is an adult, Mr. (b)(6) (b)(6) s acknowledgement of the forgery of the document, the credible testimony of his mother corroborating his true name and date of birth admitting her son is 26 years old and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that (b)(6) (b)(6) is 26 years old.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENA
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) departamento de San Marcos,
CERTIFICA
que con fecha cinco de octubre de mil novecientos ochenta y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de SIBINAL, Departamento de (b)(6) quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio Sibinal, departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 07/07/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día veintisiete de junio 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)

Ovidio Byron , Santizo Mejía
Registrador Civil de las Personas

Este certificado fue impreso el día veintisiete de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002346

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6)
Effective Date: 07/02/2016 11:21
Location: (b)(6)
Initial Admission: 06/29/2016
Admission: 06/29/2016
A# (b)(6)
Date of Birth: (b)(6)/1998
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6) PA
   b.Telephone:
   (b)(6)
2. Date of visit
   06/30/2016
3. Name of program staff with child
   (b)(6), LMC
4. Program Name
   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
   06/30/2016
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
   07/01/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

002348

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)

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 (b)(6) departamento de (b)(6)

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6) departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 07/07/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)
21/04/2015 - La persona inscrita contrajo matrimonio con (b)(6) (b)(Ver inscripción de Matrimonio número (b)(6) del Municipio de (b)(6) , Departamento de (b)(6) (b)(6)

Extendida el día veintisiete de junio 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)

Ovidio Byron , Santizo Mejía

Registrador Civil de las Personas

Este certificado fue impreso el día veintisiete de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

002350

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6), (b)(6)
DOB: (b)(6)/1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jul 1, 2016 7:31 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 7/1/2016 7:48 AM
CC: (b)(6) PA - FAX

002352

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

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; '(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) / SWK CASA PHOENIX
Date:	2016/07/05 10:51:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1996.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, July 05, 2016 5:53 AM
To: Hillin, Myriam (ACF)

Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(/ SWK CASA PHOENIX
Importance: High

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Monday, July 04, 2016 9:44 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(/ SWK CASA PHOENIX
Importance: High

Ivonne,

Attached please find for your approval the Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1996.

Myriam Hillin, MA-MSPC

Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/05 10:52:16
Delivered Date:	2016/07/05 10:51:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 29, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what Mr. (b)(6) (b)(6) and his family have now revealed to be his true date of birth with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6), to whom it did not become immediately apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager received from Mr. (b)(6) father, (b)(6) (b)(6) (b)(6) in Guatemala a copy of his son's birth certificate on June 17, 2016 showing a date of birth of (b)(6) 1999.

On June 28, 2016 Guatemalan Consular Assistant, Ms. (b)(6) interviewed Mr. (b)(6) and emailed that same day to ORR the results of the interview and informed that the information provided by Mr. (b)(6) during the interview was not found in Guatemala's official database and that it appears that the formal document presented by Mr. (b)(6) appeared altered.

Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older the assigned Case Manager began the age determination process for Mr. (b)(6) (b)(6)

On July 2, 2016 Case Manager proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website which produced a verified birth certificate with a date of birth **of** (b)(6) **1996** instead of (b)(6) 1999.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) father. Mr. (b)(6) (b)(6) denied knowing anything about the discrepancy, however he admitted that his date of birth is (b)(6) 1996 and provided a written statement with that date of birth.

Case Manager contacted then Mr. (b)(6) (b)(6) (b)(6) to address the fact that the verification of the birth certificate he sent on behalf of his son produced a different date that makes his son 19 years old and Mr. (b)(6) (b)(6) (b)(6) responded that he paid $2,000 quetzals to an unknown man who was advertising his service of bringing minors to US.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including the testimony of the individual in question and other individuals determined to have personal knowledge of the individual and whom HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) birth certificates, Mr. (b)(6) (b)(6) 's own retraction of his true date of birth admitting he is an adult, the credible testimony of Mr. (b)(6) (b)(6) 's father acknowledgement of the forgery of the document and corroboration his true name and date of birth admitting his son is 19 years old and the consular verification and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) is 19 years old and 11 months.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance
- Statement

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002358

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6), departamento de (b)(6)
CERTIFICA
que con fecha doce de agosto de mil novecientos noventa y seis, en la partida (b)(6),
folio (b)(del libro (b)(del Registro Civil del Municipio de (b)(6),
Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (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 seis

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

-(b)(6)
-

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinte de mayo 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----------

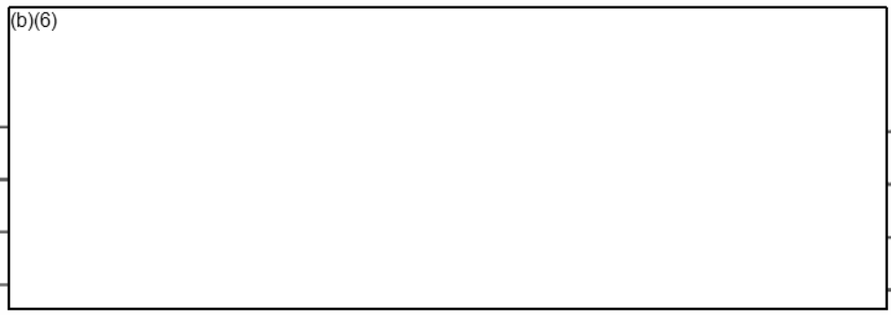
Doy fe

Katherine Yuliana , Agustín Mendoza

Registrador Civil de las Personas

Este certificado fue impreso el día veinte de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002360 (b)(6)



(b)(6) (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) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR chest AP only

Exam Date & Time: Tue May 31, 2016 7:12 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB SCREENING

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:

HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
No acute cardiopulmonary disease.

NOTE:
Report dictated by resident, Phillip Fairbourn MD, 10389. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

(b)(6) (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: Mary J. Connell, MD
Phillip Fairbourn, MD

Released By: Mary J. Connell, MD on 5/31/2016 10:23 AM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

002363

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 05/31/2016 18:07 **Location:** (b)(6)

Initial Admission: 05/31/2016 **Admission:** 05/31/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   05/31/2016
3. Name of program staff with child
   (b)(6), MC
4. Program Name
   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
   05/31/2016
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
   05/31/2016
9. Findings
   - ◉ a. Normal
   - ○ b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

50646258

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) Departamento de (b)(6)

CERTIFICA

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

- (b)(6) , (b)(6) (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, Huehuetenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

de este municipio

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

–

Fecha de nacimiento

de este municipio

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

El Renap cuida y valora tu identidad
www.renap.gob.gt

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/07/05 10:47:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1995.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, July 05, 2016 5:50 AM
To: Hillin, Myriam (ACF)

Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Monday, July 04, 2016 11:16 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix

Ivonne,

Attached please find for your final approval a Memo of Age redetermination for the above listed individual with a verified DOB (b)(6) /1995.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/05 10:47:43
Delivered Date:	2016/07/05 10:47:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 27, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what Mr. (b)(6) (b)(6) and his family have now revealed to be his true date of birth with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage. Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older the assigned Case Manager began the age determination process for Mr. (b)(6) (b)(6)

Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother (b)(6) (b)(6) (b)(6) who resides in Guatemala. Ms. (b)(6) faxed to Case Manager a copy of her son's birth certificate showing a date of birth (b)(6) 1999.

Case Manager on June 23, 2016 then proceeded to verify the document with the official RENAP website which returned a 'no match' for the document. The document then was sent for further verification on June 24, 2016 to the Phoenix Guatemalan Consulate.

Guatemalan Consular Assistant, Ms. (b)(6) interviewed Mr. (b)(6) (b)(6) on June 28, 2016 and emailed on July 1, 2016 to ORR the results of the interview and informed that Mr. (b)(6) (b)(6) correct date of birth according to the RENAP archives is (b)(6) **, 1995**.

Case Manager then provided Mr. (b)(6) (b)(6) an opportunity to explain the discrepancy and Mr. (b)(6) (b)(6) admitted that the document was altered. He added that he learned from a friend in Guatemala that a secure way to enter the US was entering as a minor with an altered birth certificate. Mr. (b)(6) (b)(6) stated that his father paid 1,500 Quetzal for the alteration of his son's document and 90,000 for the journey.

While in ORR care Mr. (b)(6) reported that he was seeking reunification with a paternal uncle, but in view of the concerns related to Mr. (b)(6) (b)(6) age and in accordance with ORR policy and procedures the reunification process was not initiated.

Mr. (b)(6) (b)(6) and his family are not disputing that they have engaged in the modification of Mr. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) (b)(6) could be reunited as a minor with his alleged uncle.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including only the testimony of the individual in question and other individuals determined to have personal knowledge of the individual and whom HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) 's birth certificates, Mr. (b)(6) (b)(6) own retraction of his true date of birth admitting he is an adult, Mr. (b)(6) (b)(6) acknowledgement of the forgery of the document, the credible testimony of both his parents corroborating his true date of birth admitting their son is 21 years old and the consular verification and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that (b)(6) (b)(6) is 21 years old.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consular Verification:
  Datos NO coinciden con RENAP
  (b)(6) (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) 1995
  LdN: Guatemala, Quiche, Joyabaj
  Libro (b)(6) Folio (b)(6) Partida (b)(

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

Registro Nacional de las Personas
República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) Departamento de Quiche,

CERTIFICA

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

Datos del inscrito

- (b)(6) (b)(6) (b)(6) -
Nombre y apellidos del inscrito

(b)(6) de mil novecientos noventa y nueve — Masculino
Fecha de nacimiento — Género

GUATEMALA, QUICHE, (b)(6)
País, Departamento, Municipio de nacimiento

Datos de la madre

(b)(6)
Nombre y apellidos de la madre

(b)(6)
Lugar de Origen

Datos del padre

(b)(6)
Nombre y apellidos del padre

(b)(6)
Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

(b)(6)

ID: (b)(6)
1 de 1

(b)(6)

Si RENAP registramos lo más valioso de Guatemala... "su gente"

002372

RENA

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-30

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 995

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 mi.

(b)(6)

Firma titular

Firma cónsul u operador

002373

Supplemental TB Screening

Resident: (b)(6)
Effective Date: 05/31/2016 15:59
Location: (b)(6)
Initial Admission: 05/31/2016
Admission: 05/31/2016
A#: (b)(6)
Date of Birth: (b)(6) /1999
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6), PA
   b.Telephone:
   (b)(6)
2. Date of visit
   05/31/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   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
   05/31/2016
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
   05/30/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

Resident: (b)(6)

10. TB Determination

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

11. Additional Information

(b)(6)

002375

(b)(6)

(b)(6) (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6)/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Mon May 30, 2016 (b)(6) AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease.

NOTE
Report dictated by resident, Roy Colglazier MD. 10773. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b) (b)(6) CASA PHOENIX
Date:	2016/06/21 12:36:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) /1997.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, June 21, 2016 8:53 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT- (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Dear Myriam,

Please contact ICE and have this individual transferred in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)

http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Tuesday, June 21, 2016 8:51 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT- (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Good morning Ivonne,

Attached please find for your final approval a Memo of Age Redetermination for the above listed individual who presented an altered BC. His correct DOB is (b)(6) /1997. This person reported that he altered his BC himself to attempt to pass as a minor.

Myriam

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/06/21 12:36:23
Delivered Date:	2016/06/21 12:36:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 21, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 15, 2016 as a juvenile as a result of (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) 's birth certificate from his father, Mr. (b)(6) in Guatemala.

On June 20, 2016 Mr. (b)(6) faxed a copy of his son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website as the document presented had misplaced identification codes and different font in the date of birth from standard formal documents. The verification produced a verified birth certificate with a date of birth of (b)(6) 1997 instead of August 15, 1999.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) 's father. Mr. (b)(6) immediately admitted to Case Manager that it was his idea to modify his date of birth on his birth certificate and that he did it himself and declined to provide additional information.

Case Manager contacted again Mr (b)(6) to address that fact that the verification of the birth certificate he sent on behalf of his son produced a different date that makes his son 18 years old and Mr. (b)(6) (b)(6) responded that the birth certificate he sent was a valid document with the correct date of birth for his son.

I reviewed the documentation gathered by SWK Casa Phoenix regarding M (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 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

VERIFICADOR: (b)(6)

ID:

Correlativo: I0006431802062016

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio (b)(6), departamento de (b)(6)

CERTIFICA

que con fecha veintinueve de agosto de mil novecientos noventa y nueve. en la partida (b)(6), folio (b)(del libro (b)(del Registro Civil del Municipio de TEJUTLA, Departamento de SAN MARCOS, quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

REGISTRO CIVIL DE LAS PERSONAS
GUATEMALA
OFICINA 316
TEJUTLA
SAN MARCOS

(b)(6)

(b)(6)

002383

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), departamento de (b)(6)

CERTIFICA

que con fecha veintinueve de agosto de mil novecientos noventa y siete, en la partida 748, folio 402 del libro 85, del Registro Civil del Municipio de (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

-

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(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) (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jun 17, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

(b)(6)

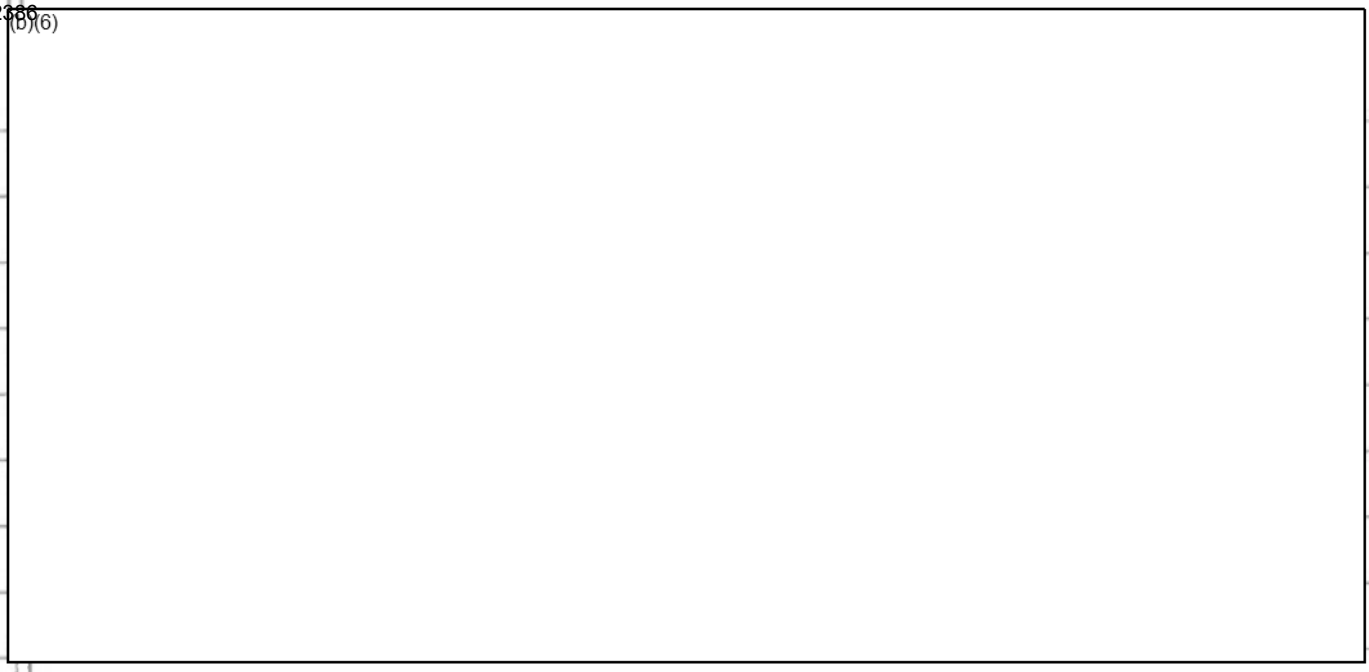
Released By: Mary J. Connell, MD on 6/17/2016 8:29 AM
CC: (b)(6) PA - FAX

002385

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

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

002386



From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"
Subject:	RE: ADULT - Age-Redetermination (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) SOL
Date:	2016/05/26 21:04:00
Priority:	Normal
Type:	Note

My apologies. Here is the correct attachment.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Thursday, May 26, 2016 3:54 PM
To: Phoenix, Juvenile; PHO, Juv Placement; (b)(6);(b)(7)(F)
Cc: (b)(6);(b)(7)(F) Velazquez, Ivonne (ACF); LaGrow, Debra (ACF)
Subject: ADULT - Age-Redetermination (b)((b)(6) (b)(6) (b)(6) (b)((b)((b)(6) SOL

Good afternoon,

The person listed in the subject line has been determined to be an adult with a **correct DOB:** (b)(6) **1996**.

Attached please find:

- Approved ORR Memo of Age Redetermination
- Altered BC
- Verified date of BC
- TB clearance
- Photograph

The contact information to make transportation arrangements is:

Rafael Quintero
Lead Case Manager
SWK-Hacienda del Sol
Email:rquintero@swkey.org
(623)565-5701 Ext 5731

ORR requests that Mr. (b)(who is 20 years old be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"
Sent Date:	2016/05/26 21:04:21
Delivered Date:	2016/05/26 21:04:00

002390

RENAP

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-05-25

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1996

Pais, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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) (b)(6) Fecha nacimiento de la madre:

Nombre del padre: (b)(6) Fecha nacimiento del padre:

Datos de Entrega

Pais, estado y condado de residencia:

ESTADOS UNIDOS DE AMERICA	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.

(b)(6)

Firma titular

Firma cónsul u operador

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b) /SWK Casa SOL
Date:	2016/07/15 10:52:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find an approved Memo of Age Redetermination for the above listed person with a verified DOB (b)(6) 1998.

Contac information for transfer arrangements:

Case Management

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Name	Title	Phone	Email
Griselda Neri	Program Director	(602) 376-4977	gneri@swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)

(b)(6) @acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Friday, July 15, 2016 7:11 AM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(/SWK Casa SOL
Importance: High

Dear Myriam,
Please contact ICE and have this individual transfered in to their custody
Thanks, Ivonne

From: Hillin, Myriam (ACF)
Sent: Thursday, July 14, 2016 7:58:14 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6 (b)((b)(/SWK Casa SOL

Ivonne,

Attached please find for your approval a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1998.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Griselda Neri <GNeri@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"
Sent Date:	2016/07/15 10:52:34
Delivered Date:	2016/07/15 10:52:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 14, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa SOL

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

SUBJECT: Age Re-Determination of an Adult

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

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Sol on May 27, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1998 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it did not become immediately apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager immediately requested a copy of the birth certificate of Mr. (b)(6) (b)(6) from his mother in Guatemala. Ms. (b)(6) (b)(6) (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) 1998.

This FFS while reviewing Mr. (b)(6) (b)(6) file noticed that the birth certificate of Mr. (b)(6) (b)(6) appeared to have an altered date of birth with the month of (b)(6) appearing misaligned with the rest of the text. This prompted a verification of the document with the official RENAP website, which revealed and produced a document with a verified date of birth of (b)(6) **1998** instead of (b)(6), 1998.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by his mother. Mr. (b)(6) (b)(6) then admitted that his true date of birth is in fact (b)(6), 1998 and that he altered the document because he wanted to leave poverty in Guatemala and wanted to go to school in the U.S.

Case Manager then contacted Mr. (b)(6) (b)(6) mother in Guatemala who also initially insisted that her son's date of birth was (b)(6) 1998 but after a few minutes she also admitted that she had adjusted the document to make it seem as if her son was still 17 years old.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) verified birth certificate indicating a date of birth of (b)(6) **1998** and agrees that there is sufficient strong evidence to support the claim that he is 18 years old. Accordingly, under these procedures, the age determination process for (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo who retracted and admitted he presented an altered document and the credible and corroborated testimony of his mother who acknowledged she modified the document of her son to make it look as if Mr. (b)(6) (b)(6) were a minor and therefore Mr. (b)(6) (b)(6) (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory

requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- Photograph
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002396

RENAP

Correlativo: (b)(6)

(b)(6)

ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

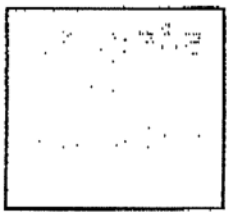
El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito



Datos del inscrito

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

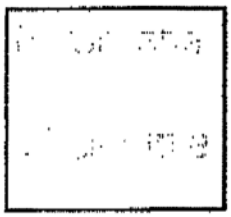
Fecha de nacimiento

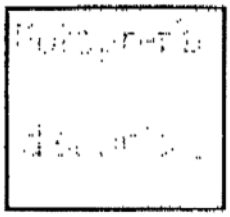
Guatemala, Guatemala, Guatemala

Lugar de nacimiento

Masculino

Género





Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

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

Lugar de origen

Datos del padre

(b)(6)

-

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día trece de mayo 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)

REGISTRO CIVIL DE LAS PERSONAS
REMAP
OFICINA 1
TAJAMULCO
SAN MARCOS

Jacqueline Jamileth , Rabanales Ochoa
Registrador Civil de las Personas

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6) (b)(6) (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, Guatemala, Guatemala

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

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

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día trece de mayo 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)

Jacqueline Jamileth , Rabanales Ochoa

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día trece de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

SimonMed™
See Tomorrow Today

Patient Name:	(b)(6) (b)(6) (b)(6)	**Accession Number:**	(b)(6)
Patient ID:	(b)(6)	**Location:**	(b)(6)
Gender:	Male	**Exam Date:**	June 1, 2016 (b)(6)
Date of Birth:	(b)(6) 1998	**Modality:**	CR
Referring Physician:	Toleman, Elizabeth	**Report Status:**	Final

CHEST 1 VIEW

INDICATION: Z111 - Encounter for screening for respiratory tuberculosis

TECHNIQUE: Single PA view of the chest.

COMPARISON: None.

FINDINGS: The lungs are clear. The cardiomediastinal silhouette is normal. There is no pneumothorax or pleural effusion.

IMPRESSION:

No acute cardiopulmonary or pleural abnormality.

Erica Yang, M.D.
Reported by: Erica Yang M.D.
Electronically signed by: Erica Yang M.D. on Jun 01, 2016 @ 12:06

negative ppd, negative cxr, no active dz 6/3/16

(b)(6)

Facility #: --- 002401

Hacienda del Sol - Youngtown, AZ - ALF

Facility Code: ---

Date: Jun 2, 2016

Immunization Report

User: (b)(6)

Time: 22:19:05 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6), Date Range: 06/01/2016 - 06/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

No data found

To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2017/07/21 11:18:03
Priority:	Urgent
Type:	Note

Good morning,

The individual listed in the subject line has a verified DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

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Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2017/07/21 11:13:01
Delivered Date:	2017/07/21 11:18:03
Message Flags:	Unsent

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 www.acf.hhs.gov

Memo of Age Determination
July 21, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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 individual in ORR care

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

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on July 17, 2017 as a juvenile as a result of Ms. (b)(6) (b)(6) misreporting her date of birth as (b)(6), 2000 following her apprehension by immigration authorities.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) appeared to be overage. Case Manager then requested her birth certificate from her father (b)(6) (b)(6) (b)(6)

On July 19, 2017 Case Manager received a copy of the birth certificate of Ms. (b)(6) (b)(6) with date of birth of (b)(6) **, 1999**. Case Manager proceeded to verify the birth certificate on the Guatemalan RENAP website, which revealed that the date of birth in the document is (b)(6) **, 1998**.

Case Manager then met with Ms. (b)(6) (b)(6) who stated that she had no idea what her date of birth was. She did not know if her parents had altered her birth certificate, but stated that she was told by her parents that she was 17 years old. Case Manager then spoke with father (b)(6) (b)(6) (b)(6) and prospective sponsor (b)(6) who both denied knowing anything about the birth certificate being altered.

Case manager then sent the birth certificate to be verified by the Phoenix Guatemalan Consulate. The birth certificate was verified by Consular Assistant (b)(6) from the Phoenix Guatemalan Consulate who informed ORR that the correct date of birth of (b)(6) (b)(6) (b)(6) is (b)(6) **1998**.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by Guatemalan consulate and agrees that Ms. (b)(6) (b)(6) is an adult with a date of birth (b)(6) **, 1998.**

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verified BC
- Photograph
- Immunizations
- TB clearance
- Consulate Verification of DOB

In accordance with ORR policy and in view of the new information demonstrating that Ms. (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.21 07:36:03 -07'00'

Myriam Hillin, MA-MSPC Federal
Field Specialist Division of
Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6), departamento de (b)(6)

CERTIFICA

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

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

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)
Código Único de Identificación (CUI)

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

Guatemala, (b)(6) (b)(6)
Lugar de nacimiento

Femenino
Género

Datos de la madre

(b)(6)
Código Único de Identificación (CUI)
-(b)(6)-

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Datos del padre

(b)(6)
Código Único de Identificación (CUI)
-(b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 248
SANTA ANA HUISTA,
HUEHUETEN

(b)(6)

Observaciones
Se enmienda la inscripción de fondo en el sentido que el nombre correcto de la madre de la inscrita es (b)(6) (b)(6) y no (b)(6) como se consignó. (b)(6) (b)(6) 2015. (b)(6) ver folio (b)(6) del tomo (de enmiendas registrales.

Extendida el día diecisiete de julio de dos mil diecisiete 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)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 248 SANTA ANA HUISTA, HUEHUETENANGO

Rosa Teudicely , Jerónimo Ordóñez
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecisiete de julio del dos mil diecisiete 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002408

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de (b)(6)

CERTIFICA

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

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

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
Se enmienda la inscripción de fondo en el sentido que el nombre correcto de la madre de la inscrita es (b)(6) (b)(6 (b)(6) y no (b)(6) como se consignó. (b)(6) 2015. (b)(6) ver folio (b)(6) del tomo (b)(6) de enmiendas registrales.

Extendida el día diecisiete de julio de dos mil diecisiete 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)

Rosa Teudicely , Jerónimo Ordóñez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecisiete de julio del dos mil diecisiete 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002410

(b)(6) (b)(6) (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) (b)(6) (b)(6)
DOB: (b)/00
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-396-7509

Final
XR CHEST AP ONLY

Exam Date & Time: Wed Jul 19, 2017 (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

Accession #: (b)(6)

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence for active granulomatous/fungal
disease.

NOTE:
Report dictated by resident, Cody Larson MD, 10626. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

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

Released By: Poya Hedayati, MD on 7/19/2017 10:10 AM

Printed by (b)(6)

002411

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

CC: SW KEYS KIDS - FAX

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	Phoenix AZ 85008		

Printed by (b)(6)

Facility #: --- 002412

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 20, 2017

Immunization Report

User: (b)(6)

Time: 12:22:24 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 07/01/2017 - 07/31/2017

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

(b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) /2000 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 07/19/2017	
Hepatitis B	Consented	Left Deltoid - 07/19/2017	
MMR	Consented	Left Deltoid - 07/19/2017	
Meningicoccal	Consented	Left Deltoid - 07/19/2017	
IPV	Consented	Right Deltoid - 07/19/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 07/19/2017	
Tdap	Consented	Right Deltoid - 07/19/2017	
HPV	Consented	Right Deltoid - 07/19/2017	

To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2017/07/19 11:03:10
Priority:	Normal
Type:	Note

Good morning,

The individual listed in the subject line has a verified DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

This e-mail contains sensitive and/or privileged information. This email is intended only for the parties copied on this email. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this e-mail.

Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2017/08/03 05:53:57
Delivered Date:	2017/07/19 11:03:10
Message Flags:	Unsent

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 19, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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 individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care at SWK Casa Phoenix on July 12, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 2000 to apprehension authorities.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. During the interview, Mr. (b)(6) (b)(6) mentioned he brought his birth certificate from his country. Shortly after the interview Case Manager reviewed the document and requested that the document be verified by the Guatemalan consulate. According to the verification provided by the Consular Assistant, Ms. (b)(6), from the Guatemalan Phoenix Consulate, the document presented by Mr. (b)(6) (b)(6) is an altered document. The correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) **1998**.

Case Manager then spoke with Mr. (b)(6) (b)(6) father, who informed not knowing anything about the birth certificate being an altered document.

Case Manager then met with Mr. (b)(6) (b)(6) who stated that his parents were the ones who gave him the altered document and told him to memorize the date of birth of (b)(6) 2000. Mr. (b)(6) (b)(6) also informed Case Manager that he does not know his actual date of birth.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verification consular of DOB
- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.19 07:47:39 -07'00'

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) Departamento de Quiche,

CERTIFICA

que con fecha tres de mayo de dos mil , en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de (b)(6), Departamento de QUICHE, quedo Inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código único de Identificación (CUI)

(b)(6) de dos mil

Fecha de Nacimiento

Guatemala,Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002418

Observaciones:
NO CONSTA NINGUNA ANOTACIÓN.

Extendida el día veintitres de junio del dos mil diecisiete por el Registrador Civil de las Personas, la cual es autentica por ser una copia fiel de su original.

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

Doy fe

(b)(6)

Licda. Sindy Celeste , Rodas Carbonell
Registrador Civil de las Personas

Este certificado fue impreso el día veintitres de junio de dos mil diecisiete 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 traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002419

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-07-18

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1998

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6)	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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:	Fecha nacimiento de la madre:
(b)(6)	

Nombre del padre:	Fecha nacimiento del padre:
(b)(6)	

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

Facility #: --- 002420 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 14, 2017 | Immunization Report | User: (b)(6)

Time: 20:43:34 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2017 - 07/31/2017**

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

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **2000 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
MMR	Consented	Left Deltoid - 07/14/2017	
Tdap	Consented	Right Deltoid - 07/14/2017	
IPV	Consented	Right Deltoid - 07/14/2017	
Hepatitis A	Consented	Left Deltoid - 07/14/2017	
HPV	Consented	Right Deltoid - 07/14/2017	
Hepatitis B	Consented	Left Deltoid - 07/14/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 07/14/2017	
Meningicoccal	Consented	Left Deltoid - 07/14/2017	

002421

(b)(6) (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6)00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR CHEST AP ONLY

Exam Date & Time: Fri Jul 14, 2017 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

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

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease, specifically no evidence of active tuberculosis.
NOTE
Report dictated by resident, Roy Colglazier MD. 10773. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Patrick K Hitchcock, MD
Roy Colglazier, MD

Released By: Patrick K Hitchcock, MD on 7/14/2017 7:23 PM

Printed by (b)(6)

002422

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

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	9059 W LAKE PLEASANT PK STE E 540 PEORIA AZ 85382-8336		

Printed by (b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION Maton Cedillo, (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/07/06 18:51:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) 1996.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

This person will be discharged with the following prescription for the treatment of nausea:

(b)(6)

Pregnancy test came back negative and she has been cleared from TB.
Working Diagnosis:
Other, Medical - nausea with vomiting, generalized abdominal pain

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, July 06, 2016 2:52 PM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Dear Myriam,
Please Contact ICE and to have this minor transferred in to their custody.
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, July 06, 2016 1:27 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1996.

This person will be discharged to ICE with the prescribed medications she is currently taking:

Working Diagnosis:

(b)(6)

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/06 18:52:05
Delivered Date:	2016/07/06 18:51:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 6, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) Cedillo **A#** (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on May 20, 2016 as a juvenile as a result of Ms (b)(6) misreporting her date of birth as (b)(6), 1999 to officers at the time of her apprehension.

Following placement in ORR care Ms (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) (b)(6), to whom it did not become immediately apparent that Ms. (b)(6) could be overage. Case Manager received from Ms. (b)(6) s father, Mr. (b)(6), a copy of his daughter's birth certificate on June 21, 2016 showing a date of birth of (b)(6), 1999. The document was missing the identifier codes so Case Manager requested again to Mr. (b)(6) (b)(6) to send a correct copy of his daughter's birth certificate to which Mr. (b)(6) responded that he had provided a copy of the original document.

Following ORR policy and procedures, which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older, the assigned Case Manager began the age determination process for Ms. (b)(6). The procedures require that the Case Manager seeks as evidence when conducting age determinations at least information of the official government-issued documents, including birth certificates. When the unaccompanied child in question is not in possession of original documentation, or if the authenticity of the original documentation is in question, government officials of the unaccompanied child's home country must be consulted in order to verify the validity of the documentation.

On June 23, 2016 Case Manager proceeded to send the document to the Phoenix Guatemalan Consulate for further verification.

On June 29, 2016 Guatemalan Consular Assistant, Ms. (b)(6) provided ORR with the results of the verification and informed that the correct date of birth for Ms. (b)(6) (b)(6) (b)(6) is (b)(6), **1996**.

Case Manager provided then an opportunity to Ms (b)(6) to explain the discrepancy between the provided verification from the Consulate and the document her family presented on her behalf and she denied knowing anything about the discrepancy and she reported that her father told her that her date of birth was (b)(6), 1999.

Case Manager contacted then Ms. (b)(6) s father to address the fact that the consular verification of the birth certificate he sent on behalf of his daughter had a different date of birth and Mr. (b)(6) could not provide a reason as to why there was a discrepancy.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Ms. (b)(6) (b)(6) (b)(6) s altered birth certificate and the corroboration of the Guatemalan Consulate confirming that the correct date of birth for (b)(6) (b)(6) (b)(6) **is** (b)(6) **1996** and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that (b)(6) (b)(6) (b)(6) is 19 years old.

Accordingly, under these procedures, the age determination process for Ms. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the consular verification of the formal document provided for (b)(6) and therefore Ms. (b)(6) (b)(6) (b)(6), now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification 06/29/2016:

Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) **1996**
LdN: Guatemala, Quiche, (b)(6)
Libro (b)(6) **Folio** (b)(6) **Partida** (b)(6)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) Maton Cedillo is over 18 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) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002428

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) Departamento de Quiché,

CERTIFICA

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

Datos del inscrito

- (b)(6)

Nombres y apellidos del inscrito

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

Fecha de nacimiento | Género

Guatemala, Quiché, (b)(6)

País, Departamento, Municipio de Nacimiento

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

- (b)(6) -

Lugar de Origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 111 NEBAJ, QUICHE

(b)(6)

(b)(6)

En RENAP registramos lo más valioso de Guatemala... "su gente" www.renap.gob.gt

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

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

(b)(6)

Doy fe

(b)(6)

Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 111
NEBAJ,
QUICHE

(b)(6)

(b)(6)

002430

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-29

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) /1996

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 veridica 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 mi.

(b)(6)

Firma titular

Firma consul u operador

Facility #: ---
002431
Date: May 25, 2016
Time: 11:06:44 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 05/01/2016 - 05/31/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 05/23/2016	
Hepatitis B	Consented	- Ricardo Meza 05/23/2016	
Tdap	Consented	- Ricardo Meza 05/23/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 05/23/2016	
HPV	Consented	- Ricardo Meza 05/23/2016	
IPV	Consented	- Ricardo Meza 05/23/2016	
Meningicoccal	Consented	- Ricardo Meza 05/23/2016	

002432

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 05/25/2016 11:08
Location: (b)(6)
Initial Admission: 05/23/2016
Admission: 05/23/2016
A#: (b)(6)
Date of Birth: (b)(6) 1999
Gender: F
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6), PA
   b.Telephone:
   (b)(6)
2. Date of visit
   05/23/2016
3. Name of program staff with child
   (b)(6), LMC
4. Program Name
   Casa Phoenix 922, Southwest Key Programs

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
   05/23/2016
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
   05/24/2016
9. Findings
   - a. Normal
   - b. Abnormal

002433

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Ivan Villarreal <ivillarreal@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/07/05 11:00:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1993.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: (b)(6)

(b)(6) Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, July 05, 2016 5:56 AM
To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6)

(b)(6) CASA PHOENIX
Importance: High

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Friday, July 01, 2016 9:12 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6), (b)(6) (b)(6) - (b)(6) CASA PHOENIX
Importance: High

Ivonne,

Attached please find for your final approval a Memo of Age Re-Determination for (b)(6) (b)(6) (b)(6) (b)(6) with a verified DOB: (b)(6) /1993, age 22.

This individual has been medically cleared, has not outstanding medical needs and was not provided treatment for any medical condition. Attached are his TB clearance and immunizations.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: (b)(6) [mailto:(b)(6)@swkey.org]
Sent: Friday, July 01, 2016 7:27 PM
To: Hillin, Myriam (ACF)
Cc: 922 CaseManagementLeads; (b)(6)
Subject: Age re-determination: (b)(6) (b)(6) A#: (b)(6)

Hello Myriam,

On behalf of CM (b)(6) I completed the memo for client mentioned above. Since this is not my case, can you please let me know if there is anything else I am missing.
I will be completing the SIR next, and sending the e-mail to the help desk to change his DOB.

Correct BC was requested from family in COO and no special health needs identified.

Potential Sponsor: (b)(6) (Sister) who resides at (b)(6) with phone number (b)(6)

Respectfully,

(b)(6) BSW
Case Manager
Southwest Key Programs
Casa Phoenix 922
Email: (b)(6)@swkey.org
Phone: 602 396 7040 EXT: (b)(6)
Fax: 602 916 1335
Tuesday-Saturday: 9am-5pm

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F)@ice.dhs.gov>"; (b)(6);(b)(7)(F)@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6)@swkey.org>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6)@swkey.org>"
Sent Date:	2016/07/05 11:01:01
Delivered Date:	2016/07/05 11:00:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 1, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 1, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing a different date of birth for himself upon apprehension by immigration 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 apparent that Mr. (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his mother, Ms. (b)(6), who resides in Guatemala. Ms. (b)(6) (b)(6) faxed to Case Manager a copy of Mr. (b)(6) birth certificate showing a date of birth (b)(6), 1999.

On June 29, 2016 while reviewing Mr. (b)(6) 's file it became apparent to Case Manager that the font on the birth certificate appeared altered therefore he proceed to send the document for verification with the Phoenix Guatemalan Consulate.

Guatemalan Consular Assistant, Ms. (b)(6) interviewed Mr. Perez on June 21, 2016 and emailed on July 1, 2016 to ORR the results of the interview and the verification of the Mr. (b)(6) 's birth certificate which revealed that according to the RENAP archives the recorded official date of birth is (b)(6), **1993**.

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 and Ms. (b)(6) denied she knew that there was a discrepancy in the beginning of the conversation. Ms. (b)(6) then explained that her son Mr. (b)(6) called her and told her to report the incorrect date of birth of (b)(6), 1999.

Case Manager then provided Mr. (b)(6) an opportunity to explain the discrepancy and Mr. (b)(6) admitted that the document was altered. Mr. (b)(6) stated that while residing in his home town he heard friends talking about a guide who secured entry to the US for adult individuals by altering the date of birth on the BCs. Mr. (b)(6) then contacted this person, gave him his BC and then this person returned the BC to Mr. (b)(6) with an altered date of birth which misrepresented him as a minor. Mr. (b)(6) stated that it was his idea to go along with the deceptive plan the guide proposed and that his parents were aware of this plan to present an altered BC. Mr. (b)(6) admitted that during the planning of his journey to the US the guide he had hired informed him of the shelters available in the US. He added that his foot guide told him that if he entered the US as a minor that the process was going to be easier for him and that he would turn himself in to immigration authorities.

While in ORR care Mr. (b)(6) reported that he was seeking reunification with his sister (b)(6) (b)(6) (b)(6), who resides at (b)(6) with phone number (b)(6)

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 22 years old.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consular RENAP verification reporting:

Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) **1993**
LdN: Guatemala, (b)(6) (b)(6)
Libro (b)(6) **Folio** (b)(6) **Partida** (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 22 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002440

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-01

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1993

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 mi.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

(b)(6)

Firma titular

Firma consul u operador

002441

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

Correlativo (b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), Departamento de (b)(6)

CERTIFICA

que con fecha veintisáis de enero de dos mil, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de (b)(6), Departamento de (b)(6) quedo inscrito el nacimiento de:

– (b)(6) (b)(6) (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, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

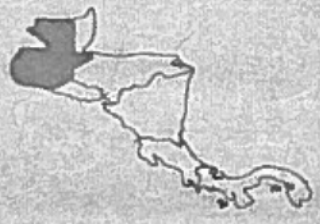
Nombres y apellidos de la madre

–

Fecha de nacimiento

(b)(6)

Lugar de origen



Nombres y apellidos del padre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

Página 1 de 2 (b)(6)

002442

Anotaciones:
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinte de mayo del dos mil dieciséis por el Registrador Civil de las Personas, la cual es autentica por ser una copia fiel de su original.

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

REGISTRO CIVIL DE LAS PERSONAS DE GUATEMALA
RENAP
OFICINA 344
SANTA CRUZ
BARILLAS,
HUEHUETENANGO

Doy fe (b)(6)

Dusty Celene, Noriega Mauricio de Reyes
Registrador Civil de las Personas

Este certificado fue impreso el día veinte de mayo 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 traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002443

(b)(6)

002444

(b)(6)

002445

(b)(6)

Facility #: ---
002446
Date: Jun 4, 2016
Time: 19:24:04 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 06/01/2016 - 06/30/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 06/02/2016	
Hepatitis B	Consented	- Ricardo Meza 06/02/2016	
Tdap	Consented	- Ricardo Meza 06/02/2016	
HPV	Consented	- Ricardo Meza 06/02/2016	
IPV	Consented	- Ricardo Meza 06/02/2016	
Meningicoccal	Consented	- Ricardo Meza 06/02/2016	
MMR	Consented	- Ricardo Meza 06/02/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 06/02/2016	

002447

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 06/05/2016 20:26 **Location:** (b)(6)

Initial Admission: 06/04/2016 **Admission:** 06/04/2016 **A#:** (b)(6)

Date of Birth: [redacted]/1999 **Gender:** M **Score:** NA

Category: NA **Physician** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6) PA

b.Telephone:

(b)(6)

2. Date of visit

3. Name of program staff with child

(b)(6), LMC

4. Program Name

SWK-922 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

06/02/2016

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

06/03/2016

9. Findings

- a. Normal
- b. Abnormal

002448

Supplemental TB Screening

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

10. TB Determination

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

11. Additional Information

002449

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 1999
Collection Date/Time: 06/02/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 06/03/2016 8:48AM EDT
Approval Date/Time: 06/04/2016 4:14PM 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	0
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.

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Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6) /1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jun 3, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

(b)(6)

NOTE
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and

002451

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, December 16, 2016 16:08

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); (b)(6) Maria Rios

Subject: ADULT AGE REDETERMINATION (b)(6) AKA (b)(6) /SWK Casa Phoenix

Good afternoon,

Attached please find a Memo of Age Redetermination for the above listed individual who has been determined to be Jose Darinel Alfonzo Hernandez with DOB (b)(6) /1996 and of Mexican origin.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

002454

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, December 16, 2016 17:35

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6)
(b)(6)

Subject: ADULT AGE REDETERMINATION (b)(6) AKA (b)(6) /SWK CASA PHOENIX

Importance: High

Good afternoon,

Attached please find a memo of age redetermination for the person listed in the subject line who was verified to be (b)(6) with DOB (b)(6) /1996.

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) @swkey.org>"
Sent Date:	2016/12/17 10:28:55
Delivered Date:	2016/12/17 10:29:33

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT-AGE REDETERMINATION (b)((b)((b)(6) - AKA (b)((b)((b)(6) (b)(6) (b)((b) (b)(6) CASA PHOENIX
Date:	2016/07/05 11:10:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB 02/04/1998.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Monday, July 04, 2016 6:49 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX

Ivonne,

Attached please find for your final approval the Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) 1998.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/05 11:10:40
Delivered Date:	2016/07/05 11:10:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 22, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing to apprehending officials a name and date of birth different from what Mr. (b)(6) and his family have now revealed to be his real name and real date of birth 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 Mr. (b)(6) could be overage. Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older the assigned Case Manager began the age determination process for Mr. (b)(6)

Case Manager requested a copy of Mr. (b)(6) birth certificate from his mother, (b)(6) who resides in Guatemala. Ms. (b)(6) faxed to Case Manager a copy of Mr. (b)(6) birth certificate showing a date of birth (b)(6) 2000 and name (b)(6) (b)(6)

Case Manager on June 23, 2016 then proceeded to verify the document with the official RENAP website which returned a 'no match' for the document. The document then was sent for further verification on June 24, 2016 to the Phoenix Guatemalan Consulate. Case Manager also informed Ms. (b)(6) that the document was unsuccessfully verified and that there appeared to be some problems with the copy she initially sent and Case Manager requested a second copy.

Guatemalan Consular Assistant, Ms. (b)(6) interviewed Mr. (b)(6) on June 28, 2016 and emailed that same day to ORR the results of the interview and informed that Mr. (b)(6) correct date of birth according to the RENAP archives is (b)(6) **1998**.

On June 30, 2016, Mr. (b)(6) mother sent to Case Manager a second and true copy of the document showing a date of birth (b)(6) **1998 and name** (b)(6) (b)(6)

Case Manager then provided Mr. (b)(6) an opportunity to explain the discrepancy and Mr. (b)(6) admitted that the document was altered. He added that he does not know the details about whom and how the document was altered, but that he paid 2,000 quetzals to some friend in Guatemala to provide an altered version of his own birth certificate.

While in ORR care Mr. (b)(6) (b)(6) reported that he was seeking reunification with his father, (b)(6) (b)(6) who resides at (b)(6) with phone number (b)(6) who migrated to the US in March 2016. In view of the concerns related to Mr. (b)(6) (b)(6) age and in accordance with ORR policy and procedures the reunification process was not initiated.

Mr. (b)(6) (b)(6) and his family are not disputing that they have engaged in the modification of Mr. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) (b)(6) could be reunited as a minor with his alleged father.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including only the testimony of the individual in question and other individuals determined to have personal knowledge of the individual and whom HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) birth certificates, Mr. (b)(6) (b)(6) own retraction of his true identity admitting he is an adult, Mr. (b)(6) (b)(6) acknowledgement of the forgery of the document, the credible testimony of both his parents corroborating his true name and date of birth admitting their son is (b)(6) (b)(6) (b)(6) (b)(6) and is 18 years old and the consular verification and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) is 18 years old and 4 months.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consular Verification:
  Datos coinciden con RENAP (b)(6) (b)(6) (b)(6) (b)(6)
  (b)(6) (b)(6) (b)(6) (b)(6) (Nombre correcto)
  Fecha de nacimiento correcta: (b)(6) 1998
  LdN: Guatemala, (b)(6) (b)(6)
  Libro (b) Folio (b) Partida (b)(6)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velasquez, LCSW

002462
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas
República de Guatemala

(b)(6)

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

VERIFICADO (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de (b)(6)

CERTIFICA

que con fecha diecisiete de noviembre de dos mil seis, en la partida (b)(6) folio (b)(6) del libro (b) del Registro Civil del Municipio de (b)(6), Departamento de (b)(6), quedo inscrito el nacimiento de:

– (b)(6) (b)(6) , (b)(6) (b)(6) –

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)
Código Único de Identificación (CUI)

(b)(6) de dos mil
Fecha de nacimiento

Guatemala, (b)(6)
Lugar de nacimiento

Masculino
Género

Datos de la madre

(b)(6)
Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)
Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)
Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)
Lugar de origen

(b)(6)

(b)(6)

(b)(6)

1 de 2

002464

D.G.E. No. 133

CODIGO

G. 29447 - IMM - 9 - 92/0

República de Guatemala - Registro Civ

(b)(6)

NACIMIENTO

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

I. DATOS DEL COMPARECIENTE.

A) NOMBRES (b)(6) APELLIDOS Diaz.- PATERNO MATERNO

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

D) DOMICILIO (b)(6)

II. DATOS DEL LUGAR DONDE OCURRIO EL NACIMIENTO.

A) DEPARTAMENTO (b)(6) B) MUNICIPIO (b)(6)

C) LUGAR Y DIRECCION (b)(6)

(NOMBRE DEL LUGAR, NOMBRE INDIQUE SI ES CIUDAD, PUEBLO, ALDEA, CASERIO O FINCA)

III. DATOS DEL NIÑO.

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

B) PESO AL NACER (b)(6) (LIBRAS) (ONZAS) C) FECHA 4/2/98 HORA 5:00

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) (b)(6). APELLIDOS PATERNO MATERNO

B) EDAD (b)(6) 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 3

F) NACIDO EN (b)(6) G) NACIONALIDAD guatemalteco

H) OCUPACION agricultor.

V. DATOS DE LA MADRE.

A) NOMBRES (b)(6) APELLIDOS (b)(6)

B) EDAD (b)(6) 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 3

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

H) OCUPACION del hogar.

VI. OTROS DATOS DEL NACIMIENTO.

A) ASISTENCIA RECIBIDA: 1. MEDICA 2. COMADRONA 3. EMPIRICA 4. NINGUNA (b)(6)

B) ¿ DONDE OCURRIO EL NACIMIENTO ? 1. HOSPITAL 2. CASA DE SALUD 3. VIA PUBLICA 4. DOMICILIO (b)(6

C) NUMERO DE HIJOS ¿CUANTOS HIJOS HA TENIDO LA MADRE ENTRE NACIDOS VIVOS Y NACIDOS MUERTOS INCLUYENDO EL QUE AHORA SE REGISTRA? uno

DE ELLOS: ¿CUANTOS NACIERON MUERTOS? - - -

¿ CUANTOS VIVEN ? uno

(b)(6)

IMPRESION DIGITAL DEL COMPARECIENTE CUANDO NO SEPA FIRMAR

D) NOMBRE DE LA PERSONA QUE ASISTIO AL PARTO Bacilia Alva.

E) CHIANTLA 16 DE marzo DE 1,99 8

F) FIRMA DEL COMPARECIENTE (b)(6)

G) FIRMA DEL REGISTRADOR CIVIL

NOTA: GUARDESE CON CUIDA[illegible] NTE NO LO DEJE EN LA IGLESIA LE SERVIRA PARA SACAR CON RAPIDEZ SU FE DE EDAD

002465

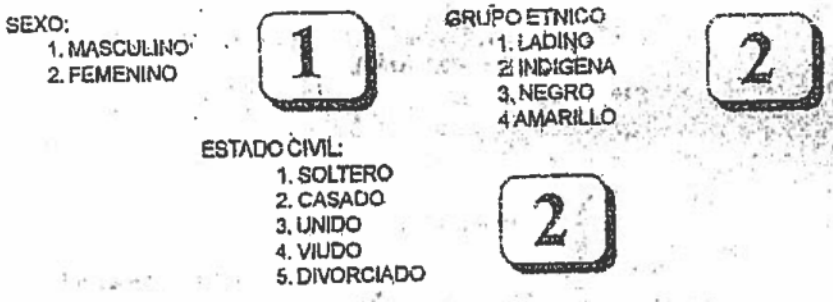
(b)(6)

Notas

Los boletines deben ser llenados a máquina, pero cuando esto no sea posible y sea necesario llenarlos a mano, deberá escribirse con LETRA DE MOLDE Y CON TINTA.

Si algún rubro no tiene datos deberá ponerse una línea horizontal.

En la parte de este Boletín donde exista una lista numerada y un cuadro al lado, deberá ponerse en la parte central de dicho cuadro el número que corresponde en la lista. Por ejemplo: una persona que sea masculina, indígena y casado, se llenarán los cuadros respectivos así:



En los cuadros donde exista en la parte inferior impresa la palabra CODIGO no debe escribirse nada por ningún motivo.

DECRETO LEY No. 106. CODIGO CIVIL

ARTICULO 391.- Los nacimientos que ocurran en la República, deberán declararse al Registro Civil respectivo para su inscripción, dentro del plazo de treinta días del alumbramiento.

ARTICULO 392.- La declaración del nacimiento de un niño se hará por el padre o la madre, o en defecto de uno u otro, por las personas que hayan asistido al parto.

Los padres podrán cumplir ésta obligación por medio de encargado especial; pero el registrador deberá citarlos para que dentro de un término que no pase de sesenta días, ratifiquen la declaración.

ARTICULO 393.- Los dueños o administradores de fincas rústicas y los alcaldes auxiliares de los caseríos, aldeas y otros lugares tienen también la obligación de dar parte de los nacimientos que ocurran en su localidad.

ARTICULO 394.- Los nacimientos que ocurran en los hospitales, casas de maternidad, cárceles u otros establecimientos análogos, serán declarados por sus respectivos administradores.

ARTICULO 6o.- Las personas no pueden cambiar sus nombres si no con autorización judicial. La persona a quien perjudique un cambio de nombre, puede oponerse a la pretensión del solicitante en la forma que dispone el Código Procesal Civil y Mercantil.

ARTICULO 7o.- En los casos a que se refieren los artículos anteriores, la alteración se anotará al margen de la partida de nacimiento. La identificación y el cambio de nombre no modifican la condición civil del que la obtiene ni constituye prueba alguna de la filiación.

01 ENE. 1999 03:36PM P2 NO. DE TEL. : DE :

002466

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-28

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6	(b)(6	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1998

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüistica:

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.

(b)(6)

Firma titular

Firma cónsul u operador

002467

(b)(6)

002468

Supplemental TB Screening

Resident: (b)((b)(6 (b)(6) (b)(6)
Effective Date: 06/25/2016 21:23
Location: (b)(6)
Initial Admission: 06/23/2016
Admission: 06/23/2016
A#: (b)(6)
Date of Birth: (b)(6) 2000
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6) PA
   b.Telephone:
   (b)(6)
2. Date of visit
   06/23/2016
3. Name of program staff with child
   (b)(6) MC
4. Program Name
   SWK 922-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
   06/23/2016
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
   06/24/2016
9. Findings
   - a. Normal
   - b. Abnormal

002469

Supplemental TB Screening

Resident: (b)((b)(6 (b)(6)
(b)(6)

10. TB Determination

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

11. Additional Information

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)/00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jun 24, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.
Patient is noted to be rotated.

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report

(b)(6)

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; '(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b) (b)(6) Casa Phoenix
Date:	2016/07/25 18:00:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find an approved memo of age redetermination for the above listed individual with a verified DOB (b)(6);(b /1997. This person will be discharged with medication to control an existing diagnosis of epilepsy.

Medical Update

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

Medications given: NoYes

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

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6);(b)(7)(F)	Lead Case	(b)(6);(b)(7)(F)	(b)(6);(b)(7)(F) @swkey.org

	Manager		
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) t@swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: (b)(6) [mailto:(b)(6)@swkey.org]
Sent: Friday, July 22, 2016 4:49 PM
To: Hillin, Myriam (ACF)
Cc: 922 CaseManagementLeads; (b)(6)
Subject: AGE REDETERMINATION - (b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6)

Good afternoon,

I have attached the Memo and the necessary documents to the overage client. Also, please be aware that client has epilepsy and is taking medication: (b)(6)

The only identified sponsor listed for client is (b)(6) (b)(6) whom resides at: (b)(6) (b)(6) Sponsor stated to be first cousins to Mr. (b)(6) but there is no B.C. Trail, his contact number is (b)(6)

Please let me know if you have any questions.

Thank you,

(b)(6)
Case Manager- Casa Phoenix

(602)396-7040 Ext.(b)(6)
Fax: 6025327975
(b)(6)@swkey.org
Tuesday-Saturday 10am-6pm

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Thursday, July 21, 2016 4:56 PM
To: (b)(6) <(b)(6)@swkey.org>; (b)(6) (b)(6)@swkey.org>; (b)(6)@swkey.org>; (b)(6)@swkey.org>; (b)(6)@swkey.org>; (b)(6)@swkey.org>
Cc: Maria Rios <MRios@swkey.org>
Subject: Verified Adult - (b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6) (2nd BC Verification)

Please proceed with the age redetermination process.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: CONSULADO GUATEMALA PHOENIX
Sent: Thursday, July 21, 2016 4:33 PM
To: Buriel, Celestina (ACF) (CTR)
Subject: VERIFICACION CASOS SWK CASA PHOENIX

Respecto a los siguientes casos, me permito confirmarle, según datos verificados en RENAP por segunda vez, lo siguiente:

1. Datos coinciden con RENAP A# (b)(6)
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) de 1997
LdN: Guatemala, Quiche, (b)(6)
Libro (b) Folio (b)(6) Partida (b)(6)

Atentamente,

(b)(6)
Asistente en documentación consular
Consulado General de Guatemala
Phoenix, Arizona

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F)@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>";

	"Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/25 18:01:15
Delivered Date:	2016/07/25 18:00:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) was transferred to and placed in HHS ORR care on July 13, 2016 as a juvenile as a result of Mr. (b)(6) misrepresentation of himself as a minor by creating providing a date of birth of (b)(6) 1999 to apprehending officials.

Immediately upon arrival Mr. (b)(6) provided his assigned Case Manager, (b)(6) with a copy of the birth certificate he brought with him. Case Manager noticed a visibly different font in the date of birth from standard formal documents; therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On July, 21 2016 Guatemalan Consular Assistant, Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6), 1997.**

Case Manager (b)(6) provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided. Mr. (b)(6) admitted to Case Manager that the correct date of birth is (b)(6), 1997 and that the document was altered.

Case Manager, (b)(6) then proceeded to contact and interview again Mr. (b)(6) Uncle, (b)(6) (b)(6) who first expressed not to be aware that his nephew's birth certificate was altered, but when the Case Manager informed him that Mr. (b)(6) had already acknowledged how his birth certificate was altered, Mr (b)(6) (b)(6) admitted to the Case Manager that the correct date of birth of his nephew is (b)(6) 1997 and that the document was altered per advice received from his cousin who reported that it would be better for Mr. (b)(6) to cross the border as a minor. The family was referred to an individual who altered the document; however, he could not provide details about how the alteration occurred.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) verified birth certificate and his own retraction of his correct date of birth admitting he is 19 years old along with the corroboration from his uncle and FFS agrees that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consular RENAP verification of DOB

Respecto a los siguientes casos, me permito confirmarle, según datos verificados en RENAP por segunda vez, lo siguiente:

Datos coinciden con RENAP A# (b)(6)
(b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) de 1997
LdN: Guatemala, Quiche, (b)(6)
Libro (b)(6) Folio (b)(6) Partida (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002478

Registro Nacional de las Personas
República de Guatemala

(b)(6)

No. correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

RENAP

ID. (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) departamento de Quiche,

CERTIFICA

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

- (b)(6) (b)(6) , (b)(6) (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 (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

—

Fecha de nacimiento

Guatemala, Quiché, (b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

—

Fecha de nacimiento

Guatemala, Quiché, (b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

El RENAP garantiza la autenticidad de este documento

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

ULTIMA LINEA

Extendida el día trece de junio de dos mil dieciseis 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)

Yasenia Sioneth , Cabrera Urizar
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 030
CANILLA,
QUICHE

Este certificado fue impreso el día trece de junio de dos mil dieciseis 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 traves del link. https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

002481
(b)(6)

002482

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) **Effective Date:** 07/15/2016 14:53 **Location:** (b)(6)
Initial Admission: 07/14/2016 **Admission:** 07/14/2016 **A#:** (b)(6)
Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA
Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6) , PA
   b.Telephone:
   (b)(6)
2. Date of visit
   07/14/2016
3. Name of program staff with child
   (b)(6) , LMC
4. Program Name
   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
   07/14/2016
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
   07/15/2016
9. Findings
   - a. Normal
   - b. Abnormal

002483

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Facility #: --- 002484

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 14, 2016

Immunization Report

User: (b)(6)

Time: 16:05:15 MT

Resident: (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/14/2016	
Hepatitis B	Consented	- Ricardo Meza 07/14/2016	
Tdap	Consented	- Ricardo Meza 07/14/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/14/2016	
HPV	Consented	- Ricardo Meza 07/14/2016	
IPV	Consented	- Ricardo Meza 07/14/2016	
Meningicoccal	Consented	- Ricardo Meza 07/14/2016	
MMR	Consented	- Ricardo Meza 07/14/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6 (b)(6) (b)(6) Casa Phoenix
Date:	2016/07/25 17:48:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find an approved memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1993. This person has no medical needs identified.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)

Myriam.Hillin@acf.hhs.gov

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: (b)(6) [mailto:(b)(6)@swkey.org]
Sent: Friday, July 22, 2016 5:45 PM
To: Hillin, Myriam (ACF)
Cc: 922 CaseManagementLeads; (b)(6) (b)(6)
Franchesca.Chuchro@(b)(6)
Subject: Age Redetermination (b)(6) (b)(6) (b)(6) (b)(6)

Hello Myriam,

I am providing all the documentation for minor mentioned above that helped determine that the minor is over age I will be including the following:

- Birth Certificate- Last Name, First Name A#
- Altered Birth Certificate-Last Name, First Name A#
- TB- Last Name, First Name A#
- Statement- Last Name, First Name A#
- Photo- Last Name, First Name A#
- ORR Memo of Age Redetermination Last Name, First Name A
-

If any other documents are needed please let me know.

Thankyou,

(b)(6)
Case Phoenix, Case Manager
Phone: 602-396-7040 EXT(b)(6)
Fax: 602-801-3437
(b)(6)@swkey.org
Sunday-Thursday 9:00am-5:00pm

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>";

	(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/25 17:48:45
Delivered Date:	2016/07/25 17:48:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(**A#** (b)(6)

(b)(6) (b)(6) (b)(was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 12, 2016 as a juvenile as a result of Mr. (b)(knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(was immediately interviewed by his assigned Case Manager, (b)(6), to whom it became immediately apparent that Mr. (b)(appears to be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his father, Mr. (b)(6) (b)(6) (b)(6) in Guatemala.

On July 14, 2016 Mr. (b)(6) (b)(6) (b)(6) faxed a copy of his son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website which returned as not valid. Case Manager, (b)(6), then requested that the birth certificate be verified by the Guatemala Consulate. The Guatemala Consulate verified Mr. (b)(6) birth certificate on (b)(6), 2016 which returned with a date of birth of (b)(6) 1993 instead of (b)(6), 1999.

On July 21, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) father provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6 was registered with a date of birth (b)(6), 1993**.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one provided by Mr. (b)(6) father. Mr. (b)(immediately admitted to Case Manager that it was his idea to modify his birth certificate and stated that he is 23 years old and that his real date of birth is January 18, 1993. Mr. (b)(stated that his birth certificated had been altered by a friend of his. Mr. (b)(did not wanted to provide his friend's name.

Case Manager contacted again Mr. (b)(6) (b)(6) (b)(6) to address the fact that the verification of the birth certificate he sent on behalf of his son produced a different date that makes his son 23 years old and Mr. (b)(6) (b)(6) (b)(6) responded that the birth certificate he sent was not a valid birth certificate. Mr. (b)(6) (b)(6) (b)(6) stated that his son got his birth certificate altered in Mexico at the border. Mr. (b)(6) (b)(6) (b)(6) stated that he paid 200 Quetzals to have his son's birth certificate altered. Mr. (b)(6) (b)(6) (b)(6) stated that he does not know the person who altered Mr. (b)(6) birth certificate. Mr. (b)(6) (b)(6) stated that his son's birth certificate was altered on the day that Mr. (b)(6) (b)(decided to migrate to the United States on June 29, 2016. Mr. (b)(6) (b)(6) (b)(6) stated that the birth certificate got altered because the man at the border in Mexico had told them that by changing Mr. (b)(6) date of birth in the document would make it easier for Mr. (b)(to enter successfully into the United States.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) verified birth certificate and his own retraction of his correct date of birth admitting he is 23 years old along with the corroboration from his father and agrees that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) (b)(is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6 now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- photograph
- TB Clearance
- Consular Verification

Datos NO coinciden con RENAP (b)(6)
(b)(6) (b)(6) (b)(
Fecha de nacimiento CORRECTA (b)(6) **de 1993**
LdN: Guatemala, Quiche (b)(6)
Libro (b)(Folio (b Partida (b)(

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002490

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-21

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	Imul	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1993

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Pais, 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 mi.

(b)(6)

Firma titular

Firma cónsul u operador

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

VERIFICADOR: (b)(6)
ID (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

-

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

-(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

-(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

NO CONSTA NINGUNA ANOTACION

Extendida el día veintiocho de junio 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)

Yasenia Sioneth , Cabrera Urízar

Registrador Civil de las Personas

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

Este certificado fue impreso en papel bond el día veintiocho de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002493

Supplemental TB Screening

Resident: (b)(6) (b)((b)(6) (b)(6)
Effective Date: 07/12/2016 13:48
Location: (b)(6)
Initial Admission: 07/12/2016
Admission: 07/12/2016
A#: (b)(6)
Date of Birth: (b)(6) 1999
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   07/14/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   Soutwest 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
   07/14/2016
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
   07/14/2016
9. Findings
   - a. Normal
   - b. Abnormal

002494

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6)
(b)(6)

10. TB Determination

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

11. Additional Information

(b)(6)

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Smith, Elicia (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cdb964ab90d4310bd202c084b7e6097-Smith, Elic>"; "Sanchez, Alex (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d14270dd29fb4f60be27d1342fb04992-Sanchez, Ma>"; "(b)(6) @tumbleweed.org>"; (b)(6) @tumbleweed.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)((b)((b)(6) MOUNTAIN VIEW
Date:	2016/07/07 18:26:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) Ordoñez with a verified DOB (b)(6) 1998.

Medical Information:

(b)(6)

Contact information to make transfer arrangements:

(b)(6)
Case Manager
Tumbleweed, Casa de Sueños
3707 N. 7th St., Suite 305
Phoenix, AZ 85014
Phone: (b)(6)
E-fax: 1-888-351-0391

ORR is requesting this person be transferred to adult custody.

Myriam Hillin, MA-MSPC

Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, July 07, 2016 3:04 PM
To: Hillin, Myriam (ACF)
Cc: Smith, Elicia (ACF); Sanchez, Alex (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(
Importance: High

Dear Myriam,

Please contact ICE and have this individual transferred in to their custody.

Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Thursday, July 07, 2016 3:01 PM

To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(
Importance: High

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed individual with a verified DOB(b)(6) /1998.

Medical Information:

(b)(6)

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Smith, Elicia (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cdb964ab90d4310bd202c084b7e6097-Smith, Elic>"; "Sanchez, Alex (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d14270dd29fb4f60be27d1342fb04992-Sanchez, Ma>"; (b)(6) @tumbleweed.org>"; (b)(6) y@tumbleweed.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
Sent Date:	2016/07/07 18:27:20
Delivered Date:	2016/07/07 18:26:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 7, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: Tumbleweed Mountain View

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

SUBJECT: Age Re-Determination of an Adult

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

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Tumbleweed Mountain View in Phoenix, Arizona on May 26, 2016 as a juvenile as a result of Mr. (b)(6) Ordoñez providing to apprehending officials a date of birth different from what the Guatemalan consular verification has now determined is Mr. (b)(6) (b)(6) correct date of birth.

Upon placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it was not immediately apparent that Mr. (b)(6) (b)(6) could be overage and therefore Case Manager began the reunification process with a reported cousin of Mr. (b)(6) (b)(6) who resides at (b)(6) (b)(6), phone number (b)(6)

On June 6, 2016, Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father (b)(6) (b)(6) who resides in Guatemala and who faxed to Case Manager a copy of the formal document showing a date of birth of (b)(6) 1998. As the document was missing the RENAP identifying codes and had a different date of birth of the one provided by Mr. (b)(6) at the time of apprehension then the Case Manager submitted the document for further verification to the Los Angeles Guatemalan Consulate.

On July 5, 2016 Guatemalan Consular Assistant Ms. (b)(6) (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives, (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6) 1998.**

Case Manager then immediately initiated the age determination process following ORR policy and procedures which establish that HHS may make age determinations of UC when there is a reasonable suspicion that the UC is 18 years or older.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by his father and from the date Mr. (b)(6) (b)(6) himself provided at the time he was apprehended. Mr. (b)(6) (b)(6) informed that he believed his date of birth to be (b)(6), 1999 because that is the date his mother always told him was his date of birth.

Case Manager then contacted Mr. (b)(6) (b)(6) who reported that he sent the only copy of the birth certificate he had for his son.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including information from another local or foreign government such as a consular agency to verify the veracity of the documents presented by his citizens and whom HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) birth certificate and the verification of the correct date of birth and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) is 18 years old and 6 months.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence and therefore Mr. (b)(6) (b)(6), now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002502

(b)(6)

Renap

Registro Nacional de las Personas

República de Guatemala

Tecpán Guatemala, Chimaltenango

Registro Civil de las Personas

Certificado de Nacimiento

El Infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha veinte de enero de mil novecientos noventa y ocho en la partida (b)(6), del folio (b)(6) y libro (b)(), fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, Chimaltenango, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

002503

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha veinte de enero de mil novecientos noventa y ocho en la partida (b)(6) del folio (b)(6) y libro (b)(6) fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, Chimaltenango, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

EGARCIA264
27/07/2011 10:32:20 p.m.
ECORTEZ26

Trabajando con la población para garantizar su identidad

www.renap.gob.gt

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)

Registro Civil de las Personas
Certificado de Defunción

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) Departamento de Chimaltenango,

CERTIFICA

que con fecha veintiséis de agosto de dos mil catorce, en el Registro Civil del Municipio de (b)(6) Departamento de CHIMALTENANGO, quedó inscrita la defunción No. 1954 de:

1 (b)(6)
Código Único de Identificación (CUI) No.

Datos del Difunto

(b)(6)
Nombres y apellidos del difunto

44 Años (b)(6) (b)(6) Femenino Casado
Edad DPI Género Estado civil

(b)(6)
Profesión

Guatemala, Chimaltenango, (b)(6)
País, Departamento, Municipio de nacimiento

- (b)(6)
Nombres y apellidos del cónyuge

Datos de la Defunción

(b)(6) de dos mil catorce 18:00
Fecha de defunción Hora de defunción

Guatemala, Chimaltenango, Tecpán Guatemala, Caserío Chipococ
Lugar de defunción

Choque Septico
Causa A

Causa B

Causa C

Causa D

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

(b)(6)

Datos de los padres

(b)(6)
Nombres y apellidos de la madre

(b)(6)
Nombres y apellidos del padre

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día treinta de mayo 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)

Marta Lidia , Mindiz Tinuar
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS 2 RENAP Región Guatemala Chimaltenango Oficina No. 204

Este certificado fue impreso en papel bond el día treinta de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1515.

KIDS KARE PEDS & FAMILY KARE PC
521 W THOMAS ROAD SECOND FLOOR
PHOENIX, AZ 850134241
Phone:(602)254-0390 **Fax:**(888)846-8757

Date	PATIENT	ACCOUNT #
07/05/2016	(b)(6) (b)(6) (b)(6) (b)(6) (b)(6)/1999 Male	(b)(6)

Vitals

Weight	HT	Pulse	Respirations	Temp	HC	BP Systolic	BP Diastolic	BMI	Birth Wt	KG	Pulse Ox	LMP
132.37	62	80	20	98.1		116	70	24.2		60.168		

PROBLEMS

Prescribed

Sulfamethoxazole/Trimethoprim 800 MG-160 MG Tablet
Take 1 tab po BID x 5 days

Ordered

Injections

Note

KIDS KARE PEDIATRICS-DESERT SKY
07/05/2016

Insurance Plan Name: INS HEALTH SERVICES IMMIGRATION **ID #**(b)(6)

Provider: (b)(6) PA

Patient Accompanied By: medical coordinator (b)(6)

CC: f/u on Abcess

HPI: (b)(6)
06/29/16. Guardian states pt is continuing to take the Sulfamethoxazole has 3 days left. Pt states he no longer feels any pain on his leg. Denies f/v/d/c. No new concerns today. Sick contacts at home: No . Non-smoking home All ROS otherwise negative.

Medications: Sulfamethoxazole/Trimethoprim 800 MG-160 MG Tablet Take 1 tab po BID x 10 days Quan:20 Refill: 0

Allergies: No Known Drug Allergies

Immunizations: reviewed and UTD

Health Maintenance: health maintenance reviewed and utd

PMH PEDIATRIC:

No Medical Conditions .
Pediatric Surgical History:
No Prior Surgeries .
Pediatric Social History:
Lives in Shelter TUMBLEWEED
No Domestic Violence at Home .
Patient has No Problems with Bulling .
Not Exposed to Second Hand Smoke .
No Pets Present in Home .
Patient is enrolled in Regular Classes .

Review of Systems: As per HPI

Exam:
Vitals: Vitals: Weight:132.37, HT:62, Pulse:80, Respirations:20, Temp:98.1, BP Systolic:116, BP Diastolic:70, BMI:24.2, KG:60.168

General: Well nourished 16 Years Male in no acute distress. WNWD, alert, active, and oriented.
Skin: Normal with no rashes, lesions, or unusual pigmentation
Head: Normocephalic, atraumatic, normal hairline, normal hair texture, skull intact
Eyes: No swelling or ptosis of lids, sclera white & conjunctiva clear, gaze appears conjugate without obvious nystagmus. PERLA, EOMI.
Ears: Tympanic membranes are pearly gray with normal landmarks.
Nose: No nasal discharge
Mouth/Pharynx: No oral lesions; mucous membranes moist; normal pharynx; tonsils not enlarged without exudate; tongue normal size and color
Neck: Neck essentially supple, non-tender without lymphadenopathy, masses or thyromegaly.
Cardiovascular: Regular rate and rhythm, no murmurs or extra sounds, normal S1, S2
Respiratory: Clear to auscultation without rales, rhonchi, wheezing or diminished breath sounds. Non-labored breathing.
Chest: Symmetrical; no retractions
Gastrointestinal: Positive bowel sounds. Soft, nondistended, nontender. No guarding or rebound tenderness. No masses.
Neurological: Grossly intact
Extremities: Benign with no obvious lesions or edema. No deformities. FROM.

Assessment:

Diagnosis: Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm (Z09)
cellulitis of right lower limb (L03.115) (RESOLVING)

Procedures: None

Office visit level: +99213 estab pt expanded problem focused

Immunizations: None needed at this time

Plan:

Observation. Education, reassurance and supportive care provided

Age appropriate guidance given

Anticipatory guidance according to age given to caregiver

Routine Instructions: Cause and course discussed, Medications side effects reviewed, To ER if worse, drink plenty of fluids, eat healthy, monitor fever

Pt verbalizes understanding & agreement with plan of care. All questions were addressed & answered at today's

Patient education given

Prescription: Sulfamethoxazole/Trimethoprim 800 MG-160 MG Tablet Take 1 tab po BID x 5 days Quan:10 Refill: 0

Internal Labs: None Referral to: None

Return to Clinic prn, at next WCE

Provider: (b)(6), PA
Electronically signed by

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KIDS KARE PEDS & FAMILY KARE PC
521 W THOMAS ROAD SECOND FLOOR
PHOENIX, AZ 850134241
Phone:(602)254-0390 **Fax:**(888)846-8757

Date	PATIENT	ACCOUNT #
05/27/2016	(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) 1999 Male	(b)(6)

Vitals

Weight	HT	Pulse	Respirations	Temp	HC	BP Systolic	BP Diastolic	BMI	Birth Wt	KG	Pulse Ox	LMP
122.5	62	80	20	98.0		110	74	22.4		55.682		

PROBLEMS

Prescribed

Ordered

Injections

HIV

Note

AHCCCS EPSDT Tracking Form 13-17 Years

(b)(6), PA **Insurance Plan Name:** INS HEALTH SERVICES IMMIGRATION **ID#** (b)(6)

Accompanied by (name): (b)(6) **Relationship:** MEDICAL COORDINATOR

Vision Chart Exam				Audiometry
OD20/40	OS20/50	OU20/70	Unable to perform?	WNL Yes
Corrected? No				Unable to perform?

Parental/Patient Concerns/History:

Chief Complaint: 16 Years old Male here for 16 YR WCC
Pt is from Guatemala. Pt is eating well, drinking water. Pt is voiding well, having regular BM, denies constipation. Pt has never been sexually active. Pt is sleeping well. Denies asthma or allergies. Pt denies any present symptoms.

Medications: NO EXTERNAL MEDICATIONS

Allergies: No Known Drug Allergies

Vitals: Vitals: Weight:111, KG:50.455

PMH PEDIATRIC:

No Medical Conditions .
Pediatric Surgical History:
No Prior Surgeries .
Pediatric Social History:
Lives in Shelter TUMBLEWEED
No Domestic Violence at Home .
Patient has No Problems with Bulling .
Not Exposed to Second Hand Smoke .
No Pets Present in Home .
Patient is enrolled in Regular Classes .

Health Risk Assessment:

Dental Screen: If listed indicates guidance was given:
Brushing 2x/ Flossing daily , Dental appointment , White spots on teeth

Nutritional Screening: If listed indicates guidance given:
Nutritionally balanced diet, Junk food, Soda/juice, Supplements

Development Screening: If listed indicates accomplishments:
Middle adolescence, School attendance , Reading at grade level , Dating, Sexuality/orientation, Risk taking (learning to drive 15 to 17 years) , other

Age Appropriate Education and Guidance: If listed indicates guidance given:
Sports/injury prevention , Drowning/sun safety , Nutrition/exercise, Safe at home , Seat belt/air bags , Sex education/STD/resources, Self control, Peer refusal skills , Bullying , Violence prevention/gun safety , Depression/anxiety , Tobacco/alcohol/drugs/RX drugs/inhalants, Education goals/activities , Social interaction , Sexual orientation/dating , Risks of tattoos/piercing , Availability of family planning services, After school activities/supervision , Other

Behavioral Health Screen:
Comfortable body image, Other

Comprehensive Physical Exam:

	WNL	Abnormal (See notes below)		WNL	Abnormal (See notes below)
Skin/Hair/Nails	Normal		Lungs	Normal	
Eyes/Vision	Normal		Abdomen	Normal	
Ear	Normal		Genitourinary Tanner stage_____	Normal	
Mouth/Throat/Teeth	Normal		Extremities	Normal	
Nose/Head/Neck	Normal		Spine	Normal	
Heart	Normal	no murmur	Neurological	Normal	

Assessment/Plan/Follow Up:
Est: **New:** +99384

DX: encounter for routine child health examination with abnormal findings (Z00.121) low vision, both eyes (H54.2)

The patient and family was counseled today about the vaccine/vaccine's and the administration of the vaccine/vaccine's.
No

IMAGING/LABS ORDER:
Imaging: Chest X-ray

HIV

IMMUNIZATIONS: If listed indicates ordered: Parent refuses: No
Pt. needs immunization today No WILL RETURN NEXT WEEK FOR IMMUNIZATIONS

Procedures: Vision Exam +99173, Tympanometry +92567

REFERRALS: Referral to: None

Plan:
Observation. Education, reassurance and supportive care provided

Age appropriate guidance given. Anticipatory guidance according to age given to caregiver

Healthy appearing w/ normal growth & development. Age appropriate guidance given to parent. Vaccs updated. Next WCC in 1 year.

Pt's caregiver verbalizes understanding & agreement with plan of care. All questions were addressed & answered at today's visit. xt WC in .

Patient education given
PRESCRIPTIONS: None needed at this time

Return to Clinic prn, at next WCE

(b)(6), PA
Electronically signed by

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KIDS KARE PEDS & FAMILY KARE PC
521 W THOMAS ROAD SECOND FLOOR
PHOENIX, AZ 850134241
Phone:(602)254-0390 **Fax:**(888)846-8757

Date	PATIENT	ACCOUNT #
05/31/2016	(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /1999 Male	(b)(6)

Vitals

Weight	HT	Pulse	Respirations	Temp	HC	BP Systolic	BP Diastolic	BMI	Birth Wt	KG	Pulse Ox	LMP
122.37	62	84	20	96.3		120	72	22.4		55.623		

PROBLEMS

Ordered

Prescribed

Injections

Hep A, ped/adol, 2 dose
Hepatitis B vaccine, pediatric/adolescent dos
Tdap
IPV
Meningococcal MCV4O
Pneumococcal conjugate PCV 13
varicella
MMR
HPV9
Influenza virus vaccine, quadrivalent, split
PPD intradermal

Note

Nurse Visit - immunization

KIDS KARE PEDIATRICS-DESERT SKY
05/31/2016

Insurance Plan Name: INS HEALTH SERVICES IMMIGRATION ID # (b)(6)

Provider: (b)(6) **, PA**

Patient Accompanied By: MEDICAL COORDINATOR: (b)(6)

Allergies: No Known Drug Allergies

Reason for Visit: on alternative vaccine schedule

Vitals : Vitals: Weight:122.37, HT:62, Pulse:84, Respirations:20, Temp:96.3, BP Systolic:120, BP Diastolic:72, BMI:22.4, KG:55.623

—

Immunizations/Injection given: Hep A, ped/adol, 2 dose
Hepatitis B vaccine, pediatric/adolescent dos
Tdap
IPV
Meningococcal MCV4O
Pneumococcal conjugate PCV 13
varicella
MMR
HPV9
Influenza virus vaccine, quadrivalent, split
PPD intradermal

–

DIAGNOSIS : Hep B +90744 Encounter for immunization (Z23) NDC:
, IPV +90713 Encounter for immunization (Z23) NDC:
, PCV-13 +90670 Encounter for immunization (Z23) NDC: , HEP A+90633) «+ICD10(Encounter for immunization|Z23 NDC: , MMR +90707 Encounter for immunization (Z23) NDC: , Varicella +90716 Encounter for
immunization (Z23) NDC: , PPD +86580 encounter for screening for respiratory tuberculosis (Z11.1) NDC: ,
TDaP +90715 Encounter for immunization (Z23) NDC: , MCV-4 +90734 Encounter for immunization (Z23) NDC: ,
HPV 9 +90651 Encounter for immunization (Z23) NDC: , Flu 36mo-18yr +90686 Encounter for immunization (Z23)
NDC:

Assessment:
Office visit level: +99211 +90460

Electronically signed by

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002514

Arizona Department of Health Services

Childhood/Adolescent Immunization Administration Record

Practice Name: Kids Kare Pediatrics

Address: 521 W. Thomas Rd. 2nd Floor, Phoenix, AZ 85013

Patient Name: (b)(6) **Birth Date:** (b)(6) 99 ☒ M ○ F

Address (b)(6) **City:** (b)(6) **State:** (b)(6) **Zip:** (b)(6)

Parent, Guardian, or vaccine recipient - Please read and initial.

Initials	
EF	**Statement 1:** I have read or have had explained to me the information contained in the Vaccine Information Statements (VISs) about the following disease(s) and vaccine(s): Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella singly or in combination, *Haemophilus Influenzae* type b, Hepatitis A, Hepatitis B, Varicella, Pneumococcal, Meningococcal, Rotavirus, Human Papillomavirus, and Influenza. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated on this form be given to me or the person named on this health record for who I am authorized to make this request.
EF	**Statement 2:** I agree to allow the health care provider giving vaccinations to release information about all vaccinations given to me, or to the person for whom I am authorized to consent, to the Arizona State Immunization Information System (ASIIS), other health care providers and schools in order to avoid receiving unnecessary vaccinations and to provide information about what immunizations have been received. I understand that I am not required to agree to the release of this information in order to receive the vaccinations I request.
	"If I do not wish this record to be included in ASIIS, I have the option of crossing out the above boxed statement and initialing it."

TB Skin Test	Date Given	Provider Signature	Date Read	Result	TB Skin Test	Date Given	Provider Signature	Date Read	Result
	5/21/16	KKP	6/2/16	Negative MJ Lara RN					

Important Websites:

Childhood & Adolescent IZ Schedule/Catch Up Schedule: ..... http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Vaccine Information Statements (English & 32 other languages) ..... http://www.immunize.org/vis

Screening forms:

(English) ..... http://www.immunize.org/clinic/screening-contraindications.asp

(Spanish) ..... http://www.immunize.org/clinic/screening-contraindications.asp

Arizona Child Care and School IZ Requirements ..... http://azdhs.gov/phs/immunization/school-childcare/requirements.htm

002515

From: GFI FaxMaker To: (b)(6) Page: 1/1 Date: 5/27/2016 3:10:21 PM

Marquis Diagnostic Imaging - Phoenix
2830 N 3rd St
Phoenix, AZ 85004
Phone: 602-274-1919
Fax: 602-274-0804

Patient Name: (b)(6) (b)(6) Date of Birth: (b)(6) /1999

Referring Physician: (b)(6), PA Date of Exam: 05/27/2016

Marquis MRN #: (b)(6) Accession #: (b)(6)

Exam: **XR Chest Single View**

XRAY REPORT
EXAM: Chest
INDICATIONS: R/O TB
ADDITIONAL CLINICAL DATA:
COMPARISON: None
TECHNIQUE: Single view
POTENTIAL STUDY LIMITATIONS: None

FINDINGS:

The cardiomediastinal and hilar contours are normal. Normal pulmonary vasculature. The lung fields and pleural spaces are clear.

No significant osseous abnormalities. Mild S-shaped curvature of the spine.

IMPRESSION:
No definite radiographic evidence of active cardiopulmonary disease.

Interpreted by: Courtney Mitchell, Md
Electronically signed by: Courtney Mitchell, Md

Transcribed by: aa Technologist: TC

cc:

Thank You for Choosing Marquis Diagnostic Imaging

This fax was sent with GFI FaxMaker fax server. For more information, visit: http://www.gfi.com

002516

May-28-2016 Sat 23:02:31 520.546.1239 002/002

Report Status FINAL
Route 1010

Kids Kare Pediatrics & Family Kare
7611 W Thomas Rd
Suite # C064
Phoenix, AZ 85033

(b)(6) **PAC**

Sonora Quest Laboratories™
A Subsidiary of Laboratory Sciences of Arizona

Patient Information:
(b)(6)
Order # : (b)(6)

Account: (b)(6)
ID/ MR# :
Patient Lab ID: (b)(6)

Collected: 05/27/2016
Received: 05/28/2016 00:24 AM
Reported: 05/28/2016 11:00 PM

DOB: (b)(6) **/ 1999** Age: 16Y-5M-2D
Gender: M
Patient Phone: 602-281-6230

TEST	RESULTS	REFERENCE RANGES	UNITS	PL
INFECTIOUS DISEASE				
HIV 1/ 2 Ag and Abs, Fourth Generation, w/ Reflexes*				
HIV 1/2 Screen (CHIV)	Nonreactive	Nonreactive		
*HIV 1/2 Ag and Abs, Fourth Generation, w/Reflexes:	Negative for HIV-1 antigen and HIV-1/HIV-2 antibodies. No laboratory evidence of HIV infection.			

Tests Ordered: HIV 1/ 2 Ag and Abs, Fourth Generation, w/ Reflexes

Unless otherwise noted, testing performed by: Sonora Quest Laboratories, 1255 W. Washington St., Tempe, AZ 85281 800.766.6721

End of Report

COBOXORDONEZ, JOAN Order # : (b)(6) **- FINAL Report**

L= Low, H= High, C= Critical Abnormal, CL= Critical Low, CH= Critical High, * = Comment

Distribution # (b)(6)

Autolims Version 3.3.6 On 05/28/2016

All Rights Reserved NoTLMS

Name: 002517 (b)(6)

Date of Birth: (b)(6) /99

Type of Vaccine	1st Mo/Day/Yr	2nd Mo/Day/Yr	3rd Mo/Day/Yr	4th Mo/Day/Yr	5th Mo/Day/Yr
(DTaP/DT) Diphtheria, Tetanus, Pertussis	/ /	/ /	/ /	/ /	/ /
Signature of Provider					
(IPV) Polio	5/31/16	/ /	/ /	/ /	/ /
Signature of Provider	KKP				
(Hib) *Haemophilus influenzae type B*	/ /	/ /	/ /	/ /	Notes:
Name of Hib Manufacturer					
Signature of Provider					
(PCV) Pneumococcal Conjugate	5/31/16	/ /	/ /	/ /	
Signature of Provider	KKP				
(Hep B) Hepatitis B	5/31/16	/ /	/ /	/ /	
Signature of Provider	KKP				
(Hep A) Hepatitis A	5/31/16	/ /	/ /		
Signature of Provider	KKP				
(RV) Rotavirus	/ /	/ /	/ /		
Name of RV Manufacturer					
Signature of Provider					
(MMR) Measles, Mumps, Rubella	5/31/16	/ /	/ /		
Signature of Provider	KKP				
(VAR) Varicella ✓☐ box if Hx of chickenpox	5/31/16	/ /	/ /		
Signature of Provider	KKP				
(Flu) Influenza	5/31/16	/ /	/ /	/ /	
Print Live or Inactivated	Inactive				
Signature of Provider	KKP				
(HPV) Human Papilloma Virus	5/31/16	/ /	/ /	/ /	
Name of HPV Manufacturer	Merck				
Signature of Provider	KKP				
(Td) Tetanus, Diphtheria	/ /	/ /	/ /	/ /	
Signature of Provider					
(Tdap) Tetanus, Diphtheria, Pertussis	5/31/16	/ /			
Signature of Provider	KKP				
(MCV) Meningococcal Conjugate	5/31/16	/ /			
Signature of Provider	KKP				
(PPV23) Pneumococcal Polysaccharide	/ /	/ /			
Signature of Provider					
Other:	/ /	/ /			
Signature of Provider					
Other:	/ /	/ /			
Signature of Provider					

	Date	Result	Provider
Newborn Screen			
TB Skin Test	5/31/16	0mm	KKP

LIRC3000 (08/10)

OMB Control No: 0970-0466
Expiration date: 11/30/2018

Initial Medical Exam

General Information (to be completed by program staff)

Child

Last name: (b)(6) First name: (b)(6)

DOB: (b)(6) 99 A#: (b)(6) Gender: Male

Healthcare Provider

Name: (b)(6) MD / DO / (PA) / NP Phone number: 602-254-0390 Clinic or Practice: Kids Kare Pediatrics

Street address: (b)(6) City or Town: (b)(6) State: (b)(6) Date of visit: 5/27/16

Program

Name of program staff with child: (b)(6) MC Program name: Tumbleweed Desert Cove

History and Physical (to be completed by provider)

Vital Signs

T (C°): 36.7°C HR: 80 BP (≥ 3 years): 110/74 RR: 20 Ht (cm): 157.5cm Wt (kg): 55.7kg

Allergies

☑ Check if none

☐ Food, specify: ☐ Medication, specify: ☐ Other, specify:

Vision (≥ 5 years)

	Right Eye	Left Eye	Both eyes
Corrected	20 /	20 /	20 /
Uncorrected	20 /40	20 /50	20 /70

Medical History

Concerns expressed by child or caregiver: ☑ No concerns

Past medical history (include surgeries and hospital admissions):

Family History:

Reproductive History: LMP: ____/____/_____ or ☑ N/A Previous pregnancy: G _____ P _____ or ☑ N/A

Review of Systems (ROS)

Check all applicable signs and symptoms and enter the date each began:

☑ No abnormal findings		☐ Pain, location: _____	___/___/___
☐ Fever (>37.8 C°) or chills	___/___/___	☐ Red eyes	___/___/___
☐ Runny nose	___/___/___	☐ Sore throat	___/___/___
☐ Cough	___/___/___	☐ Difficulty breathing/Shortness of breath/ Wheezing	___/___/___
☐ Nausea	___/___/___	☐ Vomiting	___/___/___
☐ Diarrhea	___/___/___	☐ Neck stiffness	___/___/___
☐ Headache	___/___/___	☐ Confusion/Altered mental status	___/___/___
☐ Dizziness	___/___/___	☐ Neurologic symptoms	___/___/___
☐ Skin lesions or rash	___/___/___	☐ Yellow skin or eyes	___/___/___
☐ Swollen glands	___/___/___	☐ Unusual bleeding	___/___/___
☒ Other, specify: Low vision			5/27/16

OMB Control No: 0970-0466
Expiration date: 11/30/2018

Physical Examination

Check each system to indicate if normal or abnormal. If abnormal, describe. Leave blank if not evaluated:

System	Normal	Abnormal
General appearance	☑	☐ Specify:
HEENT	☑	☐ Specify:
Neck	☑	☐ Specify:
Heart	☑	☐ Specify:
Lungs	☑	☐ Specify:
Abdomen	☑	☐ Specify:
GU/GYN	☑	☐ Specify:
Extremities	☑	☐ Specify:
Abdomen	☑	☐ Specify:
Back/Spine	☑	☐ Specify:
Neurologic	☑	☐ Specify:
Skin (include tattoos)	☑	☐ Specify:
Other: _____	☐	☐ Specify:

Psychosocial Risk

In each section, place a check next to each reported condition/history/behavior & describe where applicable:

Mental Health (Over the past 3 months) ☑ Check if no concerns

- ☐ Feels empty, hopeless, sad, numb more often than not
- ☐ Feels constantly worried, anxious, nervous more often than not
- ☐ Experiences mood swings, from very high to very low
- ☐ Reliving traumatic events from the past
- ☐ Feels easily annoyed or irritated
- ☐ Feels afraid, easily startled, jumpy
- ☐ Has trouble concentrating, restless, too many thoughts
- ☐ Has trouble eating, sleeping
- ☐ Feels helpless
- ☐ Feels like hurting others
- ☐ Feels like hurting self, would be better off dead
- ☐ Other concerns:

Physical Abuse History ☑ Check if physical abuse is denied

☐ Victim of physical abuse, specify who/when/where: _____ ☐ In home country ☐ During journey to U.S.

Sexual Activity/Abuse History ☑ Check if sexual activity or abuse are denied

- ☐ Consensual sexual activity (oral/vaginal/anal)
- ☐ Sexual abuse, specify who/when/where: _____ ☐ In home country ☐ During journey to U.S.
- ☐ Previous STD, specify: _____

Substance Abuse ☑ Check if substance use is denied

☐ IVDU: ☐ Alcohol: ☐ Tobacco: ☐ Other:

Laboratory Testing

Ordered	Test	Indicators	Result: Positive	Result: Negative	Result: Indeterminate
☐	Flu, rapid	Fever + cough or sore throat	☐	☐	☐
☑	HIV	≥13 yrs or Sexual activity/abuse	☐	☑	☐
☐	Pregnancy	≥10 yrs or Sexual activity/abuse	☐	☐	☐
☐	Lead (positive ≥5 mcg/dl)	6 mos - 6 yrs	☐	☐	☐
☐	Hepatitis B surface antigen	Sexual activity/abuse, IVDU	☐	☐	☐
☐	Hepatitis C antibody	IVDU	☐	☐	☐
☐	Syphilis RPR/VRDL	Sexual activity/abuse	☐	☐	☐
☐	Chlamydia NAAT	Sexual activity/abuse	☐	☐	☐
☐	Gonorrhea NAAT	Sexual activity/abuse	☐	☐	☐

TB Screening (Use Supplemental TB Screening form for result documentation)

Has child ever been a close contact to someone with ***active*** TB disease? ☑ No ☐ Yes, specify:

Has child ever been treated for ***active*** TB disease? ☑ No ☐ Yes, specify:

Has child ever been treated for ***latent*** TB infection? ☑ No ☐ Yes, specify:

TB screening method ordered: ☑ TST In clinic ☐ IGRA ☑ CXR ☑ Was or will be tested elsewhere

OMB Control No: 0970-0466
Expiration date: 11/30/2018

Assessment and Plan

Assessment: Check all that apply. If "Other" is selected, specify in the space provided.

☑ **Well-child** (Only check if no other condition present)

General/Constitutional
- ☐ Dehydration
- ☐ Allergy (drug reaction, food allergy, etc.)
- ☐ Malnourished
- ☐ Other: _____

HEENT
- ☐ Headache/migraine
- ☐ Vision issues
- ☐ Hearing issues
- ☐ Other: _____

Respiratory/Pulmonary
- ☐ Asthma
- ☐ Influenza or influenza-like illness (ILI)
- ☐ Upper/lower respiratory illness (not ILI)
- ☐ Other: _____

Cardiovascular
- ☐ Heart murmur
- ☐ Syncope/fainting
- ☐ Other: _____

Gastrointestinal
- ☐ Gastroenteritis
- ☐ Heartburn/reflux
- ☐ Intestinal parasites (e.g., tapeworms)
- ☐ Other: _____

Genito-urinary/Reproductive
- ☐ Childbirth
- ☐ Pregnancy/pregnancy-related
- ☐ Urinary tract infection
- ☐ Other: _____

Neurological
- ☐ Developmental delay
- ☐ Seizure/epilepsy
- ☐ Other: _____

Skin and Hair
- ☐ Lice
- ☐ Scabies
- ☐ Dermatitis/rash (not acne)
- ☐ Cellulitis
- ☐ Other: _____

Potentially Reportable Infectious Disease
- ☐ Acute hepatitis A
- ☐ Acute/chronic hepatitis B
- ☐ Acute/chronic hepatitis C
- ☐ Chikungunya
- ☐ Chlamydia
- ☐ Dengue
- ☐ Gonorrhea
- ☐ HIV
- ☐ Malaria
- ☐ Measles
- ☐ Mumps
- ☐ Pertussis
- ☐ Rubella
- ☐ Sepsis/Meningitis
- ☐ Syphilis
- ☐ TB
- ☐ Typhoid fever
- ☐ Varicella
- ☐ Viral hemorrhagic fever, specify: _____
- ☐ Other: _____

Abuse
- ☐ Sexual
- ☐ Physical
- ☐ Other: _____

Injury
- ☐ Fracture
- ☐ Other: _____

☐ **Other, Medical:** _____

Behavioral and Mental Health Concerns
- ☐ ADHD/ADD
- ☐ Adjustment disorder
- ☐ Anxiety disorder
- ☐ Bipolar disorder
- ☐ Borderline personality disorder
- ☐ Depressive disorder
- ☐ Panic disorder
- ☐ PTSD
- ☐ Schizophrenia
- ☐ Self-injury/cutting
- ☐ Suicide ideation/attempt
- ☐ Other: _____

Plan: Check all that apply and specify in the space provided.

Return to clinic:
- ☐ PRN/As needed
- ☐ Follow-up (specify condition, timing): _____

☐ Referred to specialist/counselor: _____

☐ Prolonged treatment/therapy (e.g., physical therapy): _____

☐ New/Current medications (specify name, reason, date started, dose, and directions and check if psychotropic):
1. _____ ☐ Psychotropic
2. _____ ☐ Psychotropic
3. _____ ☐ Psychotropic

☑ Immunizations given/validated from foreign record (Please ensure that shelter staff receive a copy of the immunization record)

☐ List immunizations not given due to medical contraindication: _____

☑ Age-appropriate anticipatory guidance discussed and/or handout given

☐ Other: _____

Additional Information: Low vision w/o complaint. Recommend vision further testing when pt ~~No additional Information~~ is reunified w/ family.

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 8 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.

002521

OMB Control No: 0970-0466
Expiration date: 11/30/2018

Supplemental TB Screening

General Information (to be completed by program staff)

Child	Last name: (b)(6)	First name: (b)(6)		
	DOB: (b)(6) 199	A#: (b)(6)	Gender: Male	
Healthcare Provider or Health Dept.	Name: (b)(6), PA 2nd	Phone number: 602-254-0390	Clinic/Practice: Kids Kare Pediatrics	
	Street address: (b)(6)	City/Town: (b)(6)	State: (b)(6)	Date of visit: 5/27/16
Program	Name of program staff with child: (b)(6) MC	Program name: Tumbleweed Mountain View		

Medical Info (to be completed by provider's office or health dept.)

PPD/Tuberculin skin test (TST):	**Date applied:** 5/31/16 **Date read:** 6/2/16 **Result:** 0 mm **Interpretation:** ☐ Positive ☒ Negative
TB blood test (Interferon-Gamma Release Assay [IGRA]):	**Date drawn:** ___/___/___ **Test Type:** ☐ QuantiFERON®-TB Gold In-Tube test (QFT-GIT) ☐ T-SPOT®.TB test (T-Spot) **Result:** ☐ Positive ☐ Negative ☐ Borderline/ Equivocal/ Indeterminate
Chest x-ray:	**Date:** 5/27/16 **Findings:** ☑ Normal ☐ Abnormal
TB Determination:	☑ Negative for TB condition ☐ Latent tuberculosis infection (LTBI) ☐ Active TB suspected
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.

002522

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-07

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	Ordoñez	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1998

País, departamento y municipio de nacimiento:

GUATEMALA	CHIMALTENANGO	TECPÁN GUATEMALA

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
		(b)(6)	(b)(6)

Comunidad Lingüística:

Español

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) (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	CALIFORNIA	LOS ANGELES

Entrega de documento (Courier/consulado):

CONSULADO: LOS ANGELES

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.

Evelin García

VICECÓNSUL

Firma titular

Firma cónsul u operador

CONSULADO GENERAL DE GUATEMALA · LOS ANGELES, E.U.A. ·

© 2012 Registro Nacional de las Personas

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; '(b)(6);(b)(7)(F) @ice.dhs.gov>"; '(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; '(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT-AGE REDETERMINATION (b)(6 (b)(6 (b)(6) (b)(6) AKA (b)(6 (b)(6 (b)((b)(6) (b)((b) (b)(6) CASA PHOENIX
Date:	2016/07/25 18:08:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find an approved memo of age redetermination for the above listed individual with a verified DOB (b)(6) 1997. This person has no medical needs identified.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)
Myriam.Hillin@acf.hhs.gov

From: C(b)(6)@swkey.org]
Sent: Sunday, July 24, 2016 3:47 PM
To: Hillin, Myriam (ACF)
Cc: (b)(6) (b)(6) 922 CaseManagementLeads; (b)(6) s@gdit.com
Subject: ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6) ,SWK CASA PHOENIX
Importance: High

Hello Myriam,

I am providing all the documentation for minor mentioned above that helped determine that the minor is over age I will be including the following:

§ Birth Certificate-(b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6)
§ Altered Birth Certificate- (b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6)
§ TB- (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)
§ Statement- (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6) Photo- Last Name, First Name A#
§ ORR Memo of Age Redetermination (b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6)
If any other documents are needed please let me know.

Thank you,

(b)(6) BSW
Case Manager
Southwest Key Programs
Casa Phoenix 922
Email:(b)(6)@swkey.org
Phone: 602 396 7040 EXT:(b)(6)
Fax: (480) 452-1455
Sunday-Thursday: 9am-5pm

1455658092830_Southwest

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>";

	[redacted]@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/25 18:10:35
Delivered Date:	2016/07/25 18:08:00

southwest key
programs

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6 (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 30, 2016 as a juvenile as a result of Mr. (b)(6) knowingly taking his younger's brother's identity upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager Aid, (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) could be overage. Case Manager (b)(6) requested a copy of Mr. (b)(6) birth certificate from his mother (b)(6), (b)(6) (b)(6) who resides in Guatemala. Case Manager (b)(6) then proceeded to immediately verify the document with the official website RENAP site and the document returned as a valid birth certificate.

Case Manager (b)(6) requested that the Phoenix Guatemalan Consulate interview Mr. (b)(6) on July 14, 2016 as it was apparent to Case Manager that Mr. (b)(6) appeared to be overage. Guatemalan Consular Assistant, Ms. (b)(6) emailed on July 15, 2016 to ORR the results of their interview and verified information obtained from verified birth certificate provided.

On July 13, 2016 Mr. (b)(6) (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 Mr. (b)(6) has reached his 18th birthday expressed as a percentage is 87%"**. "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".

On July 17, 2016 Case Manager spoke to Mr. (b)(6) mother (b)(6) (b)(6) (b)(6) who reported that (b)(6) is who he says he is, and that (b)(6) date of birth is (b)(6), 2001 and that the document she provided is a legitimate document and would be willing to provide any additional documentation needed.

On July 24, 2016 Case Manager, learned that Mr. (b)(6) (b)(6) has a 19 year old brother named (b)(6) Case Manager then contacted Mrs. (b)(6) for information on (b)(6) (b)(6) (b)(6) Mrs. (b)(6 stated that (b)(6 was also her son and (b)(6) older brother. Case manager informed Mrs. (b)(6 that she believed that the person in care at SWK Casa Phoenix was (b)(and not (b)(6) Mrs. (b)(6) then admitted that the person in care at SWK Casa Phoenix was her son (b)(6 with a true date of birth (b)(6) 1997. Mrs. (b)(6) informed that it was planned that (b)(6 will migrate to U.S as (b)(6) (b)(6) graduated from high school on December, 2015 and was having a very difficult time finding a job. (b)(6) brother (b)(6) who was acting as sponsor, had the idea back in December after hearing that it would be easier for (b)(6 to come to US as a minor. Mrs. (b)(6)

then stated to being against it at first, but agreed to it after seeing how difficult it was for (b)(to obtain any kind of employment in. She stated that (b)(6 had applied in several banks, offices, and just about anywhere that a high school degree was required. After seeing (b)(6)s lack of luck and frustration she then agreed to support him on his decision.

Case manager (b)(6) gave Mrs. (b)(6) an opportunity to disclose the true identity of her son and Mrs. (b)(6) immediately informed Case Manager that her son's correct name is (b)(6 (b)(6) (b)(6) (b)(6) with a correct date of birth (b)(6) 1997 and she faxed a document on July 24, 2016 confirming the information. The document was verified with the website RENAP site which returned with a mach.

Case Manager (b)(6) provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the document received and the information he verbally provided about his date of birth and name and Mr. (b)(6) very regretfully admitted that his correct name is (b)(6) (b)(6) (b)(6) (b)(6) and that his **correct date of birth is** (b)(6) **1997** and that he was not honest when he provided the name (b)(6) (b)(6) (b)(6) (b)(6) He added that a friend traveling to US advised him to report that he was a minor and so he reported the date of birth and name of his younger brother instead of his true name and date of birth. After traveling for ten days, Mr. (b)(6) turned himself in to immigration and presents himself as a minor and provided his younger sibling's identity information.

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 (b)(6 (b)(6) (b)(6) (b)(6) and that he is 19 years old.

Along with this Memo ORR is submitting the following documents:

- BC true identity (b)(6 (b)(6) (b)(6) (b)(6
- BC taken identity (b)(6) (b)(6) (b)(6) (b)(6)
- 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) (b)(6) (b)(6) (b)(6) AKA (b)(6 (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002529

Dr. Peter Arvanitis Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date: July 13, 2016
Name: (b)(6) (b)(6) (b)(6) (b)(6)
ID: A #(b)(6)

To Whom It May Concern:

This is in response to South West Key Program's request regarding (b)(6) (b)(6) (b)(6) (b)(6) age determination. (b)(6) (b)(6) (b)(6) (b)(6) was seen at our dental office on July 13, 2016.

Using **"The A.B.F.O Study of Third Molar Development and It's Use As an Estimator of Chronological Age,"** *Journal of Forensic Science*, JFSCA, Vol.38, No.2, March 1993,pp.379-390, and **"The Accuracy and Precision of Third Molar Development as an Indicator of Chronological Age in Hispanics,"** *Journal of Forensic Science 2002; 47(3)*: 531-535, we attempted to create a probable age range.

In the course of dental examination it was ascertained that (b)(6) (b)(6) Motta (b)(6) has third molars #17 and #32 erupted into the oral cavity (b)(6) is missing third molars #1 and #16. An evaluation of the orthopantomogram revealed that third molars #17, #32 presented a mineralization stage of H according to Solari and Abramovitch.

According to the mean age of attainment of stages of the third molar crown-root formation, (b)(6) (b)(6) (b)(6) (b)(6) is 20.6+/-2.3 years old if you consider the mandibular third molars. The age range is **18.3-22.9.**

The empirical probability of (b)(6) (b)(6) (b)(6) (b)(6) being over 18 years of age based on third molars developmental stages is 89% for tooth #17, 85% for tooth #32. The average empirical probability that this individual has reached his 18th birthday expressed as a percentage is **87%.**

Sincerely,

(b)(6)

Peter Arvanitis DDS PC

002530

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6) departamento de Quiche,

CERTIFICA

que con fecha veintiuno de enero de dos mil dos, en la partida (b) folio (b)(6) del libro (b) del Registro Civil del Municipio de (b)(6) Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de dos mil uno

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)
-

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintinueve de junio 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)

Yasenia Siloneth , Cabrera Urízar
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 en papel bond el día veintinueve de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002532

Correlativo (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

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

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6) departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 28/01/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día trece de mayo 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)

Yasenia Siloneth , Cabrera Urízar

Registrador Civil de las Personas

Este certificado fue impreso el día trece de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: --- 002534 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 2, 2016 | Immunization Report | User: (b)(6)

Time: 19:55:15 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/2001 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- Ricardo Meza 07/01/2016	
IPV	Consented	- Ricardo Meza 07/01/2016	
MMR	Consented	- Ricardo Meza 07/01/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/01/2016	
Hepatitis A	Consented	- Ricardo Meza 07/01/2016	
Hepatitis B	Consented	- Ricardo Meza 07/01/2016	
HPV	Consented	- Ricardo Meza 07/01/2016	
Meningicoccal	Consented	- Ricardo Meza 07/01/2016	

(b)(6)

(b)(6)

002537

(b)(6)

002539

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 07/03/2016 19:57 **Location:** (b)(6)

Initial Admission: 07/01/2016 **Admission:** 07/01/2016 **A#:** (b)(6)

Date of Birth: (b)(6)/2001 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6),PA

b.Telephone:

(b)(6)

2. Date of visit

07/01/2016

3. Name of program staff with child

(b)(6) MC.

4. Program Name

(b)(6) MC.

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

07/01/2016

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

9. Findings

- a. Normal
- b. Abnormal

002540

Supplemental TB Screening

Resident: (b)(6) (b)(6 (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

(b)(6)

(b)(6)

Graduated from colegio pluricultural

2015

High School

iiuca

Share

(b)(6)

002544

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, December 30, 2016 14:39

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Yarlwin Valdez; Maria Rios

Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) /SWK CASA PHOENIX

Importance: High

Good afternoon,

The person listed in the subject line has a correct verified DOB of (b)(6) /1995.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2016/12/30 16:55:34
Delivered Date:	2016/12/30 16:55:47

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
CC:	"Rodriguez, Erika <Erika.Rodriguez1@(b)(6)>"; "(b)(6)@swkey.org>"; "(b)(6)@swkey.org>"; "(b)(6)@swkey.org>"; (b)(6)@swkey.org"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Kokopelli
Date:	2016/12/08 22:44:00
Priority:	Urgent
Type:	Note

Good evening,

I am resending this email with the correct Memo. Please disregard the prior attachments.

From: Hillin, Myriam (ACF)
Sent: Thursday, December 08, 2016 8:18 PM
To: 'PHO, Juv Placement'; 'Phoenix, Juvenile'; Velazquez, Ivonne (ACF); Centeno, Raquel (ACF) (CTR)
Cc: Rodriguez, Erika; (b)(6)
(b)(6) z@swkey.org'
Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Kokopelli

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) /1996. He is medically cleared.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Rodriguez, Erika <Erika.Rodriguez1@(b)(6)>"; '(b)(6)@swkey.org>"; "(b)(6)@swkey.org>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org"
Sent Date:	2016/12/08 22:45:15
Delivered Date:	2016/12/08 22:44:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
December 8, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Key Casa Kokopelli on November 26, 2016 as a juvenile as a result of Mr. (b)(6) 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) (b)(6), who requested a copy of Mr. (b)(6) birth certificate from his family in Guatemala. Upon receipt of the formal document Case Manager proceeded to submit the document for verification with the Guatemalan Consulate in Phoenix.

On December 8, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) family sent on his behalf. **According to the verification of the official RENAP (Registro Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6), 1996** and not (b)(6), 1999 as the altered document provided by the family shows.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) Consular Verification of date of birth and agrees that he is 20 years old and that there is sufficient objective strong evidence to support the claim that he is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Consular Verification of DOB
- Photograph
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

00255O

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=20016966475, cn=Myriam B. Hillin -S
Date: 2016.12.08 20:41:49 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velazquez, 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
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

002551

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1996

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 veridica 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.

(b)(6)

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 3527565860101

(b)(6)

RENAP Registro Nacional de las Personas
Republica de Guatemala

ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registro Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de Quiche,
CERTIFICA

Que con fecha dieciséis de abril de mil novecientos noventa y nueve, en la partida (b)(6)
Folio (b)(del libro (b)(del Registro Civil del Municipio de (b)(6) Departamento de QUICHE, quedó inscrito el nacimiento de:

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

Lugar de nacimiento

Masculino

Genero

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía No disponible

Fotografía No disponible

Datos del padre

(b)(6)

Nombres y apellidos de padre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

El Renap cuida y valora tu identidad

Observaciones

NO CONSTA NINGUNA ANOTACION

ULTIMA LINEA

Extendida el día dos de octubre de dos mil quince 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)

Justin, Cadillo Ramirez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 111
NEBAJ,
QUICHE

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 solicitnd del DPI del inscrito.

Este certificado fue impreso el dia 2 de octubre de dos mil quince 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 del link: https://www.renap.gob.gt/verificacion-de-cerficado o bien llamado al 1516.

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)/1999
Collection Date/Time: 11/28/2016 (b)(6)

Provider: Flesch, Melissa
Location: SKW-Kokopelli
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 11/29/2016 4:00AM EST
Approval Date/Time: 11/30/2016 3:13PM EST

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	3
Panel B Spot Count	0
Positive Control Spot Count	>20

Negative 12/01/2016 08:19:48 AM (b)(6)

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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd. TB-TRSNP-US-V1

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PACIFIC MOBILE diagnostics 87
PMDXRAY.com

Pacific Mobile Diagnostics, Inc.
615 East Palo Verde Drive
Phoenix, AZ 85012
Phone: (602) 249-4790
FAX: (602) 241-1711

FINAL

PATIENT: (b)(6) (b)(6) DOB: (b)(6) 1999
PATIENT ID: (b)(6) DOS: 11/28/2016 8:57:08 AM
PHYSICIAN: CHEYBANI, KIANOUSH
LOCATION: CASA KOKOPELLI
EXAM(S): CHEST
REASON: TB SCREENING

PORTABLE CHEST:
The single view of the chest shows no infiltrate, effusion or mass. The heart size is normal, and the pulmonary vascular flow pattern is physiologic. The sulci are clear. The bony structures are intact and free of obvious metastatic disease. There are no findings of active tuberculosis.

CONCLUSION:
1. Negative chest.
2. No radiographic evidence of active tuberculosis.

Signed by MCCLELLAN, ROGER MD at 11/28/2016 7:32:06 PM

11/28/2016 5:23:00 PM

T: AHP

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Facility #002556

Date: Dec 1, 2016

Time: 10:19:13 MT

Casa Kokopelli Mesa

Immunization Report

Facility Code: —

User: (b)(6)

Resident: (b)(6) Date Range: 11/1/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, 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) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 11/28/2016	
Hepatitis A	Consented	Left Deltoid - 11/28/2016	
Hepatitis B	Consented	Left Deltoid - 11/28/2016	
Influenza	Consented	Right Deltoid - 11/28/2016	
Meningicoccal	Consented	Left Deltoid - 11/28/2016	
MMR	Consented	Left Deltoid - 11/28/2016	
IPV	Consented	Right Deltoid - 11/28/2016	
Tdap	Consented	Right Deltoid - 11/28/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 11/28/2016	

(b)(6)

002557

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)((b) (b)(6) Casa Phoenix
Date:	2016/08/05 12:01:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1998. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) n@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/08/05 12:02:16
Delivered Date:	2016/08/05 12:01:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 22, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as February 23, 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 requested a copy of Mr. (b)(6) birth certificate from his father, Mr. (b)(6) (b)(6) Sucup in Guatemala.

On July 26, 2016 Mr. (b)(6) (b)(6) (b)(6) faxed a copy of his son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website which resulted in no coinciding records with the data entered from the document. Consequently, Case Manager requested from the Phoenix Guatemalan Consulate to verify the document. The Guatemala Consulate verified Mr. (b)(6) birth certificate on 8/02/2016 with a date of birth of (b)(6) 1998 instead of (b)(6) 1999.

On August 3, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) 's father provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6) 1998.**

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) father. Mr. (b)(6) immediately admitted to Case Manager that it was his idea to modify his date of birth on his birth certificate and stated that he is 18 years old and that his real date of birth is (b)(6) 1998.

Case Manager contacted again Mr. (b)(6) to address the fact that the verification of the birth certificate he sent on behalf of his son produced a different date that makes his son 18 years old and Mr. (b)(6) responded that the birth certificate he sent was not a valid birth certificate. Mr. (b)(6) stated that his son obtained his birth certificate altered in Guatemala. Mr. (b)(6) stated that he does not know the person who altered Mr. (b)(6) birth certificate.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed (b)(6) (b)(6) (b)(6) 's verified birth certificate showing a DOB (b)(6) 1998, his own retraction of his correct date of birth admitting he is 18 years old and his family's corroboration that he is 18 years old including admitting he material alteration of the document to create a

false date of birth and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification of (b)(6) (b)(6) (b)(6)

12. Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTO: (b)(6) DE 1998
LdN: Guatemala, Quiche, (b)(6)
Libro (b) Folio (b)(Partida (b)(6

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002562

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 Esquipulas, departamento de Chiquimula,

CERTIFICA

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

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

(b)(6)

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Canilla, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 07/04/2016, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día tres 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)

Miriam Patricia , Paz Herrera

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día tres de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)
002564

002565

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6) **Effective Date:** 07/25/2016 20:55 **Location:** (b)(6)

Initial Admission: 07/25/2016 **Admission:** 07/25/2016 **A#:** (b)(6)

Date of Birth: (b)(6) /1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

Dr (b)(6)

b.Telephone:

(b)(6)

2. Date of visit

07/25/2016

3. Name of program staff with child

(b)(6) , LMC

4. Program Name

SWK 922_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

07/29/2016

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

07/24/2016

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6)

10. TB Determination

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

11. Additional Information

002567

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-08-02

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1998

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 veridica 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.

(b)(6)

Firma titular

Firma cónsul u operador

CONSULADO GENERAL PHOENIX, ARIZONA

USUARIO: 110920636326437

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

DE :LIBRERIA ELSAGRADO CORAZON N°DE TEL :(b)(6) 26 JUL. 2016 13:35 P6

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), Departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

--

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Facility #: --- 002569 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 25, 2016 | Immunization Report | User: (b)(6)

Time: 20:54:38 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status:** All **Date Range:** 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6 (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 07/25/2016	
Hepatitis B	Consented	- - 07/25/2016	
Tdap	Consented	- - 07/25/2016	
Varicella (chicken pox)	Consented	- - 07/25/2016	
HPV	Consented	- - 07/25/2016	
IPV	Consented	- - 07/25/2016	
Meningicoccal	Consented	- - 07/25/2016	
MMR	Consented	- - 07/25/2016	

(b)(6) (b)(6) (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) (b)(6) (b)(6
DOB: (b)(/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Pa Only

Exam Date & Time: Sun Jul 24, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
TB SCREEN

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.
NOTE
Report dictated by resident, Roy Colglazier MD. 10773. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

(b)(6)

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

(b)(6) (b)(6) (b)(6) (MRN: [redacted])
Roy Colglazier, MD

Released By: Pejman Hedayati, MD on 7/24/2016 10:57 AM

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)((b) (b)(6) CASA PHOENIX
Date:	2016/07/13 17:13:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find an approved memo for the above listed person with a verified DOB (b)(6) 1995.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, July 13, 2016 9:34 AM
To: Hillin, Myriam (ACF)

Subject: FW: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX
Importance: High

Dear Myriam,
Please contact ICE and have tis individual transferred in to their custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, July 13, 2016 9:25 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) (b)((b)((b)(6) CASA PHOENIX
Importance: High

Good morning Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1995.

Myriam Hillin, MA-MSPC
Federal Field Specialist

Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/07/13 17:13:51
Delivered Date:	2016/07/13 17:13:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 13, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)((b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)((b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 1, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1998 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (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 requested a copy of Mr. (b)(6) (b)(6) birth certificate from his sister, Mrs. (b)(6) (b)(6) (b)(6) in (b)(6)

On July 12, 2016 Mrs. (b)(6) (b)(6) (b)(6) faxed a copy of her brother's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website as the document presented had misplaced identification codes and different font in the date of birth from standard formal documents. **The verification produced a verified birth certificate with a correct date of birth of (b)(6) 1995** instead of (b)(6) 1998.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) (b)(6) sister. Mr. (b)(6) immediately admitted to Case Manager that it was his idea to modify his date of birth on his birth certificate and had a man who resided near his home in Guatemala and altered the document for him. Mr. (b)(6) (b)(6) declined to provide additional information.

Case Manager contacted again Mrs. (b)(6) (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her brother produced a different date that makes her brother 20 years old and Mrs. (b)(6) (b)(6) (b)(6) responded that the birth certificate she sent was a valid document provided to her by parents in Guatemala. However, Mr. (b)(6) (b)(6) stated that his entire family including his sister (b)(6) knew he planned to enter the US with an altered birth certificate to pass as a minor.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)((b)(6) (b)(6) (b)(6) birth certificates, Mr. (b)(6) (b)(6) retraction of his initially provided date of birth admitting he is an adult and the corroborated birth certificate with the Official Website RENAP and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Mr. (b)((b)(6) (b)(6) (b)(6) is 20 years old.

Accordingly, under these procedures, the age determination process for Mr. (b)((b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)((b)(6) (b)(6) (b)(6) is over 18 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 Mr. (b)((b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002577

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio San Pablo, departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 04/10/2013, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día siete de abril 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)

Victor Raúl , Leal de León

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día siete de abril del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

CERTIFICA

que con fecha veinticuatro de octubre de mil novecientos noventa y ocho, en la partida 586, folio 294 del libro 114, del Registro Civil del Municipio de SAN PABLO, Departamento de (b)(6) quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

Fotografía no disponible

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Facility #: --- 002580 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 5, 2016 | Immunization Report | User: (b)(6)

Time: 17:58:41 MT

Resident: (b)(6) (b)(6) **Consent Status:** All **Date Range:** 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) - DOB: (b)(6) 1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/05/2016	
Hepatitis B	Consented	- Ricardo Meza 07/05/2016	
Tdap	Consented	- Ricardo Meza 07/05/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/05/2016	
HPV	Consented	- Ricardo Meza 07/05/2016	
IPV	Consented	- Ricardo Meza 07/05/2016	
Meningicoccal	Consented	- Ricardo Meza 07/05/2016	
MMR	Consented	- Ricardo Meza 07/05/2016	

(b)(6)

(b)(6)

002583

Supplemental TB Screening

Resident: (b)(6)
Effective Date: 07/05/2016 17:29
Location: (b)(6)
Initial Admission: 07/02/2016
Admission: 07/02/2016
A#: (b)(6)
Date of Birth: (b)(6) 1998
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   07/05/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   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
   07/05/2016
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
   07/03/2016
9. Findings
   - a. Normal
   - b. Abnormal

002584

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6))

10. TB Determination

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

11. Additional Information

(b)(6) (b)((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) (b)(
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Pa Only

Exam Date & Time: Sun Jul 3, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
TB screen

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
No acute cardiopulmonary disease. No radiographic findings of active fungal/granulomatous
infection.
NOTE
Report dictated by resident, Ashley Crowder MD, 10774 the attending radiologist's signature
indicates that the study has been interpreted and the report approved.

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)((b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/26 02:04:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1994. He is medically cleared. At your earliest convenience please transfer this individual to adult custody.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/26 02:05:21
Delivered Date:	2016/09/26 02:04:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 26, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 31, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials as (b)(6), 1998.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father, Mr. (b)(6) (b)(6) in Guatemala on September 1, 2016.

On September 15, 2016 Mr. (b)(6) (b)(6) faxed a copy of his son's birth certificate to the Case Manager who proceeded to send it for verification to the Guatemalan Consulate on September 16, 2016. The Guatemalan Consulate verified Mr. (b)(6) (b)(6) birth certificate on September 22, 2016 with a date of birth **of** (b)(6) **, 1994** instead of (b)(6) 1998.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) (b)(6) father. Mr. (b)(6) (b)(6) immediately admitted to Case Manager that he initially intended to cross as an adult; however, the Mexican guide that would cross him across the US was charging 95,000 quetzals to cross adults as he would have to avoid the ICE officer's patrols. The client and his family had only 30,000 Quetzals to provide the guide. The guide provided the client the idea to modify his date of birth on his birth certificate so that his age would be that of a 17 year old. Mr. (b)(6) (b)(6) stated that he is 23 years old and that his real date of birth is (b)(6) **, 1994**. Mr. (b)(6) (b)(6) stated that his birth certificated had been altered in (b)(6) by an unknown man. Mr. (b)(6) (b)(6) did not wanted to provide the unknown man's name. Mr. (b)(6) (b)(6) informed the Case Manager that both he and his parents mislead the sponsor Ms. (b)(6) to believe that Mr. (b)(6) (b)(6) was a minor.

Case Manager contacted again Mr. (b)(6) (b)(6) to address the fact that the verification of the birth certificate he sent on behalf of his son produced a different date that makes his son 23 years old and Mr (b)(6) (b)(6) responded that the birth certificate he sent was not a valid birth certificate. Mr. (b)(6) (b)(6) stated that he had the document for his son Mr. (b)(6) (b)(6) altered prior to his trip to the US. This was done in (b)(6) Guatemala for about 1,500.00 Quetzals. Mr. (b)(6) (b)(6) stated that he does not know the person who altered Mr. (b)(6) (b)(6) birth certificate nor did that person provided Mr. (b)(6) (b)(6) his name. Mr. (b)(6) (b)(6) stated that Mr. (b)(6) (b)(6) birth certificate was altered 5-6 days prior to the day that Mr. (b)(6) (b)(6) decided to cross to the United States from Mexico on August 29,

2016. Mr. (b)(6) (b)(6) father stated that the birth certificate was altered because the guide assisting his son informed them that for 30,000 Quetzals he would not cross his son through the US border desert but that he knew that if they changed the DOB on the document he would be taken as a minor in the US. On September 23, 2016 (b)(6) (b)(6) sent the correct document.

CM contacted the sponsor Ms (b)(6) who stated not knowing the UC was an adult. She informed the Case Manager that she had her mother go to the home of Mr. (b)(6) (b)(6) to verify that the BC in fact said Mr. (b)(6) (b)(6) was under the age of 17. Mr (b)(6) (b)(6) admitted having shown Ms. (b)(6) s mother the altered BC and not the real one.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6) and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 23 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RNP verified BC
- photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Jalapa, departamento de (b)(6)
CERTIFICA
que con fecha nueve de enero de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de (b)(6), Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día cinco de septiembre 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)

REGISTRO CIVIL DE LAS PERSONAS 2 RENAP

Magda Elizabeth , Morán Marroquín
Registrador Civil de las Personas

(b)(6)

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Jalapa, departamento de (b)(6)
CERTIFICA
que con fecha veintiuno de agosto de mil novecientos cincuenta y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de MATAQUESCUINTLA, Departamento de JALAPA, quedó inscrito el nacimiento de:

002591

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-09-22

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1994

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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.

(b)(6)

Firma titular

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 110920636326437

(b)(6)

002592

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR (b)(6)
ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de (b)(6)

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Jalapa, departamento de Jalapa, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 20/04/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día treinta y uno 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)

Magda Elizabeth , Morán Marroquín

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día treinta y uno de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: --- 002595 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Sep 1, 2016 | Immunization Report | User: (b)(6)

Time: 18:30:29 MT

Resident: (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 09/01/2016 - 09/30/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) - **DOB:** (b)(6) /1998 - **Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 09/01/2016	
Hepatitis B	Consented	- - 09/01/2016	
Tdap	Consented	- - 09/01/2016	
Varicella (chicken pox)	Consented	- - 09/01/2016	
HPV	Consented	- - 09/01/2016	
IPV	Consented	- - 09/01/2016	
Meningicoccal	Consented	- - 09/01/2016	
MMR	Consented	- - 09/01/2016	

(b)(6) (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) Marlo
DOB: (b)(6) /1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Sep 2, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David L August, MD

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/26 02:48:00
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1996. He is medically cleared. At your earliest convenience please transfer this individual to adult custody.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/26 02:49:36
Delivered Date:	2016/09/26 02:48:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 26, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 9, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials as (b)(6), 1999.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother who resides in Guatemala. Ms. (b)(6) (b)(6) (b)(6) faxed Case Manager a copy of her son's birth certificate showing a date of birth (b)(6) 1999, and explained to Case Manager that it was the only document she had. The document was submitted then for verification to the Guatemalan consulate.

The Guatemalan Consulate verified Mr. (b)(6) (b)(6) date of birth on (b)(6), 2016 and informed ORR that the correct date of birth is (b)(6) **1996** instead of (b)(6) 1999.

Case Manager (b)(6) then provided an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified date of birth which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) (b)(6) mother. Mr. (b)(6) (b)(6) denied knowing of any alterations to his birth certificate. Case Manager (b)(6) also interviewed Ms. (b)(6) with help of a Chuj interpreter and she denied knowing her son's date of birth or that his birth certificate had been altered. Case Manager proceeded to contact Mr. (b)(6) (b)(6) (b)(6) Mr. (b)(6) (b)(6) brother in the U.S. and he denied knowing Mr. (b)(6) (b)(6) date of birth.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6), 1996 and I agreed with the Consular verification reporting a correct date of birth of (b)(6), 1996.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- photograph
- TB Clearance
- Consular verification of DOB

002600
Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) DE 1996
Lugar de nacimiento: Guatemala, (b)(6) (b)(6)
Libro (b)(Folio (b)(Partida (b)(6

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne (b)(6) **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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Mateo Ixtatán, departamento de Huehuetenango,

CERTIFICA

que con fecha tres de febrero de mil novecientos noventa y nueve, el la partida (b)(6), folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de SAN MATEO IXTATATÁN, Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (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, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintitrés 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)

[redacted]

Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA SAN MATEO
QUETZALTENANGO

002603

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1996

País, departamento y municipio de nacimiento:

GUATEMALA	(b)(6)	SAN MATEO IXTATÁN

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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) (b)(6) (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.

(b)(6)

Firma titular

Firma consul u operador

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

USUARIO: (b)(6)

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

002604

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 09/07/2016 18:47 **Location:** (b)(6)

Initial Admission: 09/07/2016 **Admission:** 09/07/2016 **A#** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6) PA

b.Telephone:

(b)(6)

2. Date of visit

09/06/2016

3. Name of program staff with child

(b)(6) MC

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

09/07/2016

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

09/07/2016

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Facility #: ---
002606
Date: Sep 7, 2016
Time: 17:21:28 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 09/01/2016 - 09/30/2016**
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - **DOB:** (b)(6) 1999 - **Sex:** M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 09/06/2016	
Hepatitis B	Consented	- - 09/06/2016	
Tdap	Consented	- - 09/06/2016	
Varicella (chicken pox)	Consented	- - 09/06/2016	
HPV	Consented	- - 09/06/2016	
IPV	Consented	- - 09/06/2016	
Meningicoccal	Consented	- - 09/06/2016	
MMR	Consented	- - 09/06/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT Age Redetermination Raymundo (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/26 03:22:00
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1995. She is medically cleared. At your earliest convenience please transfer this individual to adult custody.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/09/26 03:22:21
Delivered Date:	2016/09/26 03:22:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 26, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 25, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) misreporting her date of birth upon apprehension by immigration officials as (b)(6) 1998.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6). The case manager first attempted to have Ms. (b)(6) (b)(6)s birth certificate verified through the Renap website and showed that the information does not coincide with the birth certificate given to Case Manager from mother. On September 9, 2016 Case Manager sent birth certificate for verification with the Phoenix Guatemalan Consulate.

Guatemalan Consular Assistant, Ms. (b)(6) emailed, on September 22, 2016, the results of the verification which revealed that the correct date of birth in the document provided for (b)(6) (b)(6) (b)(6) has a **correct DOB** (b)(6) **1995** and not (b)(6), 1998.

Case Manager contacted Ms. (b)(6) (b)(6) mother on September 22, 2016 to ask about the falsified birth certificate that she sent to case manager. Mother stated that she went to an official Renap site in the city Nebaj and did not pay extra to have the birth certificate altered. Ms. (b)(6) (b)(6) states that she has always used as date of birth (b)(6), 1998.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Ms. (b)(6) (b)(6) new information about her date of birth being (b)(6) 1995 and I agreed that there is sufficient strong evidence to indicate that Ms. (b)(6) (b)(6) is 21 years old.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- UC's BC sent from home country
- Immunization records
- Consulate verification
  Datos NO coinciden con RENAP
  (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) DE 1995
  Lugar de Nacimiento: Guatemala, Quiche, (b)(6)
  Libro (b) Folio (b)(Partida (b)(

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002611

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

No. correlativo: (b)(6)

(b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), Departamento de Quiché,

CERTIFICA

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

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

--

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiché, (b)(6)

País, Departamento, Municipio de Nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fotografía no disponible

--

Fecha de nacimiento

(b)(6)

Lugar de Origen

Datos del padre

Fotografía no disponible

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de Origen

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICIALÍA 111
QUICHÉ

(b)(6)

(b)(6)

En RENAP registramos lo más valioso de Guatemala... su gente

www.renap.gob.gt

002612

Extendida el día cinco de julio de dos mil dieciséis 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)

Juana Sedillo Ramírez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 111
NEBAJ,
QUICHE

(b)(6)

Facility #: --- 002613 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 26, 2016 | Immunization Report | User: (b)(6)

Time: 17:37:24 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 05/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1998 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 07/26/2016	
Hepatitis B	Consented	- - 07/26/2016	
Tdap	Consented	- - 07/26/2016	
Varicella (chicken pox)	Consented	- - 07/26/2016	
HPV	Consented	- - 07/26/2016	
IPV	Consented	- - 07/26/2016	
Meningicoccal	Consented	- - 07/26/2016	
MMR	Consented	- - 07/26/2016	

002614

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 07/28/2016 19:02
Location: (b)(6)
Initial Admission: 07/26/2016
Admission: 07/26/2016
A#: (b)(6)
Date of Birth: (b)(6) 1998
Gender: F
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   07/26/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   SWK 922_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
   07/26/2016
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
   07/27/2016
9. Findings
   - a. Normal
   - b. Abnormal

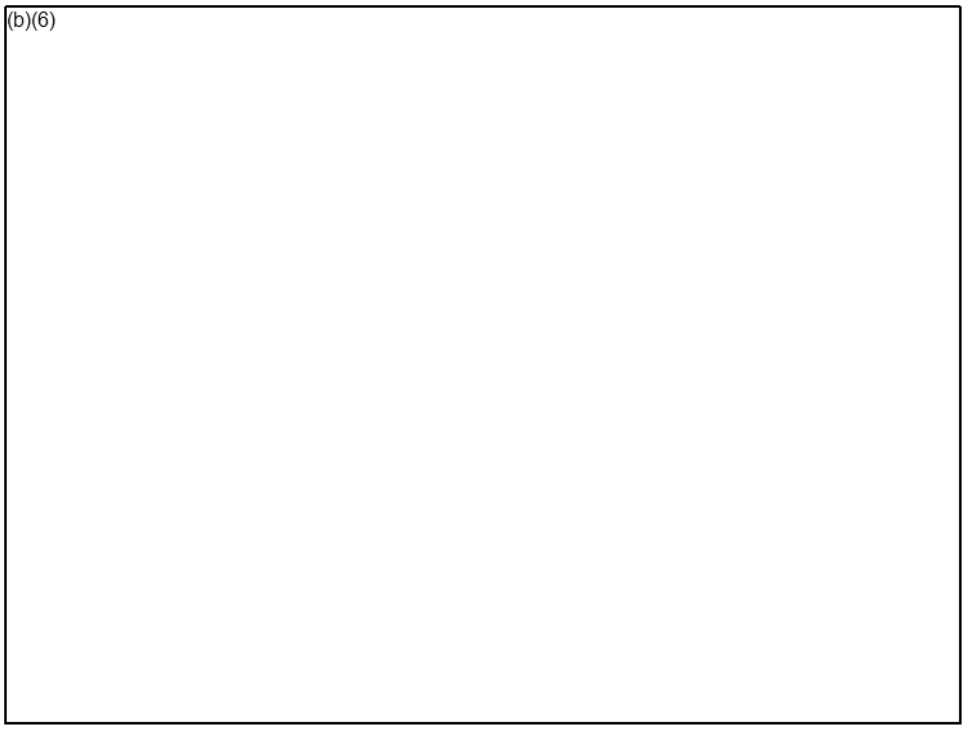
Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information


(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT Age Redetermination (b)((b) (b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/09/26 14:05:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/26 14:05:28
Delivered Date:	2016/09/26 14:05:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 26, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6 (b) A# (b)(6)

(b)(6) (b)(6 (b) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 28, 2016 as a juvenile as a result of Mr. (b)(6 knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6 (b) was immediately interviewed by his assigned Case Manager (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6 appears to be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his mother, Mrs. (b)(6) (b) (b)(6) in Guatemala.

On September 14, 2016 Mrs (b)(6) (b) (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website as the document presented not valid. Case Manager (b)(6) sent a copy of Mr. (b)(6) birth certificate to be verified by the Guatemala Consulate. The Guatemala Consulate verified Mr. (b)(6) birth certificate on September 22, 2016 with a date of birth of (b)(6) **1997** instead of (b)(6) 1999.

Case Manager (b)(6) on behalf of case Manager (b)(6) provided then an opportunity to Mr. (b)(6 to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) mother. Mr. (b)(6 immediately admitted to Case Manager that it was his parent's idea to modify his date of birth on his birth certificate and stated that he is 18 years old and that his real date of birth is (b)(6) **1997**. Mr. (b)(6 stated that his birth certificated had been altered by a distant acquaintance of his family in Guatemala. Mr. (b)(6 and family were not able to provide a name of this individual.

Case Manager (b)(6) contacted Mrs. (b)(6) (b) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her son produced a different date that makes her son 18 years old and Mrs. (b)(6) (b) (b)(6) responded that the birth certificate she sent was not a valid birth certificate. Mrs. (b)(6) (b) (b)(6) stated that her son had his birth certificate altered in Guatemala by an acquaintance he met through a mutual friend. Mrs. (b)(6) (b) (b)(6) stated that she and her husband paid 1,500 Quetzals to have their son's Mr. (b)(6) birth certificate altered. Mrs. (b)(6) (b)(6) stated that she does not know the person who altered Mr. (b)(6) birth certificate nor did that person provided Mrs. (b)(6) (b)(6) his name. Mrs. (b)(6) (b) (b)(6) stated that Mr. (b)(6) birth certificate was altered on the day that Mr. (b)(6 decided to migrate to the United States on August 15, 2016. Mrs. (b)(6) (b)(6) stated that the birth certificate was altered because the man in Guatemala had told them that by changing Mr. (b)(6) birth date on his birth certificate that's all it would take for Mr. (b)(6 to make it to the United States.

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 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Consulate verification of registration
- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6 (b) 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)
(b)(6)

de mil novecientos noventa y nueve
Fecha de nacimiento

Guatemala, Quiche, (b)(6)
Lugar de nacimiento

Masculino
Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento
(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento
(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día doce 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)

Licda. Sindy Celeste Rodas Carbonell
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por existir solicitud en proceso de verificación.

Este certificado fue impreso en papel bond el día doce de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002623

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-09-21

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1997

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 mi.

Firma titular

(b)(6)

Firma cónsul u operador

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

USUARIO: (b)(6)

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

Facility #: ---
002624
Date: Aug 30, 2016
Time: 14:21:27 MT

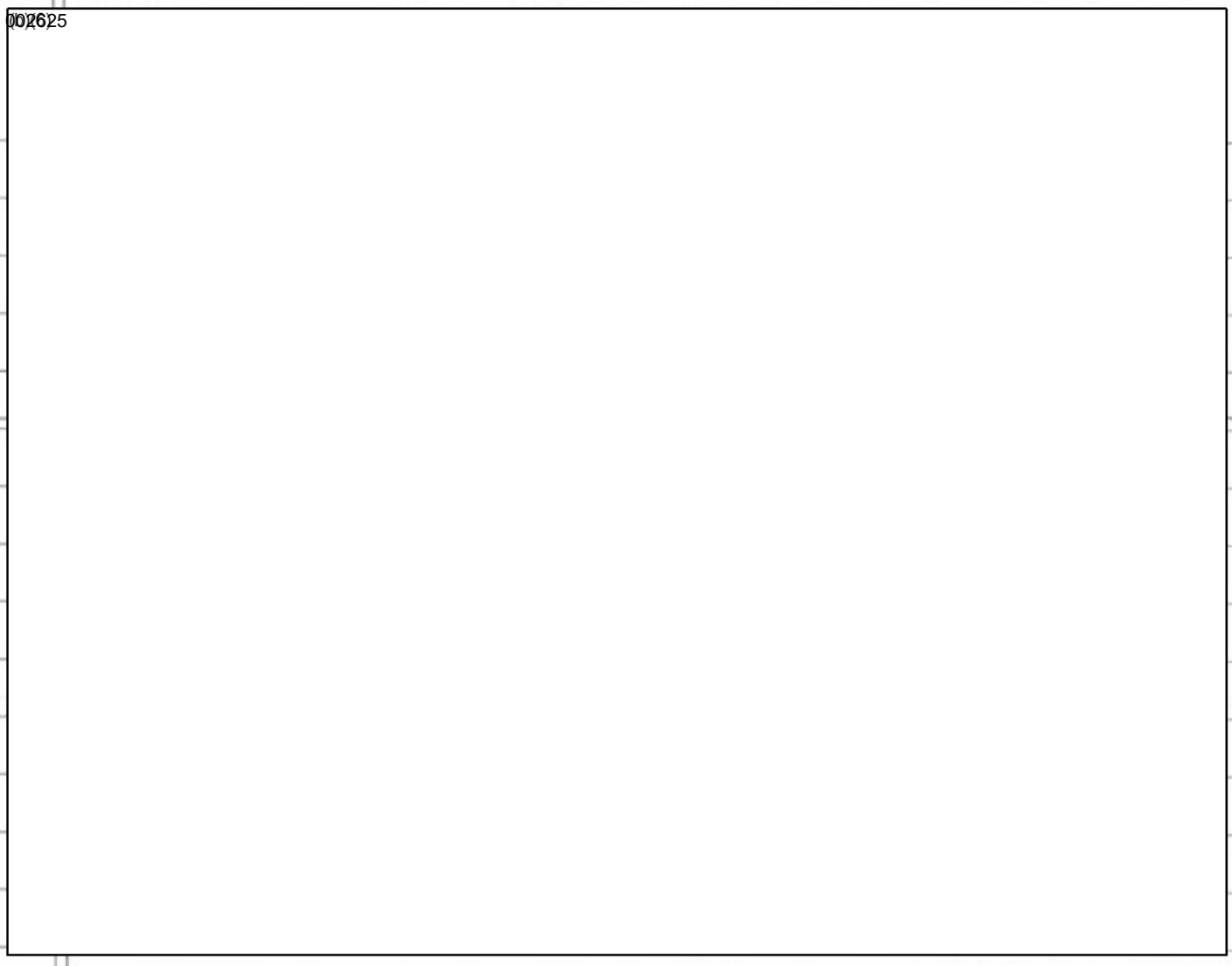
Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)((b)(6) (b)(6) Date Range: 08/01/2016 - 08/31/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)((b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 08/29/2016	
IPV	Consented	- - 08/29/2016	
MMR	Consented	- - 08/29/2016	
Varicella (chicken pox)	Consented	- - 08/29/2016	
Hepatitis A	Consented	- - 08/29/2016	
Hepatitis B	Consented	- - 08/29/2016	
HPV	Consented	- - 08/29/2016	
Meningicoccal	Consented	- - 08/29/2016	



002626

Supplemental TB Screening

Resident: (b)((b)((b)(6) (19711) **Effective Date:** 08/30/2016 14:12 **Location:** (b)(6)

Initial Admission: 08/29/2016 **Admission:** 08/29/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6)

b.Telephone:

(b)(6)

2. Date of visit

08/29/2016

3. Name of program staff with child

(b)(6) -MC

4. Program Name

Casa Phoenix, SWK

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

08/29/2016

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

08/30/2016

9. Findings

- a. Normal
- b. Abnormal

002627

Supplemental TB Screening

Resident: (b)((b)((b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b) ((b)((b)(6) (b)(6) AKA (b) ((b)((b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/26 10:23:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1996. She is medically cleared.

Test	Date Specimen Collected	Result
Pregnancy	5/25/2016	Negative

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/08/26 10:24:23
Delivered Date:	2016/08/26 10:23:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 26, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 24, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) misreporting her date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it did not become immediately apparent that the UC could be overage. The case was later reassigned to Case Manager (b)(6) who while reviewing Ms. (b)(6) (b)(6) file noticed the birth certificate provided by the UC's father Mr. (b)(6) (b)(6) (b)(6) that the font of the document was visibly altered. The Case Manager proceeded then to send it for verification to the Phoenix Guatemalan Consulate on August 13, 2016.

On August 19, 2016, Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the formal document informing that they were unable to find the document in their system. Consular Assistant Ms. (b)(6) then met with Ms. (b)(6) (b)(6) (b)(6) (b)(6) on August 23, 2016 and reported to Ms. (b)(6) her true identity. Ms. (b)(6) emailed to ORR on August 24, 2016 a document stating that Ms. (b)(6) (b)(6) (b)(6) (b)(6) correct name is (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) **1996** instead of (b)(6) 1999.

Case Manager provided then an opportunity to Ms. (b)(6) (b)(6) (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Ms. (b)(6) (b)(6) (b)(6) (b)(6) father. Ms. (b)(6) (b)(6) (b)(6) (b)(6) immediately admitted to Case Manager that it was her idea to modify her date of birth on her birth certificate and stated that she is over 18 years old and that her real date of birth is (b)(6) 1996 and that her correct name is (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) stated that her birth certificate had been altered in her home town in Guatemala by an unknown man. Ms. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) did not want to provide this individual's name. She stated that when she was at the border of Mexico and the United States she learned about the shelters for undocumented minors; she then contacted her father Mr. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) and asked to have the year on her birth certificate altered so that her age would appear to be under 18.

Case Manager contacted again Mr. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) to address the fact that the verification of the birth certificate he sent on behalf of his daughter produced a different date that makes his daughter over18 years old and Mr. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) responded that the birth certificate he sent was not a valid birth certificate. Mr. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) stated that his daughter (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) had called him to have her birth certificate altered in Guatemala prior to (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) crossing the US and Mexico border. Mr. (b)(6) (b)(6) (b)(6) Lux stated he located a person in his village to create an

altered birth certificate. Mr. (b) (b (b)(6 (b)(6 did not want to provide this person's name. Mr. (b) (b (b)(6 (b)(6 paid 300 Quetzal for the altered birth certificate.

(b)(6) (b (((b)(6 (b)(6) AKA (b)(6) (b (((b)(6 (b)(6) and her father are not disputing that they have engaged in the scheme of altering a real birth certificate with the purpose of deceiving those who would review the documents with the intent to misrepresent Ms. (b) (((b)(6 (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Ms. (b) (((b)(6 (b)(6) could be reunited as a minor with an unrelated individual to remain in the US.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance
- Consular Verification:
  Datos NO coinciden con RENAP
  (b)(6) (b (((b)(6 (b)(6)
  Fecha de nacimiento: (b)(6) **de 1996**
  LdN: Guatemala, Quiche, (b)(6)
  Libro (b Folio ((Partida (b)(6

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that Ms. (b)(6) (b (((b)(6 (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002632

(b)(6)

RENAP
Registro Nacional de las Personas

002633

Registro Nacional de las Personas
República de Guatemala

(b)(6)

No. correlativo (b)(6)

RENAP

Registro Civil de las Personas
Certificado de Nacimiento

ID (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), departamento de Quiche,

CERTIFICA

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

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002634

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

ULTIMA LINEA

Extendida el día veinticinco de abril de dos mil dieciseis 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)

María Elena Castillo Sánchez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 026
JOYABAJ,
QUICHE

Este certificado fue impreso el día veinticinco de abril 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 traves del link. https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: --- 002635

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 13, 2016

Immunization Report

User: (b)(6)

Time: 15:17:49 MT

Resident: (b) (b) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 05/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b) (b) (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 05/25/2016	
Hepatitis B	Consented	- Ricardo Meza 05/25/2016	
Influenza	Consented	- Ricardo Meza 05/25/2016	
Tdap	Consented	- Ricardo Meza 05/25/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 05/25/2016	
HPV	Consented	- Ricardo Meza 05/25/2016	
IPV	Consented	- Ricardo Meza 05/25/2016	
Meningicoccal	Consented	- Ricardo Meza 05/25/2016	
MMR	Consented	- Ricardo Meza 05/25/2016	
IPV	Consented	- Ricardo Meza 07/13/2016	
Hepatitis B	Consented	- Ricardo Meza 07/13/2016	
MMR	Consented	- Ricardo Meza 07/13/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/13/2016	

Resident: (b) (b) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 05/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

Type of Immunization	Consent Status	Administered Info	Results
Tetanus	Consented	- Ricardo Meza 07/13/2016	

(b)(6) 002637 (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) (b)(6)
DOB: (b)(6) /1999
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu May 26, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY/IMG1592
Accession # (b)(6)

CLINICAL HISTORY:
TB screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: Breast fibroglandular tissue results in faint opacification projecting over the lung
bases. The lungs are grossly clear bilaterally, with no evidence of consolidation, effusion,
or pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

(b)(6)

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No evidence for active infectious
granulomatous disease.

002638

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b) (b) (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: F
DOB: (b)(6)/1999
Collection Date/Time: 05/25/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 05/26/2016 8:30AM EDT
Approval Date/Time: 06/02/2016 6:47PM 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	1
Panel A Spot Count	0
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) AKA (b)(6 (b)(6) (b)(6 (b)(6) (b)(6) CASA PHOENIX
Date:	2016/08/26 10:22:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1996. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/08/26 10:23:21
Delivered Date:	2016/08/26 10:22:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 26, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6)
AKA (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 17, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his Identity upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (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) (b)(6) birth certificate from his mother, Mrs. (b)(6) (b)(6) (b)(6) in Guatemala.

On July 27, 2016 Case Manager noticed a discrepancy between the reported date of birth from the initial interview and the received Birth Certificate. Case Manager requested that the document be verified by the Phoenix Guatemalan Consulate. Mr. (b)(6) (b)(6) met with the Guatemala Consulate on August 2, 2016 and mentioned that Mr. (b)(6) (b)(6) stated that he was born (b)(6), 1999 and it was assumed that he was an adult.

To ensure custody and consistency with the statutory requirements under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), Office of Refugee Resettlement (ORR) policy requires that when available information is inconclusive medical age assessment procedures may be used to determine age.

Thus, on August 3, 2016, Mr. (b)(6) (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 18th birthday expressed as a percentage is 81.25%**". 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 Mr. (b)(6) (b)(6) the opportunity to explain the discrepancies regarding his reported age and r proceeded to request further biographical information from him. He stated that he only had 2 siblings, (b)(6) (b)(6) (b)(6) and (b)(6) (b)(6) (b)(6) however, when Case Manager called his mother Mrs. (b)(6) (b)(6) she reported a total of 8 children. Case Manager then suspected that the individual in care was not only impersonating a minor but was not even part of the (b)(6) (b)(6) family due to not knowing all the names of his siblings.

Case Manager then proceeded to call sponsor Mrs. (b)(6) (b)(6) (b)(6) and informed her of the discrepancies. Mrs. (b)(6) (b)(6) (b)(6) was not able to name her supposed cousins' names either. She denied that Mr. (b)(6) (b)(6) was an adult and she reiterated that he was her cousin. Case Manager confronted Mr. (b)(6) (b)(6) with the information and he did not want to disclose any information and kept stating his name as (b)(6) (b)(6) (b)(6) (b)(6)

On August 24, 2016 assigned Case Manager and Case Manager (b)(6) met with Mr. (b)(6) (b)(6) After further questioning, Mr. (b)(6) (b)(6) stated that he was in fact an adult. He was unsure of his real date of birth but, stated that he was born on (b)(6); he denied knowing his birth year. He stated that his real name was (b)(6) (b)(6) (b)(6) (b)(6) He then stated that he was using a younger sibling's birth certificate. Case Manager then called family in Guatemala. His father, (b)(6) (b)(6) (b)(6) stated that the individual in our care was (b)(6) (b)(6) (b)(6) (b)(6) Case Manager explained that his son admitted he was not (b)(6) and that the true birth certificate for (b)(6) (b)(6) (b)(6) (b)(6) was needed. Hesitantly he then consented and stated that he would send the birth certificate the following day. No further information was given to Case Manager by Mr. (b)(6) (b)(6)

Case Manager continued questioning (b)(6) (b)(6) (b)(6) (b)(6) and he reported using a neighbor's birth certificate; therefore, Mr (b)(6) (b)(6) (b)(6) and Mrs. (b)(6) (b)(6) (b)(6) where not his parents. He continued by stating that the sponsor, Mrs. (b)(6) (b)(6) (b)(6) the supposed cousin, was in fact his biological sister. (b)(6) who will from this point on be referred to as Mr. (b)(6) (b)(6) stated that he planned the trip himself. He stated that he spoke to his neighbors ((b)(6)) about using one of their younger children's birth certificate. Mr. (b)(6) (b)(6) reported that it was a well-known fact that it was easy to cross the border as a minor. He spoke to his sister, Mrs. (b)(6) (b)(6) (b)(6) (b)(6) about his plans to come to the US. He reported that she lent him the money for his travels. He stated that he paid 200 Quetzals for (b)(6) (b)(6) (b)(6) (b)(6) birth certificate. Mr. (b)(6) (b)(6) and Mrs. (b)(6) (b)(6) were aware that he was going to cross as their son and upon arrival to SWKey facility they presented themselves as his parents.
Mr. (b)(6) (b)(6) stated that he did not turn himself in, but instead decided to cross the dessert in hopes of getting in without being apprehended. The plan to impersonate a minor would only come into play once apprehended. Mr. (b)(6) (b)(6) stated that he had nothing back in Guatemala and that this was the only way for him and his family to get ahead in life.

Case Manager then called the sister, (b)(6) (b)(6) (b)(6) and confronted her with the new information. Mrs. (b)(6) (b)(6) cried and simply stated that if that is what (b)(6) had said then it must be true. Mrs. (b)(6) (b)(6) refused to give any more information. However, she did stated that she only lied to help her siblings back in Guatemala.

On August 25, 2016 Case Manager then contacted Mr. (b)(6) (b)(6) (b)(6) the real father of (b)(6) (b)(6) (b)(6) (b)(6) to give him a chance to describe event. Mr. (b)(6) (b)(6) did not give any new information. He simply stated that his daughter (b)(6) (b)(6) (b)(6) did pay for the trip and reported that his son did it out of necessity. Mr. (b)(6) (b)(6) (b)(6) denied knowing details about his son's plans to cross into the USA. He also provided Case Manager with (b)(6) (b)(6) (b)(6) (b)(6) true birth certificate. (b)(6) (b)(6) (b)(6) (b)(6) birth certificate states that his date of birth is (b)(6) **1996** and that his parents are (b)(6) (b)(6) (b)(6) (b)(6) and (b)(6) (b)(6) (b)(6) The picture in the formal document matches his identity.

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) (b)(6) (b)(6) (b)(6) true identity is (b)(6) (b)(6) (b)(6) (b)(6) and he is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Identity taken BC of (b)(6) (b)(6) (b)(6) (b)(6) DOB (b)(6) 1999
- True BC (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) 1996
- Photograph
- TB Clearance
- Signed Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

002643

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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002644

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

REGISTRO DE LAS PERSONAS
RENAP
OFICINA 313
SAN MIGUEL

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6), departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 31/03/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día veinticinco 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)

Luis Fernando López Escobar

Registrador Civil de las Personas

te certificado fue impreso en papel bond el día veinticinco de agosto del dos mil dieciséis y tiene vigencia c
ses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verifi
enticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002646

(b)(6)

VERIFICADOR: (b)(6)

ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6) (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, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

- (b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

- (b)(6), (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinticinco 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)

Luis Fernando López Escobar
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 en papel bond el día veinticinco de agosto del dos mil dieciséis y tiene vigencia de s meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002648

(b)(6)

Dr. Peter Arvanitis Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date: August 3, 2016
Name: (b)(6) (b)(6) (b)(6) (b)(6)
ID: A # (b)(6)

To Whom It May Concern:

This is in response to South West Key Program's request regarding (b)(6) (b)(6) (b)(6) (b)(6) age determination. (b)(6) (b)(6) (b)(6) (b)(6 was seen at our dental office on August 3, 2016.

Using **"The A.B.F.O Study of Third Molar Development and It's Use As an Estimator of Chronological Age,"** *Journal of Forensic Science*, JFSCA, Vol.38, No.2, March 1993,pp.379-390, and **"The Accuracy and Precision of Third Molar Development as an Indicator of Chronological Age in Hispanics,"** *Journal of Forensic Science 2002; 47(3)*: 531-535, we attempted to create a probable age range.

In the course of dental examination it was ascertained that (b)(6) (b)(6) (b)(6) (b)(6 has third molars #1, #16, #17 and #32. An evaluation of the orthopantomogram revealed that third molars #1, #16, #17, #32 presented a mineralization stage of H.

According to the mean age of attainment of stages of the third molar crown-root formation, (b)(6) (b)(6) (b)(6) (b)(6) is 20.6+/-2.3 years old if you consider the mandibular third molars and 20.1+/-2.6 if you consider the maxillary third molars.

The age range is **17.5-22.9.**

The probability of (b)(6) (b)(6) (b)(6) being over 18 years of age based on third molars developmental stages is 75% for tooth #1, 76% for tooth #16, 89% for tooth #17, 85% for tooth #32.

The average probability that this individual has reached his 18th birthday expressed as a percentage is **81.25%.**

Sincerely,

(b)(6)

Peter Arvanitis DDS PC

Facility #: --- 002650

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 18, 2016

Immunization Report

User: (b)(6)

Time: 20:00:59 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/18/2016	
Hepatitis B	Consented	- Ricardo Meza 07/18/2016	
Tdap	Consented	- Ricardo Meza 07/18/2016	
IPV	Consented	- Ricardo Meza 07/18/2016	
Meningicoccal	Consented	- Ricardo Meza 07/18/2016	
MMR	Consented	- Ricardo Meza 07/18/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/18/2016	
HPV	Consented	- Ricardo Meza 07/18/2016	

002651
(b)(6) (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) (b)(6)
DOB: (b)(6) /1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Jul 19, 2016 1(b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

(b)(6)

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

002652
(b)(6), (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: Mary J. Connell, MD
Scott Penny, MD

Released By: Mary J. Connell, MD on 7/19/2016 2:32 PM
CC: (b)(6), PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

002653

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /1999
Collection Date/Time: 07/18/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 07/19/2016 8:35AM EDT
Approval Date/Time: 07/20/2016 6:51PM 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	0
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/24 11:01:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/08/24 11:02:45
Delivered Date:	2016/08/24 11:01:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 15, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, Mrs. (b)(6) (b)(6) (b)(6) in Honduras on July 16, 2016.

On July 25, 2016 Ms. (b)(6) (b)(6) (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to send it for verification to the Honduras Consulate. The Honduran Consulate verified Mr. (b)(6) 's birth certificate on August 23, 2016 and informed ORR that the correct date of birth of Mr. (b)(6) (b)(6) is (b)(6) **1997** instead of (b)(6) 1999.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) (b)(6) mother. Mr. (b)(6) (b)(6) immediately admitted to Case Manager that it was his idea to modify his date of birth on his birth certificate and stated that he is 18 years old and that his real date of birth is October 2, 1997. Mr. (b)(6) (b)(6) stated that his birth certificate had been altered in his town by an unknown man. Mr. (b)(6) (b)(6) did not want to provide the unknown man's name. He stated when he was at the border of Mexico and the United States he learned about the shelters for undocumented minors; he then contacted his mother, Ms. (b)(6) (b)(6) (b)(6), and asked to have the year on his birth certificate altered so that his age would appear to be under 18.

Case Manager contacted again Ms. (b)(6) (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her son produced a different date that makes her son 18 years old and Ms. (b)(6) (b)(6) (b)(6) responded that the birth certificate she sent was not a valid birth certificate. Ms. (b)(6) (b)(6) (b)(6) stated that her son (b)(6) (b)(6) (b)(6) (b)(6) had called her to have his birth certificate altered in Honduras prior to (b)(6) (b)(6) (b)(6) (b)(6) crossing the US and Mexico border. Mrs. (b)(6) (b)(6) (b)(6) stated that her sister Ms. (b)(6) (b)(6) paid to get her son's Mr. (b)(6) (b)(6) birth certificate altered. Mrs. (b)(6) (b)(6) (b)(6) stated that she does not know the person who altered Mr. (b)(6) s birth certificate nor does she know the amount paid.

The Division of Children's Services' Federal Field Specialist (DCS FFS) reviewed (b)(6) (b)(6) (b)(6) (b)(6) verified birth certificate by the Dallas Honduran Consulate, Mr. (b)(6) (b)(6) own retraction about his correct date of birth and his mother's statement admitting that they have engaged in the scheme of altering the formal document with the purpose of deceiving those who would review it and believe he is a minor, and agrees that there is sufficient evidence to demonstrate that Mr. (b)(6) (b)(6) is an adult.

Mr. (b)(6) (b)(6) is 18 years old, therefore he must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RNP verified BC
- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@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 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 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: (b)(6)

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) Municipio

b) *FRANCISCO MORAZÁN* Departamento

c) *HONDURAS* País

d) (b)(6) Día

e) (b)(6) Mes

f) *1999* Año

2.) Apellidos, nombre y nacionalidad del padre:

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

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) *HONDUREÑA* 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: (b)(6)

NINGUNA

Extendida en *CANE* Municipio *LA PAZ* Departamento

a los: *VEINTIOCHO* días del mes de *JUNIO*

del DOS MIL *DIECISEIS*

(b)(6)

Firma y Sello del Director General

(b)(6)

0026594

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

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) (b)(6) *municipio*

b) ***FRANCISCO MORAZÁN*** *departamento*

c) ***HONDURAS*** *pais*

d) (b)(6) *dia*

e) (b)(6) *mes*

f) ***1997*** *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) *primer apellido*

b) (b)(6) *segundo apellido*

c) (b)(6) (b)(6) *nombre*

d) ***HONDUREÑA*** *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

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***VEINTITRES*** dias del mes de ***AGOSTO***

del dos mil ***DIECISEIS***

(b)(6)

(b)(6)

(b)(6)

(b)(6)

002660

Facility #: --- 002661

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 18, 2016

Immunization Report

User: (b)(6)

Time: 21:35:28 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **/1999 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/18/2016	
Hepatitis B	Consented	- Ricardo Meza 07/18/2016	
Tdap	Consented	- Ricardo Meza 07/18/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/18/2016	
HPV	Consented	- Ricardo Meza 07/18/2016	
IPV	Consented	- Ricardo Meza 07/18/2016	
Meningicoccal	Consented	- Ricardo Meza 07/18/2016	
MMR	Consented	- Ricardo Meza 07/18/2016	

002662

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 07/19/2016 17:31 **Location:** (b)(6)

Initial Admission: 07/15/2016 **Admission:** 07/15/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   07/18/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   Southwest Key Programs- 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
   07/18/2016
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
   07/19/2016
9. Findings
   - a. Normal
   - b. Abnormal

002663

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

002664

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DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)/1999
Collection Date/Time: 07/18/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 07/19/2016 8:35AM EDT
Approval Date/Time: 07/20/2016 4:30PM 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	0
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.

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Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Jul 19, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

(b)(6)

Thank you for making MIHS a part of your patient care.

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

MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 7/19/2016 9:57 AM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) a@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/23 10:52:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/08/23 10:53:45
Delivered Date:	2016/08/23 10:52:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 19, 2016 as a juvenile as a result of (b)(6) 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 Case Manager, (b)(6) to whom Mr. (b)(6) disclosed that he was overage. Case Manager proceeded then to contact Mr. (b)(6) potential sponsor, (b)(6) (b)(6) who resides in (b)(6) and (b)(6) (b)(6) informed Case Manager that he believed Mr. (b)(6) was approximately 19 years old.

Case Manager then contacted in Honduras Mr. (b)(6) mother, Ms. (b)(6) (b)(6) who informed Ms. (b)(6) that her son was 19 years old and that his correct date of birth is (b)(6) **, 1997** and then sent to Case Manager a copy of Mr. (b)(6) birth certificate which confirmed the date of birth to be (b)(6) , 1997.

Case Manager, (b)(6) provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended. Mr. (b)(6) admitted misreporting his date of birth, because he had not been able to remember the correct year at the time of his apprehension by immigration.

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:

- True BC
- 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) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002671

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito 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)

Numero de Identidad

del Año 1997 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: (b)(6)

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) Municipio

b) OLANCHO Departamento

c) HONDURAS País

d) QUINCE Dia

e) FEBRERO Mes

f) 1997 Año

2.) Apellidos, nombre y nacionalidad del padre:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

d) HONDUREÑA 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: (b)(6)

NINGUNA

Extendida en TRUJILLO Municipio, COLÓN Departamento

a los CUATRO días del mes de MARZO

del DOS MIL QUINCE

(b)(6)

Firma y Sello del Director General

GzgBfB7qG4o7LFyJT... OLdLuvNvnQF3c$yFX05NvBQVvrLerFdDUpBGdJbEOFnbIEu

Facility #: --- 002672

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Aug 22, 2016

Immunization Report

User: Mailin (b)(6)

Time: 12:44:23 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 08/01/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/22/2016	
Hepatitis B	Consented	- - 08/22/2016	
Tdap	Consented	- - 08/22/2016	
IPV	Consented	- - 08/22/2016	
HPV	Consented	- - 08/22/2016	
Meningicoccal	Consented	- - 08/22/2016	
MMR	Consented	- - 08/22/2016	
Varicella (chicken pox)	Consented	- - 08/22/2016	

002673

(b)(6)

002674

(b)(6) (b)(6) (b)(6) (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) (b)(6) (b)(6 (b)(6)
DOB: (b)(6)/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Mon Aug 22, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 8/22/2016 7:54 AM
CC: (b)(6) , PA - FAX

002675

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

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) z@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)((b)(6) (b)((b) (b)(6) Casa Phoenix
Date:	2016/07/13 17:04:00
Priority:	Urgent
Type:	Note

Good afternoon,

The person listed in the subject line was determined to be an adult named (b)(6) (b)(6) (b)(6) (b)(6) with a verified DOB (b)(6) /1996.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

Natalia C. Peña, Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, July 13, 2016 10:30 AM

To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6 (b)(6) (b)((b)((b)(6) Casa Phoenix
Importance: High

Myriam,
Please contact ICE and have this individual transferred in to their custody.
Tahnsk Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Wednesday, July 13, 2016 10:28 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6 (b)(6) (b)((b)((b)(6) Casa Phoenix
Importance: High

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed individual with an AKA name of (b)(6 (b)(6) (b)(6) (b)(6) and a verified DOB of (b)(6) /1996.

Myriam Hillin, MA-MSPC

Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/07/13 17:05:10
Delivered Date:	2016/07/13 17:04:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 13, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) Contreras **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on July 8, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) misrepresentation of himself as a minor by creating a false identity and providing a different name and a date of birth of (b)(6), 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) (b)(6) appears to be overage. Case Manager proceeded then to contact Mr. (b)(6) (b)(6) (b)(6) s potential sponsor, (b)(6) (b)(6) (b)(6) (b)(6) who resides in (b)(6) reported she does not know the real age of Mr. (b)(6) (b)(6) (b)(6) because she has never seen the individual and has never asked this information of anyone.

Case Manager requested a copy of Mr. (b)(6) (b)(6) (b)(6) s birth certificate from his mother, (b)(6) (b)(6) (b)(6) who was going by the name of (b)(6) (b)(6) who resides in Honduras. Ms. (b)(6) informed Case Manager that she needed to speak to her son in order to release any other information and to make sure he was at SWK Casa Phoenix. Case Manager provided then an opportunity to Mr. (b)(6) to place a phone call to his mother (b)(6) AKA: (b)(6) who told her son to please be honest so he could be helped. Ms. (b)(6) (b)(6) (b)(6) was able to fax to Case Manager a copy of her son's, (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) birth certificate showing a date **of birth** (b)(6) **1996.** This date is different from the date (b)(6), 1999 that Mr. (b)(6) (b)(6) (b)(6) reported after apprehension and also from the one Mr. (b)(6) reported in his statement.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) (b)(6) to explain the discrepancy between the document received and the information he verbally provided about his date of birth and name and Mr. (b)(6) (b)(6) (b)(6) very regretfully admitted that his correct name is (b)(6) (b)(6) (b)(6) (b)(6) and that his correct date of birth is (b)(6), 1998 and that he was not honest when he provided the name (b)(6) (b)(6) (b)(6) He added that when he was traveling to the US with a friend they were kidnapped and were advised not to mention any names otherwise they would be killed because the men who kidnapped them were involved with immigration and could easily figure out who it was who dropped the names of the men who kidnapped them. This is the reason Mr. (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) alleges that he reported a different name and date of birth due to fear of being killed. He explained he was crossing the Mexican border around July 4, 2016, that a couple of men (did not know their names) told him they would

take him across the border for free but then later was told he had to smuggle marijuana. Mr. (b)(6) (b)(6) (b)(6) reported that he was scared that something bad would happen to him and didn't want to give out his real name to anyone and that he provided the name of one of his cousins so those men would not be able to track him down.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) s birth certificate, his own retraction of his correct name and date of birth, his mother's retraction of the true date of birth and name admitting her son is an adult and their credible testimony acknowledging and corroborating that (b)(6) (b)(6) (b)(6) is (b)(6) (b)(6) (b)(6) (b)(6) **with date of birth** (b)(6) **, 1996** and agrees that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) (b)(6) is 20 years old.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- (b)(6) (b)(6) (b)(6) (b)(6) True BC
- Photograph
- TB clearance
- Statement

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) Contreras is over 18 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 Mr. (b)(6) (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.

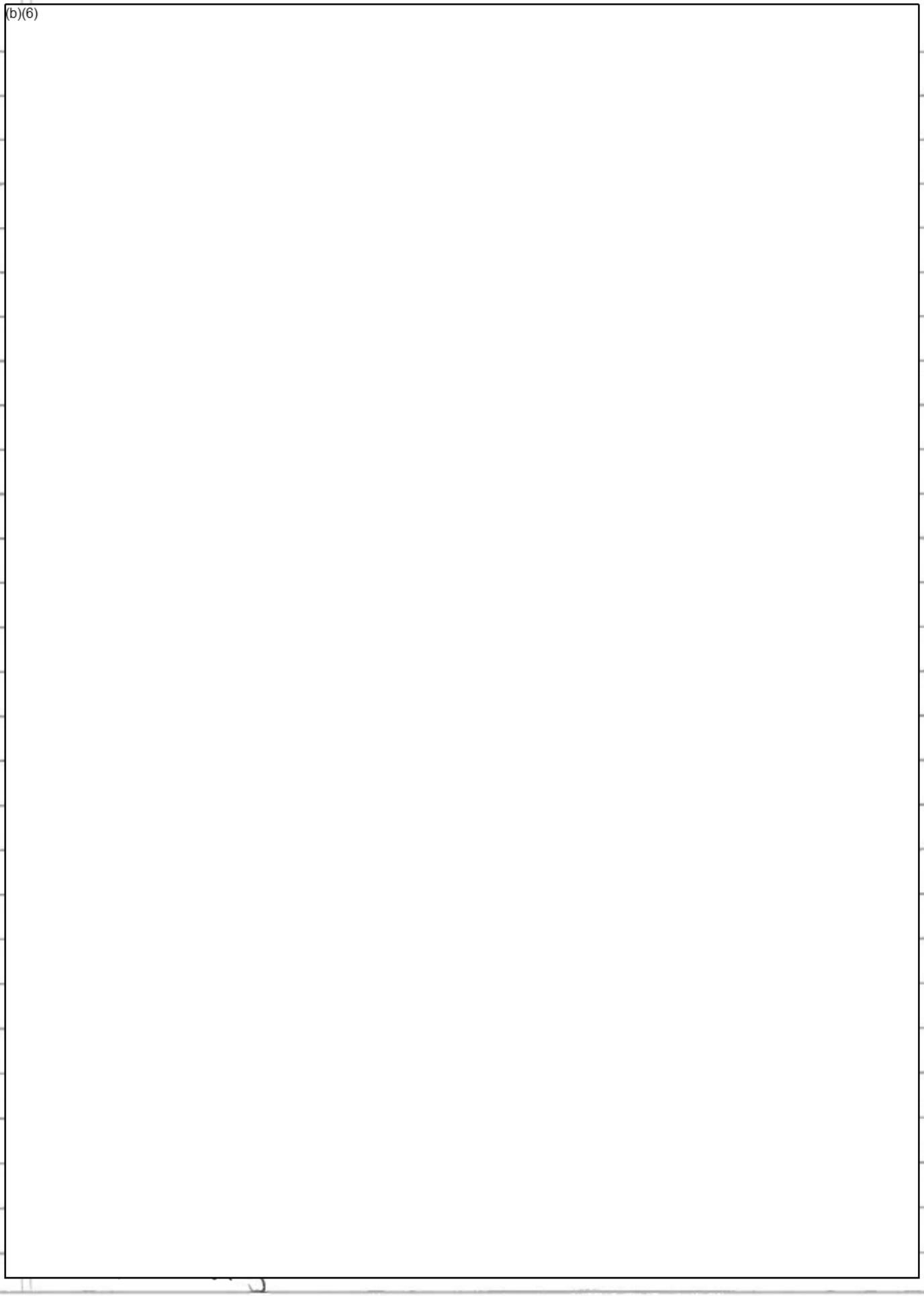
Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002681

(b)(6)



002682

(b)(6)

(b)(6)

(b)(6)

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION 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) *Número de Identidad* ubicada en el folio (b)(del tomo (b)(6) del Año 1997 y que pertenece a:

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

y cuya información es la siguiente: (b)(6)

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) Municipio
b) CORTÉS Departamento
c) HONDURAS País
d) (b)(6) Día
e) (b)(6) Mes
f) 1996 Año

2.) Apellidos, nombre y nacionalidad del padre:

a) (b)(6) *Primer Apellido*
b) (b)(6) *Segundo Apellido*
c) (b)(6) (b)(6) *Nombre*
d) HONDUREÑA 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: (b)(6)

NINGUNA

Extendida en SANTA CRÚZ DE YOJOA Municipio, CORTÉS Departamento

a los: TRES días del mes de OCTUBRE

del DOS MIL CATORC

(b)(6)

Firma y Sello del Registrador Civil Municipal

(b)(6)

Facility #: --- 002686

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 11, 2016

Immunization Report

User: (b)(6)

Time: 21:35:32 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

Contreras (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/11/2016	
Hepatitis B	Consented	- Ricardo Meza 07/11/2016	
Tdap	Consented	- Ricardo Meza 07/11/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/11/2016	
HPV	Consented	- Ricardo Meza 07/11/2016	
IPV	Consented	- Ricardo Meza 07/11/2016	
Meningicoccal	Consented	- Ricardo Meza 07/11/2016	
MMR	Consented	- Ricardo Meza 07/11/2016	

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) /1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sun Jul 10, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence for active granulomatous/fungal
disease.

(b)(6)

NOTE:
Report dictated by resident, Cody Larson MD, 10626. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

002688

(b)(6) (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: Samantha L Matz, DO
Cody Larson, MD

Released By: Samantha L Matz, DO on 7/10/2016 8:01 AM
CC: (b)(6), PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/26 02:29:00
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1996. He is medically cleared. At your earliest convenience please transfer this individual to adult custody.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; '(b)(6) @swkey.org>"; '(b)(6) @swkey.org>"; '(b)(6) @swkey.org>"
Sent Date:	2016/09/26 02:29:40
Delivered Date:	2016/09/26 02:29:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 25, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) misrepresentation of himself as a minor by creating a false identity and providing a date of birth of (b)(6), 1998 to apprehending officials

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared over age. Case Manager proceeded to contact Mr. (b)(6) (b)(6) mother (b)(6) (b)(6) (b)(6) in Guatemala who faxed to Case Manager a copy of Mr. (b)(6) (b)(6) birth certificate with the name (b)(6) (b)(6) (b)(6) (b)(6) with a date of birth of (b)(6), 1998.

Case Manager then requested that the Phoenix Guatemalan Consulate interview Mr. (b)(6) (b)(6) on August 6, 2016 as it was apparent that Mr. (b)(6) (b)(6) appeared to be overage. Guatemalan Consular Assistant, Ms. (b)(6) emailed on August 11, 2016 to ORR the results of their interview and revealed that Mr. (b)(6) (b)(6) identity did not match the information. A second verification was conducted on August 15, 2016 and the information did not match. The Guatemalan consulate was unable to provide a valid document for the UC.

On August 31, 2016 Mr. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine Mr. (b)(6) (b)(6) chronological age. Dr. Arvanitis provided a report concluding that "there is **a very high probability** that (b)(6) (b)(6) (b)(6) (b)(6) **is over 18 years** of age based on the mineralization stage of the third molars". Dr. Arvanitis further concluded that "**The probability of** (b)(6) (b)(6) (b)(6) (b)(6) **being over 18 years of age based on third molars developmental stages is 80.85%.**" 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".

The case was later reassigned to Case Manager (b)(6) on September 2, 2016, Case Manager immediately talked to reported mother in Guatemala and requested that a valid document be provided as soon as possible as the Guatemalan Consulate informed that the first document submitted was an invalid document. A second BC was sent from mother in Guatemala reading only (b)(6) (b)(6) (b)(6) and DOB of (b)(6) **1998**.

The second birth certificate received was sent for verification and Guatemalan Consular Assistant, Ms. (b)(6) emailed on September 23, 2016 to ORR the results of their interview and revealed that Mr. (b)(6) (b)(6) true identity is (b)(6) (b)(6) (b)(6) with a date of birth **of** (b)(6) **1996**.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of Mr. (b)(6) (b)(6) (b)(6) and I agreed that he is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- Consulate verification
- Dental Examination Results
- Immunization records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

3

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa ocho

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Dr. Peter Arvanitis Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date: 08/31/2016 **Case #:** (b)(6)
First Name: (b)(6) **Last Name:** (b)(6)
Sex: Male **Ancestry:** American Hispanic
Reported DOB: (b)(6) 1998 **Nationality:**
Reported Age: 17
Case Agency: Office of Refugee Resettlement
Location: Phoenix
Odontologist: Peter Arvanitis DDS PC
Radiologist: Peter Arvanitis DDS PC
Photographer:

(b)(6)

	Maxillary		
Right	H	H	Left
	H	H	
	Mandibular		

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

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.

Conclusion:

Based upon radiographic analysis (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) (b)(6) (b)(6) is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)(6) (b)(6) (b)(6) (b)(6), having attained 18 years of age is 80.85.

Respectfully Submitted,

(b)(6)

Peter Arvanitis DDS PC

Facility #: --- 002695

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 26, 2016

Immunization Report

User: (b)(6)

Time: 18:30:28 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **/1998 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 07/26/2016	
Hepatitis B	Consented	- - 07/26/2016	
Tdap	Consented	- - 07/26/2016	
Varicella (chicken pox)	Consented	- - 07/26/2016	
HPV	Consented	- - 07/26/2016	
IPV	Consented	- - 07/26/2016	
Meningicoccal	Consented	- - 07/26/2016	
MMR	Consented	- - 07/26/2016	

002696

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 07/28/2016 19:40 **Location:** (b)(6)

Initial Admission: 07/26/2016 **Admission:** 07/26/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1998 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

Dr. (b)(6)

b.Telephone:

(602) 254-0390

2. Date of visit

07/26/2016

3. Name of program staff with child

(b)(6), LMC

4. Program Name

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

07/26/2016

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

07/27/2016

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de Huehuetenango,
CERTIFICA
que con fecha diecinueve de enero de mil novecientos noventa y nueve; en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa ocho

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintinueve 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)

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 332
CUILCO,
HUEHUETENANGO

Claury Julissa , López Velásquez
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.
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 en papel bond el día veintinueve de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002700

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
[redacted]	(b)(6)	MASCULINO	(b)(6) 1996

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(	(b)(6	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Fecha nacimiento de la madre:

Nombre del padre: (b)(6) (b)(6) (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 veridica 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 mi.

Firma titular

CONSULADO GENERAL DE GUATEMALA ** PHOENIX, ARIZONA

(b)(6)

Firma cónsul u opetador

USUARIO: (b)(6)

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK Lighthouse
Date:	2018/03/08 17:51:31
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has been determined to be an adult and is ready for transport to an adult facility.

ORR Universal Password applies.

POC are Shift Leaders: 480-225-5219

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

This e-mail contains sensitive and/or privileged information. This email is intended only for the parties copied on this email. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this e-mail.

Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/03/08 17:51:39
Delivered Date:	2018/03/08 17:51:31
Message Flags:	Unsent

ADMINISTRATION FOR CHILDREN & FAMILIES

Memo of Age Redetermination
March 8, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Lighthouse

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

SUBJECT: Age Redetermination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was placed in HHS-ORR care with Southwest Casa Lighthouse on February 4, 2018 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a fraudulent date of birth different of (b)(6) 2001.

On March 7th, 2018 the assigned Case Manager (b)(6) met with Mr. (b)(6) (b)(6) to provide an update on his case and during the meeting Mr. (b)(6) (b)(6) interrupted case manager and informed case manager that he is 19 years old and that his correct date of birth is (b)(6) **1998**. He added that his parents, (b)(6) (b)(6) and (b)(6) (b)(6) provided him with the altered birth certificate and that he felt guilty for his dishonesty. Mr. (b)(6) (b)(6) explained that it was his father's idea to alter the birth certificate so he could be reunited with his sister as a minor.

The Case Manager spoke with Mr. (b)(6) (b)(6) sister (b)(6) (b)(6) (b)(6) to inquire about her brother's correct date of birth, but she was hesitant to provide any information and instead she sent to the Case Manager the fraudulent birth certificate with date of birth (b)(6) 2001.

On March 7, 2018 Mr. (b)(6) (b)(6) father received a copy of the correct document with date of birth (b)(6) 1998 which has been verified by the Guatemalan consulate on March 8, 2018.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Medical Records

- Self-Statement
- Picture.
- Fraudulent BC

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

Respectfully,

Myriam Hillin
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de (b)(6)

CERTIFICA

que con fecha trece de octubre de mil novecientos noventa y ocho, en la partida 837, folio 419 del libro 172, del Registro Civil del Municipio de TACANÁ, Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (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, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día trece de octubre de dos mil diecisiete 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)

Ovidio Byron , Santizo Mejía

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día trece de octubre del dos mil diecisiete 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)(6) Casa Phoenix
Date:	2016/09/23 16:53:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) a@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/09/23 16:53:54
Delivered Date:	2016/09/23 16:53:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 14, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, who resides in Guatemala. Ms. (b)(6) (b)(6) (b)(6) faxed Case Manager a copy of her son's birth certificate showing a date of birth (b)(6), 1999, and explained to Case Manager that it was the only document she had. The document was submitted then for verification to the Guatemalan consulate.

The Guatemala Consulate verified Mr. (b)(6) (b)(6) date of birth on September 21, 2016 and informed ORR that the correct date of birth is (b)(6) **1997** instead of (b)(6) 1999.

Case Manager then provided an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified date of birth which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) (b)(6) s mother. Mr. (b)(6) (b)(6) Immediately admitted to Case Manager that it was his idea to modify his date of birth on his birth certificate and stated that he is 19 years old and that his real date of birth is (b)(6) 1997. Mr. (b)(6) (b)(6) stated that his birth certificated had been altered by a friend of his and did not want to provide his friend name.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (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) (b)(6) is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- photograph
- TB Clearance
- Consular verification of DOB

Datos coinciden con RENAP
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento: (b)(6) 1997
Lugar de Nacimiento: Guatemala, (b)(6) (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6 (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002711

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-09-21

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6)/1997

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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.

(b)(6)

Firma titular

Firma cónsul u operador

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

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PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 110920636326437

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), departamento de Huehuetenango,
CERTIFICA
que con fecha dieciséis de abril de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintinueve 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)

Claury Julissa , López Velásquez
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.
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 en papel bond el día veintinueve de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: ---
002714
Date: Sep 15, 2016
Time: 19:11:56 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 7/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 09/15/2016	
Hepatitis B	Consented	Left Deltoid - 09/15/2016	
Meningicoccal	Consented	Left Deltoid - 09/15/2016	
MMR	Consented	Left Deltoid - 09/15/2016	
Tdap	Consented	Right Deltoid - 09/15/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 09/15/2016	
HPV	Consented	Right Deltoid - 09/15/2016	
IPV	Consented	Right Deltoid - 09/15/2016	

(b)(6)

002715

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) 'SWK Casa Phoenix
Date:	2016/09/23 16:54:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1992 and correct name (b)(6) (b)(6) (b)(6) She is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/09/23 16:55:13
Delivered Date:	2016/09/23 16:54:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6)
AKA (b)(6) (b)(6) (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on March 1, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what Ms. (b)(6) (b)(6) and her family have now revealed to be her real identity with the purpose of misrepresenting herself as a minor.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became apparent that Ms. (b)(6) (b)(6) could be over age. Case Manager proceeded then to contact Ms. (b)(6) (b)(6) family in Guatemala which faxed a copy of Ms. (b)(6) (b)(6) birth certificate, the birth certificate had the name (b)(6) (b)(6) (b)(6) and date of birth of (b)(6), 1999.

Case Manager (b)(6) was reviewing Ms. (b)(6) (b)(6) file when it became apparent to her that she may be overage and that the document could have been altered so she sent it for verification.

The birth certificate was verified by the Guatemalan consulate confirming a date of birth of (b)(6), 1999.

The case was re-assigned to Case Manager (b)(6) who met with the Ms. (b)(6) (b)(6) and also believed she maybe over age. The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures which are outlined in *Section 1.6 Determining the Age of an Individual without Lawful Immigration Status*.

Thus, on September 19, 2016 Ms. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine her chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached her 18th birthday as a percentage is 82.65%**". 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 (b)(6) and Clinician (b)(6) met with Ms. (b)(6) (b)(6) to provide her the opportunity to explain additional information about her identity. Ms. (b)(6) (b)(6) disclosed to Case Manager that she

took the identity of her neighbor in Guatemala and that her real name is (b)(6) (b)(6) (b)(6) **with date of birth of** (b)(6) **1992**. Ms. (b)(6) (b)(6) will be referred to from here forward in this document as Ms. (b)(6)

Case Manager provided then an opportunity to Ms. (b)(6) to explain how she obtained the birth certificate which had the minor's information she was impersonating. Ms. (b)(6) stated a nearby neighbor, (b)(6) (b)(6) (b)(6) allowed her to use her daughter's birth certificate to travel to the United States to come live with her uncle. Ms. (b)(6) said she wanted a fresh start and spent all her earnings to travel to the United States. Ms. (b)(6) disclosed that she was very sorry for the lies, but she had to take a chance to help her family escape from poverty.

Case Manager then called mother, (b)(6) (b)(6) (b)(6) in Guatemala to confirm the identity of her daughter. Ms. (b)(6) (b)(6) stated that her daughter was impersonating a minor and that will send the correct formal document.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Ms. (b)(6) (b)(6) (b)(6) including her verified birth certificate indicating a correct date of birth of (b)(6) 1992, her own retraction of her first provided incorrect date of birth and name including admitting that she is 23 years old and her mother's corroboration of this information including admitting that they both have carried out a scheme to create a false date of birth 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.

Accordingly, under these procedures, the age determination process for Ms. (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Impersonating minor's BC
- Actual BC
- Photograph
- TB Clearance
- Vaccinations
- Written statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is actually (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

Registro Nacional de las Personas

República de Guatemala

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

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de Colotenango
CERTIFICA
que con fecha veintiseis de abril de mil novecientos noventa y nueve en la partida (b)(6) del folio (b)(6) y libro (b)(fue inscrito el nacimiento de:

Datos del inscrito

(b)(6) (b)(6) (b)(6) -
Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y nueve — Femenino
Fecha de nacimiento — Género

Guatemala, (b)(6) (b)(6)
Lugar de nacimiento

Datos de la madre

(b)(6)
Nombres y apellidos de la madre

(b)(6)
Lugar de origen

Datos del padre

(b)(6)
Nombres y apellidos del padre

(b)(6)
Lugar de origen

Observaciones

Fs) Ilegible. Ilegible. Se ve un sello.
RAZON: POR HABERSE EFECTUADO LA INSCRIPCION EN FORMA EXTEMPORANEA SE LE IMPUSO MULTA DE UN QUETZAL EXACTO. CONSTE. COLOTENANGO, A 26 DE ABRIL DE 1,999. F) REGISTRADOR CIVIL: Ilegible. Se ve un sello.

(b)(6)

002722

(b)(6)

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 (b)(6)

CERTIFICA

que con fecha cinco de diciembre de mil novecientos noventa y dos en la partida (b)(6), del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y dos — Femenino

Fecha de nacimiento — Género

Guatemala, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

fs). Digital del compareciente. Registrador: Ilegible. "Hay un sello".

El Infrascrito Registrador Civil de las Personas del municipio Colotenango, departamento de Huehuetenango, hace constar que de conformidad con la información proporcionada por la Dirección de Procesos, el inscrito en la partida de fondo se enroló con fecha 24/01/2011, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

(b)(6)

(b)(6)

002723

Extendida en el municipio de Colotenango, departamento de Huehuetenango, el día dos de septiembre de dos mil once por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

Aurelio Martín Rojas de León
Registrador Civil de las Personas

(b)(6)

ERIOS340
02/09/2011 09:01:32a.m.
NDOMINGO340

(b)(6)

002725

Name: (b)(6)

Date of Birth: (b)(6) /1999

Type of Vaccine	1st Mo/Day/Yr	2nd Mo/Day/Yr	3rd Mo/Day/Yr	4th Mo/Day/Yr	5th Mo/Day/Yr
(DTaP/DT) Diphtheria, Tetanus, Pertussis	/ /	/ /	/ /	/ /	/ /
Signature of Provider					
(IPV) Polio	MAR/02/2016	/ /	/ /	/ /	/ /
Signature of Provider	KKP				
(Hib) *Haemophilus influenzae type B*	/ /	/ /	/ /	/ /	Notes:
Name of Hib Manufacturer					
Signature of Provider					
(PCV) Pneumococcal Conjugate	/ /	/ /	/ /	/ /	
Signature of Provider					
(Hep B) Hepatitis B	MAR/02/2016	/ /	/ /	/ /	
Signature of Provider	KKP				
(Hep A) Hepatitis A	MAR/02/2016	/ /	/ /		
Signature of Provider	KKP				
(RV) Rotavirus	/ /	/ /	/ /		
Name of RV Manufacturer					
Signature of Provider					
(MMR) Measles, Mumps, Rubella	MAR/02/2016	/ /	/ /		
Signature of Provider	KKP				
(VAR) Varicella ✓☐ box if Hx of chickenpox	MAR/02/2016	/ /	/ /		
Signature of Provider	KKP				
(Flu) Influenza	MAR/02/2016	/ /	/ /	/ /	
Print Live or Inactivated	KKP				
Signature of Provider					
(HPV) Human Papilloma Virus	MAR/02/2016	/ /	/ /	/ /	
Name of HPV Manufacturer	KKP				
Signature of Provider					
(Td) Tetanus, Diphtheria	/ /	/ /	/ /	/ /	
Signature of Provider					
(Tdap) Tetanus, Diphtheria, Pertussis	MAR/02/2016	/ /			
Signature of Provider	KKP				
(MCV) Meningococcal Conjugate	MAR/02/2016	/ /			
Signature of Provider	KKP				
(PPV23) Pneumococcal Polysaccharide	/ /	/ /			
Signature of Provider					
Other:	/ /	/ /			
Signature of Provider					
Other:	/ /	/ /			
Signature of Provider					

	Date	Result	Provider
Newborn Screen			
TB Skin Test	MAR 02 2016		
	KKP	0mm (-)	

LIRC3000 (08/10)

002726

OMB Control No: (b)(6)
Expiration date: 11/30/2018

Supplemental TB Screening

General Information (to be completed by program staff)

Child	Last name: (b)(6) (b)(6)	First name: (b)(6)		
	DOB: (b)(6) /1999	A#: (b)(6)	Gender: F	
Healthcare Provider or Health Dept.	Name: (b)(6), PA / Dr. Carlos Lopez	Phone number: (602)254-0390	Clinic/Practice: Kids Kare Pediatrics	
	Street address: 521 W. Thomas Rd.	City/Town: Phoenix	State: AZ	Date of visit: 03 / 02 / 2016
Program	Name of program staff with child: (b)(6) Lead Medical Coordinator	Program name: Southwest Key Program - Casa Phoenix		

Medical Info (to be completed by provider's office or health dept.)

PPD/Tuberculin skin test (TST):	**Date applied:** 03 / 02 / 2016 **Date read:** 3 / 4 / 16 **Result:** Ø mm **Interpretation:** ☐ Positive ☒ Negative
TB blood test (Interferon-Gamma Release Assay [IGRA]):	**Date drawn:** ___ / ___ / ____ **Test Type:** ☐ QuantiFERON®-TB Gold In-Tube test (QFT-GIT) ☐ T-SPOT®.TB test (T-Spot) **Result:** ☐ Positive ☐ Negative ☐ Borderline/ Equivocal/ Indeterminate
Chest x-ray:	**Date:** 03 / 03 / 16 **Findings:** ☒ Normal ☐ Abnormal
TB Determination:	☐ Negative for TB condition ☐ Latent tuberculosis infection (LTBI) ☐ Active TB suspected
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.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA: (b)((b)(6) (b)(6) (b)(6) SWK Casa Phoenix
Date:	2016/09/23 16:55:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1995 and correct name (b)(6) (b)(6) (b)(6) He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/23 16:55:35
Delivered Date:	2016/09/23 16:55:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on June 28, 2016, as a juvenile as a result of Mr. (b)(6) (b)(6) (b)(6) misrepresentation of himself as a minor by creating a false identity and providing a date of birth of (b)(6), 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it did not become immediately apparent that Mr. (b)(6) (b)(6) (b)(6) appeared over age and continued with reunification efforts. Case Manager proceeded to contact Mr. (b)(6) (b)(6) (b)(6) reported aunt in Guatemala who faxed to Case Manager a copy of Mr. (b)(6) (b)(6) (b)(6) birth certificate with a date of birth of (b)(6) (b) 1999.

Case Manager then requested that the Phoenix Guatemalan Consulate interview Mr. (b)(6) on July 11, 2016 as it was apparent that he appeared to be overage. Guatemalan Consular Assistant, Ms. (b)(6) emailed on July 15, 2016 to ORR the results of their interview and revealed that Mr. (b)(6) (b)(6) (b)(6) birth certificate could not be found in the RENAP archives.

The case was later reassigned to Case Manager (b)(6) on September 9, 2016, who while reviewing Mr. (b)(6) (b)(6) (b)(6) file noticed that Mr. (b)(6) (b)(6) (b)(6) appeared over age. Case Manager immediately talked to reported aunt in Guatemala and requested that a valid BC was needed as soon as possible as the Guatemalan Consulate informed that the first document submitted was an invalid document. Reported aunt in Guatemala provided a second birth certificate. Case Manager proceeded to verify the document on the official RENAP website and the document came back valid with the date of birth of (b)(6), 1999. Even though second BC that was provided from reported aunt in Guatemala came back valid, it was still suspect Mr. (b)(6) (b)(6) (b)(6) appeared over age.

Case Manager (b)(6) met with Mr. (b)(6) (b)(6) (b)(6) to provide him the opportunity to explain information about his identity and Mr. (b)(6) (b)(6) (b)(6) disclosed to Case Manager (b)(6) that his real name is (b)(6) (b)(6) (b)(6) with a date of birth of (b)(6) **1995**. Mr. (b)(6) (b)(6) (b)(6) also disclosed that he is from (b)(6) Mexico and not from Guatemala as he reported to apprehending officials.

Mr. (b)(6) (b)(6) (b)(6) admitted to Ms. Vargas that he made up the identity and paid a guide to falsify a document with the name of (b)(6) (b)(6) (b)(6) and the DOB of (b)(6) 1999. Mr. (b)(6) (b)(6) (b)(6) admitted that his real

name is (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **1995**. Mr. (b)(6) (b)(6) (b)(6) will be referred to from here forward in this document as Mr. (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) continued to explain to Case Manager (b)(6) that (b)(6) (b)(6) (b)(6) is a name he made up to have a falsified formal document and not someone else and that he did this as he was advised by acquaintances that minors successfully utilize this method to successfully enter the US and not be deported. Mr. (b)(6) (b)(6) (b)(6) explained that he would hear from acquaintances that only 'Guatemalan minors" successfully stay. This is the reason he reported to be Guatemalan and not Mexican.

Case Manager then contacted potential sponsor by the name of (b)(6) (b)(6) (b)(6) to confirm the identity of his reported family member he initially insisted that his reported family member name is (b)(6) (b)(6) (b)(6) and that he is a minor. Case Manager then placed both Mr. (b)(6) (b)(6) (b)(6) and Mr. (b)(6) (b)(6) (b)(6) on the speaker phone and Mr. (b)(6) (b)(6) (b)(6) informed his uncle that he disclosed his true identity. Mr. (b)(6) (b)(6) (b)(6) apologized for their actions and explained that he wanted to ensure that Mr. (b)(6) (b)(6) (b)(6) could remain in the US. Case Manager requested phone numbers to Mexico where Ms. Vargas could locate the mother. Phone numbers that were provided to Case Manager did not successfully go through. Case Manager then requested the real BC for Mr. (b)(6) (b)(6) (b)(6) be sent.

Case Manager then contacted reported aunt, Mr. (b)(6) (b)(6) (b)(6) aunt in Guatemala by the name of (b)(6) (b)(6) (b)(6) and asked to confirm her nephew's true identity. Case Manager asked questions about the falsified BC and Ms. (b)(6) (b)(6) (b)(6) explained that they paid the guide 4,000 Quetzals and the guide took care of everything. No names or telephone numbers were provided for the guide.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of Mr. (b)(6) (b)(6) (b)(6) and I agreed that he is an adult. Mr. (b)(6) (b)(6) (b)(6) was able to provide a self-statement.

Along with this Memo ORR is submitting the following documents:

- Mr. (b)(6) (b)(6) (b)(6) taken identity BC with the name of (b)(6) (b)(6) (b)(6)
- A photograph
- TB clearance
- Written statement of Mr. (b)(6) (b)(6) (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne (b)(6) reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) AKA: (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), Departamento de (b)(6)

CERTIFICA

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

Datos del inscrito

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

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

- Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

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

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

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

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinte de junio de dos mil dieciséis 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)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 315 TACANÁ SAN MARCOS

Ovidio Byron , Santizo Mejía
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 veinte de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002733

(b)(6)

ESTADOS UNIDOS MEXICANOS

REGISTRO CIVIL

No. DE CONTROL I-CO- 083

BOLETA No.: (b)(6) FECHA: (b)(6) DERECHOS: (b)(6)

EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE **CHIAPAS** Y COMO **DIRECTORA**

DEL REGISTRO CIVIL DEL ESTADO CERTIFICO QUE EN EL BANCO DE DATOS DEL REGISTRO CIVIL DE LAS INSCRIPCIONES DE LOS REGISTROS DE NACIMIENTO QUE ES CAPTURA FIEL DE LOS LIBROS ORIGINALES DE LAS OFICIALÍAS DEL REGISTRO CIVIL DEL ESTADO DE CHIAPAS EN EL LIBRO (b)(6) DE LA OFICIALIA (b)(DEL REGISTRO CIVIL EN LOCALIDAD Y MUNICIPIO DE (b)(6) SE ENCUENTRA ASENTADA EN LA FOJA No. (b)(6) EL ACTA No. (b)(6) DE FECHA: (b)(6)

TREINTA DE ABRIL DE MIL NOVECIENTOS NOVENTA Y OCHO

EN LA CUAL SE CONTIENEN LOS DATOS SIGUIENTES:

ACTA DE NACIMIENTO

NOMBRE: (b)(6)

FECHA DE NACIMIENTO: (b)(1995 (b)(6) DE MIL NOVECIENTOS NOVENTA Y CINCO

HORA DE NACIMIENTO: 06:00

PRESENTADO: VIVO (X) MUERTO ( ) SEXO: MASCULINO (X) FEMENINO ( )

LUGAR DE NACIMIENTO: CANTON ESPERANCITA HUEHUETAN CHIAPAS

COMPARECIO: EL PADRE ( ) LA MADRE (X) AMBOS ( ) PERSONA DISTINTA ( ) REGISTRADO ( )

PADRES

NOMBRE (b)(6) NACIONALIDAD MEXICANA EDAD 34 AÑOS

NOMBRE (b)(6) NACIONALIDAD MEXICANA EDAD 25 AÑOS

ABUELOS

ABUELO PATERNO (b)(6) NACIONALIDAD MEXICANA

ABUELA PATERNA (b)(6) NACIONALIDAD MEXICANA

ABUELO MATERNO (b)(6) NACIONALIDAD MEXICANA

ABUELA MATERNA (b)(6) NACIONALIDAD MEXICANA

TESTIGOS

NOMBRE (b)(6) NACIONALIDAD MEXICANA EDAD 44 AÑOS

NOMBRE (b)(6) NACIONALIDAD MEXICANA EDAD 43 AÑOS

No. DE CERTIFICADO DE NACIMIENTO NO HUBO C.R.I.P. (b)(6)

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO

NOMBRE PARENTESCO EDAD (b)(6) S

SE EXTIENDE ESTA CERTIFICACIÓN CON FUNDAMENTO EN LOS ARTÍCULOS 34, 35, 36, 37, 40 Y 45 DEL CODIGO CIVIL VIGENTE EN EL ESTADO DE CHIAPAS, EN HUIXTLA

A LOS 17 DIAS DEL MES DE FEBRERO DE 2009

ESTADO L NO DE

LA C. DIRECTORA DEL REGISTRO CIVIL DEL ESTADO, DOY FE.

(b)(6)

LIC. PATRICIA SANCHEZ RICALDI

NOMBRE

(b)(6)

FIRMA

POR UTO DE LA CONSEJERIA CA Y ASISTENCIA LEGAL ION DEL REGISTRO CIVIL

(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) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu Jun 30, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

(b)(6)

002736

(b)(6), (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
Scott Penny, MD

Released By: Poya Hedayati, MD on 6/30/2016 8:54 AM
CC: (b)(6), PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

002737

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 06/30/2016 13:43 **Location:** (b)(6)

Initial Admission: 06/29/2016 **Admission:** 06/29/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   06/30/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   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
   06/29/2016
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
   06/30/2016
9. Findings
   - a. Normal
   - b. Abnormal

002738

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Facility #: --- 002739 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 29, 2016 | Immunization Report | User: (b)(6)

Time: 20:40:58 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 05/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 06/29/2016	
Hepatitis B	Consented	- Ricardo Meza 06/29/2016	
Tdap	Consented	- Ricardo Meza 06/29/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 06/29/2016	
Tdap	Consented	- Ricardo Meza 06/29/2016	
HPV	Consented	- Ricardo Meza 06/29/2016	
IPV	Consented	- Ricardo Meza 06/29/2016	
Meningicoccal	Consented	- Ricardo Meza 06/29/2016	
MMR	Consented	- Ricardo Meza 06/29/2016	
Hepatitis B	Consented	- - 07/29/2016	
Tetanus	Consented	- - 07/29/2016	
Varicella (chicken pox)	Consented	- - 07/29/2016	
IPV	Consented	- - 07/29/2016	

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 05/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

Type of Immunization	Consent Status	Administered Info	Results
MMR	Consented	- - 07/29/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/06 11:38:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1996. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/09/06 11:39:21
Delivered Date:	2016/09/06 11:38:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 9, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 8, 2016 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 did not become immediately apparent that Mr. (b)(6) could be over age. Case Manager proceeded then to contact Mr. (b)(6) family in Guatemala that faxed to Case Manager a copy of Mr. (b)(6) birth certificate with a date of birth of (b)(6) 1999.

Case Manager (b)(6) was reviewing Mr. (b)(6) file when it became apparent to him that the document could have been altered so he sent it for verification. The birth certificate was verified in the official website RENAP site and the verified document revealed a date of birth of (b)(6), **1996**. Case Manager then spoke with Mr. (b)(6) uncle, (b)(6) (b)(6), who stated that men in Guatemala provided Mr. (b)(6) a script to memorize and had the date of birth altered on Mr. (b)(6) birth certificate. Mr. (b)(6) uncle stated that the foot guide was the one who helped them alter the document. He also did not want to provide the name of the foot guide.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended and the date of birth on the document sent by his family and Mr. (b)(6) admitted misreporting his date of birth as the foot guide told him and his mother this is the only way to stay in the U.S. Mr. (b)(6) disclosed that he was very sorry for the lies, but he had to take a chance to help his family escape from poverty.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) 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 20 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENA

lativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

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

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- Norma Aracely, (b)(6) Sanchez -

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Datos del padre

- (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Uspantán, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 06/07/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día veintidós de julio 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)

Lidia Matea , Calel Santiago

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintidos de julio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

Facility #: --- 002749 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Aug 10, 2016 | Immunization Report | User: (b)(6)

Time: 20:35:18 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 05/01/2016 - 08/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/09/2016	
Hepatitis B	Consented	- - 08/09/2016	
Tdap	Consented	- - 08/09/2016	
Varicella (chicken pox)	Consented	- - 08/09/2016	
HPV	Consented	- - 08/09/2016	
IPV	Consented	- - 08/09/2016	
Meningicoccal	Consented	- - 08/09/2016	
MMR	Consented	- - 08/09/2016	

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR chest AP only

Exam Date & Time: Wed Aug 10, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession # (b)(6)

CLINICAL HISTORY:
Pulmonary TB

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

(b)(6)

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

Thank you for making MIHS a part of your patient care.

002751

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DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) Montofar, (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /1999
Collection Date/Time: 08/09/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/10/2016 4:15AM EDT
Approval Date/Time: 08/11/2016 12:56PM 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	0
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.

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From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)((b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/01 10:02:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1994. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6)@swkey.org>"; (b)(6)@swkey.org>"
Sent Date:	2016/09/01 10:04:00
Delivered Date:	2016/09/01 10:02:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 1, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 16, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as (b)(6), 1998 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager (b)(6) (b)(6) to whom it did not become immediately apparent that Mr. (b)(6) appeared over age. Case Manager proceeded then to contact Mr. (b)(6) family in Guatemala that faxed to Case Manager a copy of Mr. (b)(6) birth certificate with a date of birth of (b)(6), 1998.

The birth certificate was verified in the official website RENAP site and the verified document revealed a date of birth of (b)(6) **1994**. Case Manager then spoke with Mr. (b)(6) brother, Rafael (b)(6) (b)(6) who stated that his father had the date of birth altered on Mr. (b)(6) birth certificate. Mr. (b)(6) brother stated that the foot guide was the one who helped them alter it, but did not ask questions of how it was done. He also did not want to provide the name of the foot guide.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended and the date of birth in the document sent by his family. Mr. (b)(6) admitted misreporting his date of birth as the foot guide told him and his father this is the only way to stay in the U.S. Mr. (b)(6) disclosed that he was very sorry for the lies, but he had to take a chance to help his family out of poverty, and does not expect for anyone to understand. Sponsor, (b)(6) (b)(6)), stated that he never truly knew Mr. (b)(6) date of birth and was informed that his date of birth was (b)(6) ,1998 and that he did not have a reason to question the date of birth.

Mr. (b)(6) (b)(6) and his family are not disputing that they have engaged in the modification of Mr. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so he could be reunited as a minor with his sponsor.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC

- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 22 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

3

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

que con fecha diez de septiembre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6) del libro 1 (b)(del Registro Civil del Municipio de NEBAJ, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

(b)(6)

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
Razón: Se hace constar que el inscrito al fondo contrajo matrimonio civil con: (b)(6) (b)(6) (b)(6) el día (b)(6) de 1997, ante los oficios del Alcalde Municipal de Nebaj-Quiché, según libro de matrimonio No. (b)(del folio No. (b)(, Partida No. 222 de este Registro. Conste (b)(6) 27/05/2010. JDELEÓN.
El Infrascrito Registrador Civil de las Personas del municipio (b)(6) , departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 27/05/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)
La presente certificación se emite para uso exclusivo de las Personas individuales mayores de 60 años por Acuerdo de Directorio número 86-2012 dentro del expediente identificado con el número S/N a cargo de (b)(6)

Extendida el día nueve de mayo 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)

Juana , Cedillo Ramírez
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día nueve de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002758

(b)(6)

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

(b)(6)

VERIFICADOR: (b)(6)

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 (b)(6) departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6), departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 28/02/2013, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día seis de mayo 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)

Juana , Cedillo Ramírez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día seis de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Casa Phoenix - Phoenix, AZ - ALF

Immunization Report

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 05/01/2016 - 05/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Amy Barraza 05/17/2016	
Hepatitis B	Consented	- Amy Barraza 05/17/2016	
Tdap	Consented	- Amy Barraza 05/17/2016	
Varicella (chicken pox)	Consented	- Amy Barraza 05/17/2016	
HPV	Consented	- Amy Barraza 05/17/2016	
IPV	Consented	- Amy Barraza 05/17/2016	
Meningicoccal	Consented	- Amy Barraza 05/17/2016	
MMR	Consented	- Amy Barraza 05/17/2016	

(b)(6) 002762 (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) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Wed May 18, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:

HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease.

(b)(6)

NOTE:
Report dictated by resident, Phillip Fairbourn MD, 10389. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2016/09/01 10:02:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1995. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/01 10:02:30
Delivered Date:	2016/09/01 10:02:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
September 1, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

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

SUBJECT: Age redetermination of an UC in ORR care

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

Mr. (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 28, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials date of birth different from what Mr. (b)(6) (b)(6) and his family have now revealed to be his real date of birth with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage. Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older the assigned Case Manager began the age determination process for Mr. (b)(6) (b)(6).

Case Manager requested a copy of Mr. (b)(6) (b)(6)'s birth certificate from his mother, (b)(6), who resides in Guatemala and who faxed Case Manager a copy of her son's birth certificate showing a date of birth (b)(6), 1999.

Case Manager attempted to verify the document in the website RENAP, however, the verification returned as a no match. Case Manager then provided Mr. (b)(6) (b)(6) an opportunity to explain why the verification of his birth certificate was producing an error and Mr. (b)(6) (b)(6) admitted that his true date of birth is (b)(6) 1995 and not (b)(6) 1999.

Case Manager requested another copy of Mr. (b)(6) (b)(6)'s birth certificate from his mother (b)(6) and (b)(6) faxed Case Manager a copy of the original birth certificate of Mr. (b)(6) (b)(6)'s birth certificate showing a date of birth of (b)(6) 1995.

While in ORR care Mr. (b)(6) (b)(6) reported that he was seeking reunification with his brother (b)(6) who resides at (b)(6) with phone number (b)(6) who migrated to the US in 1994. In view of the concerns related to Mr. (b)(6) (b)(6)'s age and in accordance with ORR policy and procedures the reunification process was not initiated.

Mr. (b)(6) (b)(6) and his family are not disputing that they have engaged in the modification of Mr. (b)(6) (b)(6)'s birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6)

(b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) (b)(6) could be reunited as a minor with his alleged brother.

Along with this Memo is submitting the following documents:

- Original BC
- Altered BC
- 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) (b)(6) is over 18 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 Mr. (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velazquez, 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
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 Joyabaj, departamento de Quiche,

CERTIFICA

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

- (b)(6) , Plato Xec -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Chimaltenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002768

(b)(6)

Registro Nacional de las Personas

República de Guatemala

(b)(6) Chimaltenango

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha veinticinco de mayo de mil novecientos noventa y cinco en la partida (b)(6) del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y cinco Masculino

Fecha de nacimiento Genero

Guatemala, Chimaltenango, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

(b)(6)

002769

Extendida en el municipio de (b)(6), departamento de Chimaltenango, el día tres de marzo de dos mil once por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

María Amalia , Xalin León

Registrador Civil de las Personas

(b)(6)

Renap

(b)(6)

002770

(b)(6)

(b)(6), (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), (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Aug 30, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

(b)(6)

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

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence of active fungal/granulomatous
infection.
NOTE
Report dictated by resident, Ashley Crowder MD, 10774 the attending radiologist's signature
indicates that the study has been interpreted and the report approved.

(b)(6) (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: Mary J. Connell, MD
Ashley Crowder, MD

Released By: Mary J. Connell, MD on 8/30/2016 3:08 PM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

Facility #: --- 002773 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Aug 30, 2016 | Immunization Report | User: (b)(6)

Time: 14:22:54 MT

Resident: (b)(6) (b)(6) (b)(6)) Date Range: 08/01/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 08/29/2016	
IPV	Consented	- - 08/29/2016	
MMR	Consented	- - 08/29/2016	
Varicella (chicken pox)	Consented	- - 08/29/2016	
Hepatitis A	Consented	- - 08/29/2016	
Hepatitis B	Consented	- - 08/29/2016	
HPV	Consented	- - 08/29/2016	
Meningicoccal	Consented	- - 08/29/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/20 10:15:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1998. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6)@swkey.org>"; (b)(6)@swkey.org>"
Sent Date:	2016/09/20 10:16:25
Delivered Date:	2016/09/20 10:15:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 20, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

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

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, Mrs. (b)(6) (b)(6) (b)(6) in New Jersey.

On September 6, 2016 Mrs (b)(6) (b)(6) (b)(6) faxed a copy of her son's birth certificate to the case manager who then submitted the birth certificate to be verified by the Phoenix Guatemala Consulate.

Guatemalan Consular Assistant, Ms. (b)(6) emailed ORR on September 19, 2016 the results of the verification which revealed that the date of birth on the provided document was altered and that the correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) according to the RENAP is (b)(6) **1998**.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included on the birth certificate provided by his mother. Mr. (b)(6) (b)(6) immediately admitted to Case Manager that he did not know who altered his date of birth on his birth certificate and stated that he is 18 years old and that his real date of birth is (b)(6), 1998. Mr. (b)(6) (b)(6) stated that his birth certificate had been sent by his grandfather, (b)(6) (b)(6) in Guatemala, to his parents Mrs (b)(6) (b)(6) (b)(6) and Mr. (b)(6) (b)(6) in New Jersey.

Case Manager contacted again Mrs (b)(6) (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her son produced a different date that makes her son 18 years old and Mrs. (b)(6) (b)(6) responded that the birth certificate she sent was a valid birth certificate and that she was unaware that her son's birth certificate was altered. She added that she does not know the person who altered her son's document and informed her son's birth certificate was provided by her father Mr. (b)(6) (b)(6)

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6) 1998 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance
- Written statement

Consular Verification:

Datos NO coinciden con RENAP

NOMBRE CORRECTO: (b)(6) (b)(6) (b)(6) (b)(6)

Fecha de nacimiento CORRECTA: 1(b)(6) **DE 1998**

Lugar de Nacimiento: Guatemala, Huehuetenango,(b)(6)

Libro(b)(6) Folio(b)(6 Partida (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

DE (b)(6) N° DE TEL :77807147 20 AGO. 2016 9:14 P1

RENAP

Correlativo: (b)(6)

VERIFICADO (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

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

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Huehuetenango (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Página 1 de 2

REGISTRO NACIONAL DE LAS P

Constancia de Datos Biográficos

002779

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1998

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüistica:

Dirección: 4747 N 7TH ST SUITE 410 Código Postal: 85014

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

(b)(6)

Firma titular

Firma consular operador

CONSULADO GENERAL DE GUATEMALA
PHOENIX, ARIZONA

2 2012 REGISTRO NACIONAL DE LAS PERSONAS
(502) 2416-1900 CALL CENTER 1516 www.renap.gob.gt

Facility #: ---
002780
Date: Aug 31, 2016
Time: 19:14:19 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 08/01/2016 - 8/31/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/31/2016	
Hepatitis B	Consented	- - 08/31/2016	
Tdap	Consented	- - 08/31/2016	
Varicella (chicken pox)	Consented	- - 08/31/2016	
HPV	Consented	- - 08/31/2016	
IPV	Consented	- - 08/31/2016	
Meningicoccal	Consented	- - 08/31/2016	
MMR	Consented	- - 08/31/2016	

002781

(b)(6)

(b)(6) (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Sep 2, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no radiographic evidence of active
fungal/granulomatous infection.
NOTE
Report dictated by resident, Ashley Crowder MD, 10774 the attending radiologist's signature
indicates that the study has been interpreted and the report approved.

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) (b)(/SWK Casa Phoenix
Date:	2016/09/16 11:01:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1995 and verified name (b)(6) (b)(6) (b)(6) He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/16 11:02:19
Delivered Date:	2016/09/16 11:01:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) was transferred to and placed in HHS ORR care on August 16, 2016 as a juvenile as a result of Mr. (b)(6) misrepresentation of himself as a minor by using a family member's identity and providing a date of birth of (b)(6), 1999 to apprehending officials.

Immediately upon arrival Mr. (b)(6) provided his assigned Case Manager (b)(6) with a copy of the birth certificate he brought with him. Case Manager then proceeded to immediately verify the document with the official website RENAP site and the document returned as a valid birth certificate.

Case Manager then requested that the Phoenix Guatemalan Consulate interview Mr. (b)(6) on August 30, 2016 as it was apparent to Case Manager that Mr. (b)(6) appeared to be overage.

Guatemalan Consular Assistant, Ms. (b)(6) emailed on August 29, 2016 with the results of the verification which revealed that the Birth Certificate provided by Mr. (b)(6) matches RENAP.

To ensure custody and consistency with the statutory requirements under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), Office of Refugee Resettlement (ORR) policy requires that when available information is inconclusive medical age assessment procedures may be used to determine age.

In view that the Phoenix Guatemalan Consulate assessed and advised ORR that they believe this individual is an adult utilizing documents of another individual, ORR policy requires that "when available information is inconclusive medical age assessment procedures may be used to determine age to ensure custody and consistency with the statutory requirements under the TVPRA".

Thus on September 7, 2016 Mr. (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine Mr. (b)(6) chronological age. Dr. Arvanitis provided a report concluding that "**The empirical statistical probability of (b)(6) (b)(6) having attained 18 years of age is 80.85%**". 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 met with Mr. (b)(6) again to provide him the opportunity to explain any information about his age and identity. Mr. (b)(6) admitted to Mrs. (b)(6) that he took the identity of a family member for the sole purpose of using it in social media and insisted that his correct identity is (b)(6) (b)(6)

Case Manager then proceeded to interview Mr. (b)(6) contact in Guatemala (b)(6) (b)(6) (b)(6) who stated Mr. (b)(6) was using someone else's identity. Case Manager re-interviewed Mr. (b)(6) and he admitted that **his real name is** (b)(6) (b)(6) (b)(6) **with date of birth** (b)(6) **, 1995**. Mr. (b)(6) will be referred to from here forward in this document as Mr. (b)(6)

Mr. (b)(6) continued to explain to Case Manager that (b)(6) (b)(6) (b)(6) is a relative of his, who was willing to provide his son's birth certificate to him. Mr. (b)(6) stated that he was advised by his boss in Mexico (b)(6) who knew of individuals who successfully utilized this method before and stated that this was the best way to successfully enter the US.

Case Manager then contacted Mr. (b)(6) mother, Mrs. (b)(6) (b)(6) (b)(6) to confirm the identity of her son. Mrs. (b)(6) and family member Mr. (b)(6) (b)(6) (b)(6) apologized for their actions and explained that they wanted to ensure that Mr. (b)(6) could remain in the US. Mr (b)(6) (b)(6) (b)(6) sent Mr. (b)(6) Birth Certificate and Mr. (b)(6) father's Birth Certificate on September 15, 2016.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) and the Phoenix Guatemalan Consulate regarding the identity of Mr. (b)(6) and I agreed that he is an adult. Mr. (b)(6) provided a very detailed Self-Statement.

Along with this Memo ORR is submitting the following documents:

- Mr. (b)(6) 's taken identity- BC of (b)(6) (b)(6)
- Mr. (b)(6) Birth Certificate
- Mr. (b)(6) Father's Birth Certificate
- A photograph
- TB clearance
- Written Statements

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) AKA (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002787

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (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, (b)(6) (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

--

Fecha de nacimiento

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

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento

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

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día dos 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)

Adán de Jesús , Hernández Méndez
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 en papel bond el día dos de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002789

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) (b)(6) Departamento de (b)(6)

CERTIFICA

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

Datos del inscrito

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y cinco — Masculino

Fecha de nacimiento — Género

Guatemala, (b)(6) (b)(6) (b)(6) (b)(6)

País, Departamento, Municipio de nacimiento

Datos de la madre

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

Nombres y apellidos de la madre

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

Lugar de Origen

Datos del padre

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

Nombres y apellidos del padre

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

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

(b)(6)

(b)(6)

(b)(6)

Facility #: --- 002790

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Aug 17, 2016

Immunization Report

User: (b)(6)

Time: 16:01:36 MT

Resident: (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 08/01/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/17/2016	
Hepatitis B	Consented	- - 08/17/2016	
Tdap	Consented	- - 08/17/2016	
Varicella (chicken pox)	Consented	- - 08/17/2016	
HPV	Consented	- - 08/17/2016	
IPV	Consented	- - 08/17/2016	
Meningicoccal	Consented	- - 08/17/2016	
MMR	Consented	- - 08/17/2016	

002791

(b)(6)

002792

(b)(6)

002793

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /1999
Collection Date/Time: 08/17/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/18/2016 4:00AM EDT
Approval Date/Time: 08/19/2016 2:44PM 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	0
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu Aug 18, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 8/18/2016 7:56 AM
CC: (b)(6) PA - FAX

002795

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

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/15 11:02:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1995. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/15 11:04:40
Delivered Date:	2016/09/15 11:02:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 15, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(**A#** (b)(6)
AKA: (b)(6) (b) (b)(6) (b)(6) (b)(

Mr. (b)(6) (b) (b)(6) (b)(6) (b)(was transferred to and placed in HHS ORR care on August 28, 2016 as a juvenile as a result of Mr. (b)(6) misrepresentation of himself as a minor by providing a date of birth of (b)(6) 1998 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 Mr. (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his mother, Mrs. (b)(6) (b)((b)(6) who resides in Guatemala.

On September 9, 2016 Mrs. (b)(6) (b)((b)(6 emailed a copy of her son's birth certificate to the Case Manager who proceeded to verify the document with the Guatemalan Consulate on September 11, 2016.

On September 14, 2016 ORR received from Consular Assistant, Ms. (b)(6) of the Phoenix, Arizona Guatemalan Consulate, the verification of the document indicating a correct date of birth of (b)(6) **1995** and confirming that (b)(6) (b (b)(6) (b)(6) (b)(is 20 years old.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) mother. Mr. (b)(6) immediately admitted to Case Manager that it was his idea to modify his date of birth on his birth certificate and stated that he is 20 years old and that his real date of birth is (b)(6) 1995. Mr. (b)(6) stated that his birth certificate had been altered by someone that his neighbor knew but he could not provide the name.

Case Manager then contacted again Mr. (b)(6) mother, Mrs. (b)(6) (b)((b)(6) and she was informed by the Case Manager that her son's birth certificate had been verified and that his true date of birth was already known. Mrs. (b)(then informed the Case Manager that her son had been the one to get his birth certificate altered as he has been informed this made it easier for them to come to the United States.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) and the Phoenix Guatemalan Consulate regarding the identity of Mr. (b)(6) (b (b)(6) (b)(6) (b)(and I agreed that he is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- True BC
- photograph
- TB Clearance
- Statement
- Consular Verification
  Datos NO coinciden con RENAP
  (b)(6) (b) (b)(6) (b)(6) (b)(
  Fecha (b nacimiento Correcta: (b)(6) **DE 1995**
  Lugar (b Nacimiento: Guatemala, (b)(6) (b)(6)
  Libro (b) Folio (b) Partida (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(AKA (b)(6) (b) (b)(6) (b)(6) (b)(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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002800

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

ID: (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), departamento de (b)(6)

CERTIFICA

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

- (b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

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

Extendida el día nueve de mayo de dos mil dieciseis 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)

María Mateo Marín
Registrador Civil de las Personas

(b)(6)

Este certificado fue impreso el día nueve de mayo 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 traves del link. https.//www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002802

(b)(6)

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 (b)(6)

CERTIFICA

que con fecha nueve de febrero de mil novecientos noventa y seis en la partida (b)(6), del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y cinco — Masculino

Fecha de nacimiento — Género

Guatemala, (b)(6)

Lugar de nacimiento

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

- (b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

(b)(6)

Trabajando con la población para garantizar su identidad

www.renap.gob.gt

002803

Extendida en el municipio de (b)(6), departamento de (b)(6), el día veinticinco de marzo de dos mil diez por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

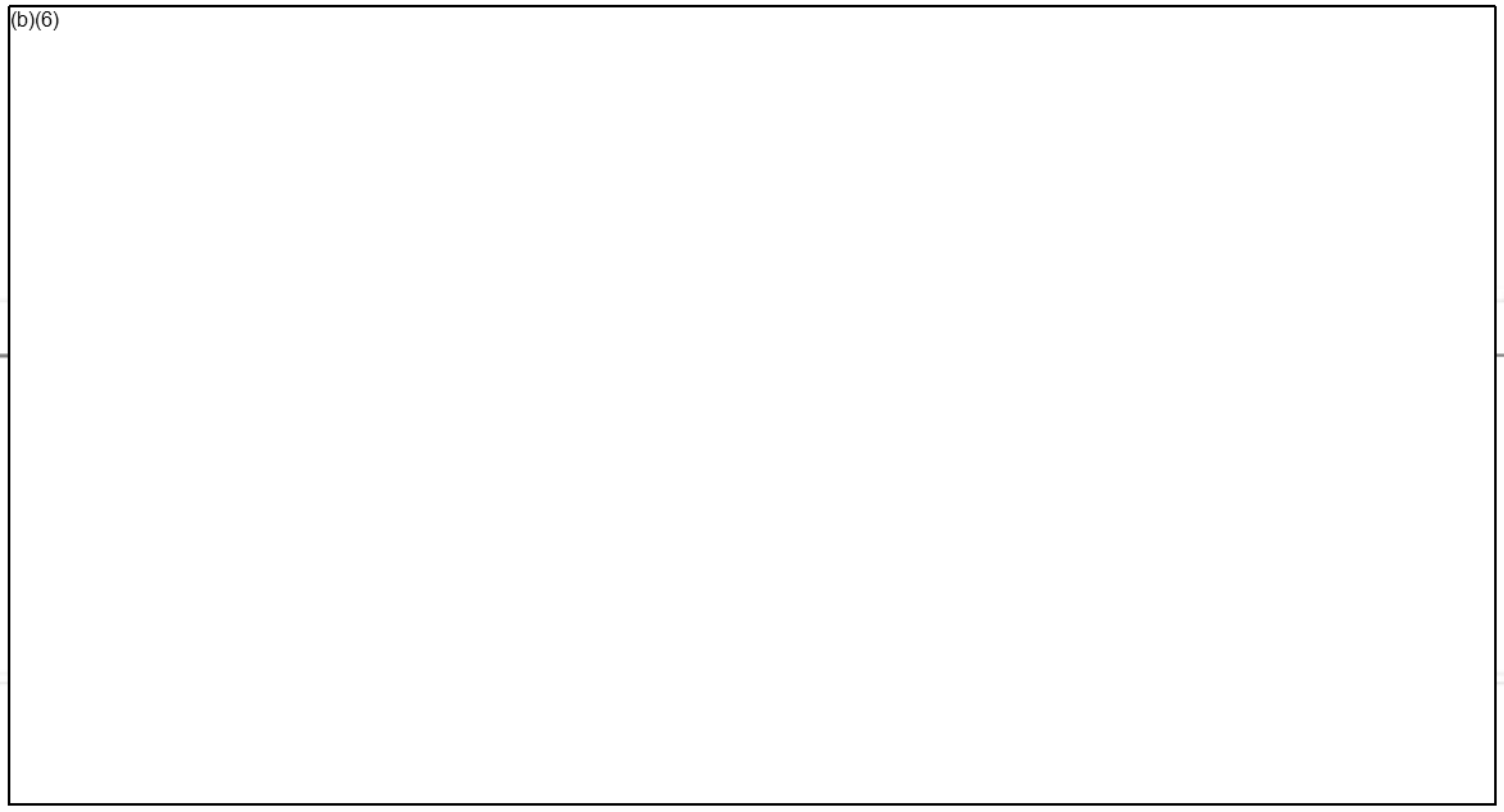
Aurora Nineth , Perez Month

Registrador Civil de las Personas

(b)(6)

Renap
Registro Nacional de las Personas

(b)(6)


(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) (b)(6) (b)(6)
DOB: (b)(6) /1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Aug 30, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

(b)(6)

Thank you for making MIHS a part of your patient care.

002806

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

MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 8/30/2016 8:38 AM
CC: (b)(6), PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

Facility #: --- 002807 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Aug 30, 2016 | Immunization Report | User: (b)(6)

Time: 18:32:11 MT

Resident: (b)(6) (b)(6 (b)(6) ((b)(6) **Consent Status: All** **Date Range: 08/01/2016 - 08/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6 (b)(6) (b)(6) - DOB: - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 08/29/2016	
IPV	Consented	- - 08/29/2016	
MMR	Consented	- - 08/29/2016	
Varicella (chicken pox)	Consented	- - 08/29/2016	
Hepatitis A	Consented	- - 08/29/2016	
Hepatitis B	Consented	- - 08/29/2016	
HPV	Consented	- - 08/29/2016	
Meningicoccal	Consented	- - 08/29/2016	

002808

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	Ros	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1995

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	JACALTENANGO

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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.

(b)(6)

Firma titular

Firma cónsul u operador

CONSULADO GENERAL DE ... PHOENIX, ARIZONA

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: (b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/15 11:01:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1996. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/15 11:03:33
Delivered Date:	2016/09/15 11:01:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 15, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on September 08, 2016 as a juvenile as a result of Mr. Jimon misreporting his date of birth as (b)(6), 1999 to apprehending officers at the time of his apprehension.

Upon placement in ORR care it was immediately apparent to assigned Case Manager (b)(6) that Mr. (b)(6) could be overaged. Case Manager requested from Mr. (b)(6)'s father, (b)(6), in Guatemala a copy of his son's birth certificate. When Case Manager received the document she immediately perceived that the document appeared altered therefore the document was sent to the Guatemalan consulate for verification.

On September 14, 2016 ORR received from Consular Assistant, Ms. (b)(6) of the Phoenix, Arizona Guatemalan Consulate, a verification of the formal document provided by Mr. (b)(6)'s family indicating that the correct date of birth is (b)(6) **1996** and confirming that (b)(6) (b)(6) is 20 years old.

Case Manager contacted again Mr. (b)(6) to inquire why the birth certificate had a date of birth of (b)(6) (b)(6) 1999 and he responded that he knew that the correct date of birth of his son is (b)(6), 1996. Mr. (b)(6) informed Case Manager that he did not know the details of why, how, and where his son arranged a different birth certificate. Mr. (b)(6) informed Case Manager that the reason his son immigrated to the United States was due to living in poverty and wanting to help his family financially as well as go to school.

Case Manager then spoke with Mr. (b)(6) (b)(6) to provide him with an opportunity to explain the discrepancy on his date of birth. Mr. (b)(6) admitted that the individual who helped him with the process to immigrate to the US instructed him to report the date of (b)(6) 1999 instead of his true date of birth (b)(6) 1996. Mr. (b)(6) disclosed that he decided to make the dangerous journey as he was fleeing poverty, wanted to help his family financially, and wanted an opportunity to attend school.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of (b)(6) (b)(6) and I agreed that he is an adult with a correct date of birth of (b)(6), **1996**.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified BC
- Photograph

- TB clearance
- Statement
- Consular verification:
  Datos NO coinciden con RENAP
  (b)(6) (b)(6)
  Correct Fecha de nacimiento: (b)(6) **DE 1996**
  Lugar de Nacimiento: Guatemala, Quiche, (b)(6)
  Libro (b)(Folio (b)(Partida (b)(

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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002813

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de Quiche,

CERTIFICA

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

- (b)(6) , (b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACION

Extendida el día dieciocho 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)

Brenda Ester , Chóm Jimón
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.

Este certificado fue impreso en papel bond el día dieciocho de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002815

(b)(6) (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) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sat Sep 10, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are witin
normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

(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

Released By: Poya Hedayati, MD on 9/10/2016 8:38 AM
CC: (b)(6), PA - FAX

002816

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

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

Facility #: ---
002817
Date: Sep 9, 2016
Time: 19:29:13 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6), (b)(6) (b)(6) **Consent Status: All** **Date Range: 09/01/2016 - 09/30/2016**
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6), (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 09/09/2016	
Hepatitis B	Consented	- - 09/09/2016	
Tdap	Consented	- - 09/09/2016	
Varicella (chicken pox)	Consented	- - 09/09/2016	
HPV	Consented	- - 09/09/2016	
IPV	Consented	- - 09/09/2016	
Meningicoccal	Consented	- - 09/09/2016	
MMR	Consented	- - 09/09/2016	

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/13 10:58:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1994. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/09/13 11:00:12
Delivered Date:	2016/09/13 10:58:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 12, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 8, 2016 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) could be over age. Case Manager proceeded then to contact Mr. (b)(6) family in Guatemala that faxed to Case Manager a copy of Mr. (b)(6) birth certificate with a date of birth of (b)(6), 1999.

Case Manager (b)(6) was reviewing Mr. (b)(6) file when it became apparent to him that the document could have been altered so he sent it for verification. The birth certificate was verified in the official website RENAP site and the verified document revealed a date of birth of (b)(6), **1994**. Case Manager then spoke with Mr. (b)(6) sister, (b)(6) (b)(6) (b)(6) who stated that a man in Guatemala kept pressing her brother and other sister with stories on how they helped others come to the US. The man said he would provide Mr. (b)(6) a script to memorize and had the date of birth altered on Mr. (b)(6) birth certificate to be the same as his younger sister's. They both had to say they were twins. Mr. (b)(6) sister stated that the foot guide was the one who helped them alter the document. She provided the Case Manager with the name of (b)(6) who is the foot guide contact individual in the US in Los Angeles, CA.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended and the date of birth on the document sent by his family and Mr. (b)(6) admitted misreporting his date of birth as the foot guide told him and his sister this is the only way to stay in the U.S. Mr. (b)(6) disclosed that he was very sorry for the lies, but he had to take a chance to help his family escape from poverty.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) new information about his date of birth being (b)(6), 1994 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) is 22 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC

- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 22 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002823

RENAP

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 Santa Cruz Barillas, departamento de Huehuetenango,

CERTIFICA

que con fecha cinco de Marzo de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(6) del libro (b)( ) del Registro Civil del Municipio de SANTA CRUZ BARILLAS, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6)

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Fecha de nacimiento

Guatemala, Huehuetenango

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Página 1 de 2

002824

(b)(6)

002825

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de (b)(6)

CERTIFICA

que con fecha veintidós de julio de mil novecientos noventa y cuatro, en la partida 1542, folio 238 del libro 144, del Registro Civil del Municipio de (b)(6) (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6), departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 10/09/2012, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día cuatro 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)

Dusly Celene , Noriega Mauricio de Reyes

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día cuatro de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6) (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-1309

Final
XR Chest Ap Only

Exam Date & Time: Tue Aug 30, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

(b)(6)

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

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence of active fungal/granulomatous
infection.
NOTE
Report dictated by resident, Ashley Crowder MD, 10774 the attending radiologist's signature
indicates that the study has been interpreted and the report approved.

(b)(6) (b)(6) (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: Mary J. Connell, MD
Ashley Crowder, MD

Released By: Mary J. Connell, MD on 8/30/2016 3:08 PM
CC: (b)(6), PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

002829

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID# (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)/1999
Collection Date/Time: 08/29/2016 9:55AM EDT

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/30/2016 8:35AM EDT
Approval Date/Time: 08/31/2016 9:18PM 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	0
Panel B Spot Count	2
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.

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Facility #: --- 002830

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Aug 30, 2016

Immunization Report

User: (b)(6)

Time: 19:46:54 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 08/01/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 08/29/2016	
IPV	Consented	- - 08/29/2016	
MMR	Consented	- - 08/29/2016	
Varicella (chicken pox)	Consented	- - 08/29/2016	
Hepatitis A	Consented	- - 08/29/2016	
Hepatitis B	Consented	- - 08/29/2016	
HPV	Consented	- - 08/29/2016	
Meningicoccal	Consented	- - 08/29/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) n@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/09/13 10:57:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1998. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6) M	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
((b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/13 10:59:41
Delivered Date:	2016/09/13 10:57:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 12, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 20, 2016 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) could be over age. Case Manager proceeded then to contact Mr. (b)(6) family in Guatemala that faxed to Case Manager a copy of Mr. (b)(6) birth certificate with a date of birth of (b)(6) (b)(6) 1999.

Case Manager (b)(6) was reviewing Mr. (b)(6) file when it became apparent to him that the document could have been altered so he sent it for verification.

On September 11, 2016 ORR received from Consular Assistant, Ms. (b)(6) of the Phoenix, Arizona Guatemalan Consulate, a copy of the true verified birth certificate showing a date of birth of (b)(6) **1998** and confirming that (b)(6) (b)(6) (b)(6) is 18 years old.

Case Manager then spoke with Mr. (b)(6) father, (b)(6) (b)(6) (b)(6), who stated he sent the real BC. (b)(6) (b)(6) (b)(6), father, reported he sent the authentic BC with the original born date of his son.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended and the date of birth on the document sent by his family and Mr. (b)(6) admitted misreporting his date of birth as the foot guide told him it is the only way to stay in the U.S. Mr. (b)(6) disclosed that he was very sorry for the lies, but he had to take a chance to help his family.

I reviewed the documentation gathered by SWK Casa Phoenix regarding (b)(6) (b)(6) (b)(6) new information about his date of birth being (b)(6) 1998 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:

- Altered BC
- Verified BC
- Photograph

- TB Clearance
- Consular Verification:
  Datos NO coinciden con RENAP A# (b)(6)
  (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento: (b)(6) **DE 1998**
  Lugar de Nacimiento: Guatemala, Quiche, (b)(6)
  Libro (b)(Folio (b) Partida (b)(

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP

Correlativo (b)(6)

(b)(6)

VERIFICADOR ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), departamento de Quiche,

CERTIFICA

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

- (b)(6) , (b)(6) (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, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Código Único de Identificación (CUI)

-(b)(6)

Nombres y apellidos de la madre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

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

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002836

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1998

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 veridica 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 mi.

(b)(6)

Firma titular

Firma consul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

USUARIO: 110920636326437

Facility #: --- 002837 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Aug 22, 2016 | Immunization Report | User: (b)(6)

Time: 21:09:29 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 08/01/2016 - 08/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **1999 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 08/22/2016	
IPV	Consented	- - 08/22/2016	
MMR	Consented	- - 08/22/2016	
Varicella (chicken pox)	Consented	- - 08/22/2016	
Hepatitis A	Consented	- - 08/22/2016	
Hepatitis B	Consented	- - 08/22/2016	
HPV	Consented	- - 08/22/2016	
Meningicoccal	Consented	- - 08/22/2016	

(b)(6) (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Mon Aug 22, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 8/22/2016 10:06 AM
CC: (b)(6) PA - FAX

002839

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

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

002840

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DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)/1999
Collection Date/Time: 08/22/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/23/2016 4:00AM EDT
Approval Date/Time: 08/24/2016 6:20PM 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	2
Panel B Spot Count	1
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.

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From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)(6) Casa Phoenix
Date:	2016/09/13 10:57:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1995. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/13 10:59:25
Delivered Date:	2016/09/13 10:57:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 12, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)((b)(6) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)((b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on August 17, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6) 1999 to apprehending officers at the time of his apprehension.

Upon placement in ORR care it was not immediately apparent to assigned Case Manager (b)(6) that Mr. (b)(6) could be overaged. Case Manager requested from Mr. (b)(6) mother (b)(6) (b)(6) (b)(6) in Guatemala a copy of her son's birth certificate. Case Manager received a copy of the document which showed a date of birth of (b)(6) 1999; however, Case Manager immediately noticed differences in the document's font and line spacing. Case Manager proceeded to verify copy of birth certificate with the Guatemalan Consulate.

On September 11, 2016 ORR received from Consular Assistant, Ms. (b)(6) of the Phoenix, Arizona Guatemalan Consulate, a copy of the true verified birth certificate showing a date of birth **of** (b)(6) **1995** and confirming that (b)((b)(6) (b)(6) (b)(6) is 21 years old.

Case Manager contacted Mrs. (b)(6) (b)(6) (b)(6) to inquire why the copy of the birth certificate had a date of birth of (b)(6) 1999. Mrs. (b)(6) (b)(6) (b)(6) stated that she heard on the radio an announcement to alter birth certificates. She mentioned that she called the phone number announced on the radio and spoke to a person called (b)(6) She was instructed to leave the original birth certificate at a nearby store and was called a week later to pick up the new, altered birth certificate at the same store. Mrs. (b)(6) (b)(6) (b)(6) later contacted her son and instructed him to memorize the year 1999 as she felt this would help her son arrive to his destination faster.

Case Manager then spoke with Mr. (b)(6) (b)(6) and told him that he had a document from the Guatemalan Consulate showing his real date of birth. Case Manager also told Mr. (b)(6) (b)(6) that he had spoken to his parents to ask about the same document; Mr. (b)(6) (b)(6) later on admitted and accepted that his mother instructed him to report the date of (b)(6) 1999 and acknowledged that his correct date of birth is (b)(6) 1995.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of (b)((b)(6) (b)(6) (b)(6) and I agreed that he is an adult with a correct date of birth of (b)(6) **1995**.

Accordingly, under these procedures, the age determination process for Mr. (b)((b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence and Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory

requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Photograph
- TB clearance
- Statement
- Consular Verification
  Datos NO coinciden con RENAP
  (b)((b)(6) (b)(6) (b)(6)
  Correct Fecha de nacimiento: (b)(6) **de 1995**
  Lugar de Nacimiento: Guatemala, (b)(6) (b)(6)
  Libro (b)(Folio (b)(Partida (b)(

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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), Departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento
(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento
(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002846

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1995

Pais, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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) (b)(6) (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.

(b)(6)

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: (b)(6)

Facility #: ---
002847
Date: Aug 18, 2016
Time: 16:30:28 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 08/01/2016 - 08/31/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)((b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/18/2016	
Hepatitis B	Consented	- - 08/18/2016	
Tdap	Consented	- - 08/18/2016	
Varicella (chicken pox)	Consented	- - 08/18/2016	
HPV	Consented	- - 08/18/2016	
IPV	Consented	- - 08/18/2016	
Meningicoccal	Consented	- - 08/18/2016	
MMR	Consented	- - 08/18/2016	

002848

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)((b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)/1999
Collection Date/Time: 08/18/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/19/2016 4:00AM EDT
Approval Date/Time: 08/20/2016 2:05PM 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	0
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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(b)(6) (b)((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) (b)(Patricio
DOB: (b)(6) /1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Aug 19, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 8/19/2016 7:57 AM
CC:(b)(6) PA - FAX

Garcia-Carrillo, San Patricio (MRN 0103194429)

Ord Prov:	Celeste J Olmos	**PCP:**	None Specified
Ord Prov Phone:	602-254-0390	**Auth Prov:**	Celeste J Olmos
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(AKA (b)(6) (b)(6) (b)((b)(6 (b)(6) Casa Phoenix
Date:	2016/09/09 13:02:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/09 13:02:58
Delivered Date:	2016/09/09 13:02:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 9, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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: Ikson Neil (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) Isayn, (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 2, 2016 as a juvenile as a result of Mr. (b)(6) 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 and Mr. (b)(6) (b)(6) immediately admitted being over age. Case Manager requested a copy of Mr. (b)(6) birth certificate from his father, Mr. (b)(6) (b)(6) who resides in Honduras. Mr. (b)(6) was unable to fax a copy of Mr. (b)(6) Birth Certificate due to complication with fax machine in Honduras.

On September 8, 2016 the Honduran Consulate in Dallas was able to provide a birth certificate for Mr. (b)(6) (b)(6) showing a correct name (b)(6) (b)(6) (b)(6) (b)(6) **with DOB: (b)(6) 1997** which coincides with the information Mr. (b)(6) (b)(6) verbally provided during his intake assessment immediately after entering ORR care when he also corrected himself about his real identity.

Mr. (b)(6) (b)(6) explained that he was advised by peers in Honduras that he should provide a date of birth which would make him a minor and so he changed his year of birth from 1997 to 1999 and provided his younger brother's first and middle name (b)(6). No birth certificate was provided by the family for Mr. (b)(6) (b)(6) younger brother or for Mr. (b)(6) (b)(6) instead the birth certificate was provided by the Honduran Consulate.

Case Manager also contacted Mr. (b)(6) (b)(6) in Honduras and Mr. (b)(6) confirmed Mr. (b)(6) date of birth of (b)(6) 1997. Mr. (b)(6) was unaware that his son (b)(6) arrived to ORR care using his younger brother's name and date of birth.

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:

- Birth Certificate
- Photograph

- TB clearance
- Statement
- Immunizations

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

0028554

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) (b)(6) *nombre*

sexo **MASCULINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) (b)(6) *municipio*

b) ***FRANCISCO MORAZÁN*** *departamento*

c) ***HONDURAS*** *pais*

d) (b)(6) *dia*

e) (b)(6) *mes*

f) ***1997*** *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) *primer apellido*

b) (b)(6) *segundo apellido*

c) (b)(6) *nombre*

d) ***HONDUREÑA*** *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

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***OCHO*** dias del mes de ***SEPTIEMBRE***

del dos mil ***DIECISEIS***

(b)(6)

(b)(6)

(b)(6)

Facility #: --- 002856 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Sep 6, 2016 | Immunization Report | User: (b)(6)

Time: 21:55:45 MT

Resident: (b)(6) (b)(6) (b)(6) **Consent Status:** All **Date Range:** 08/01/2016 - 09/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 09/06/2016	
Hepatitis B	Consented	- - 09/06/2016	
Tdap	Consented	- - 09/06/2016	
Varicella (chicken pox)	Consented	- - 09/06/2016	
HPV	Consented	- - 09/06/2016	
IPV	Consented	- - 09/06/2016	
Meningicoccal	Consented	- - 09/06/2016	
MMR	Consented	- - 09/06/2016	

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) Ikson-Neil
DOB: (b)(6)/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sun Sep 4, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

(b)(6)

002858
(b)(6) (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: Mary J. Connell, MD
Scott Penny, MD

Released By: Mary J. Connell, MD on 9/4/2016 8:42 AM
CC: (b)(6), PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION- (b)(6) (b)(6) (b)(6 (b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/08/05 12:01:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) a@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/08/05 12:03:18
Delivered Date:	2016/08/05 12:01:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6) **20-133**

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 25, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6) 1998 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager immediately requested a copy of the birth certificate of Mr. (b)(6) (b)(6) from his father in Guatemala. Mr. (b)(6) (b)(6), (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) (b) 1998.

Case Manager on August 03, 2016 then proceeded to verify the document with the official RENAP website which produced a document for a different individual named (b)(6) and a date of birth of (b)(6), 1994. The document included as well a picture which did not match with Mr. (b)(6) (b)(6)

Case Manger (b)(6) right away requested again a copy of the original birth certificate of Mr. (b)(6) (b)(6) from the father, (b)(6) (b)(6) (b)(6) Mr. (b)(6) (b)(6) (b)(6) faxed to Case Manager a second copy of his son's birth certificate showing a date of birth (b)(6), 1998. Case Manager then proceeded again to verify the second received document with the official RENAP website which returned then with name (b)(6) (b)(6) (b)(6) (b)(6) and DOB (b)(6) 1997.

According to Mr. (b)(6) (b)(6) he was under the impression that his correct date of birth was (b)(6) 1998 and reports that he did not mean to intentionally mislead anyone. Mr. (b)(6) (b)(6) father could not account as to why he sent two different copies of his son's birth certificates which were confirmed to be altered copies.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed (b)(6) (b)(6) (b)(6) (b)(6) birth certificate showing a DOB of (b)(6), 1997 and the verification of his birth certificate and agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in

care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- 2 Altered BCs
- RENAP verified BC
- 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) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002863

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de (b)(6)

CERTIFICA

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

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

3088028611209

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

-(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día uno 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)

Jacqueline Jamileth , Rabanales Ochoa

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día uno de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Correlativo (b)(6)

(b)(6)

VERIFICADOR: (b)(6)

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 (b)(6) departamento de (b)(6)

que con fecha diecisiete de noviembre de mil novecientos noventa y ocho, el la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

-

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Extendida el día veintidos de julio de dos mil trece por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

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

(b)(6)

(b)(6)

REGISTRO CIVIL SAN VICENTE TAJUMULCO, SEDE PRINCIPAL

No. (b)(6)

Doy fe (b)(6)

Mariela Maribel , Gómez Felipe
Registrador Civil de las Personas

(b)(6)

(b)(6)

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6) departamento de (b)(6)

que con fecha diecisiete de noviembre de mil novecientos noventa y ocho, el la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

002869

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)

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 (b)(6) departamento de (b)(6)

CERTIFICA

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

(b)(6)

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6) (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio (b)(6) departamento de (b)(6) hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 17/02/2012, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día veintisiete de junio 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)

Jacqueline Jamileth , Rabanales Ochoa

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintisiete de junio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: --- 002871 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 26, 2016 | Immunization Report | User: (b)(6)

Time: 17:32:46 MT

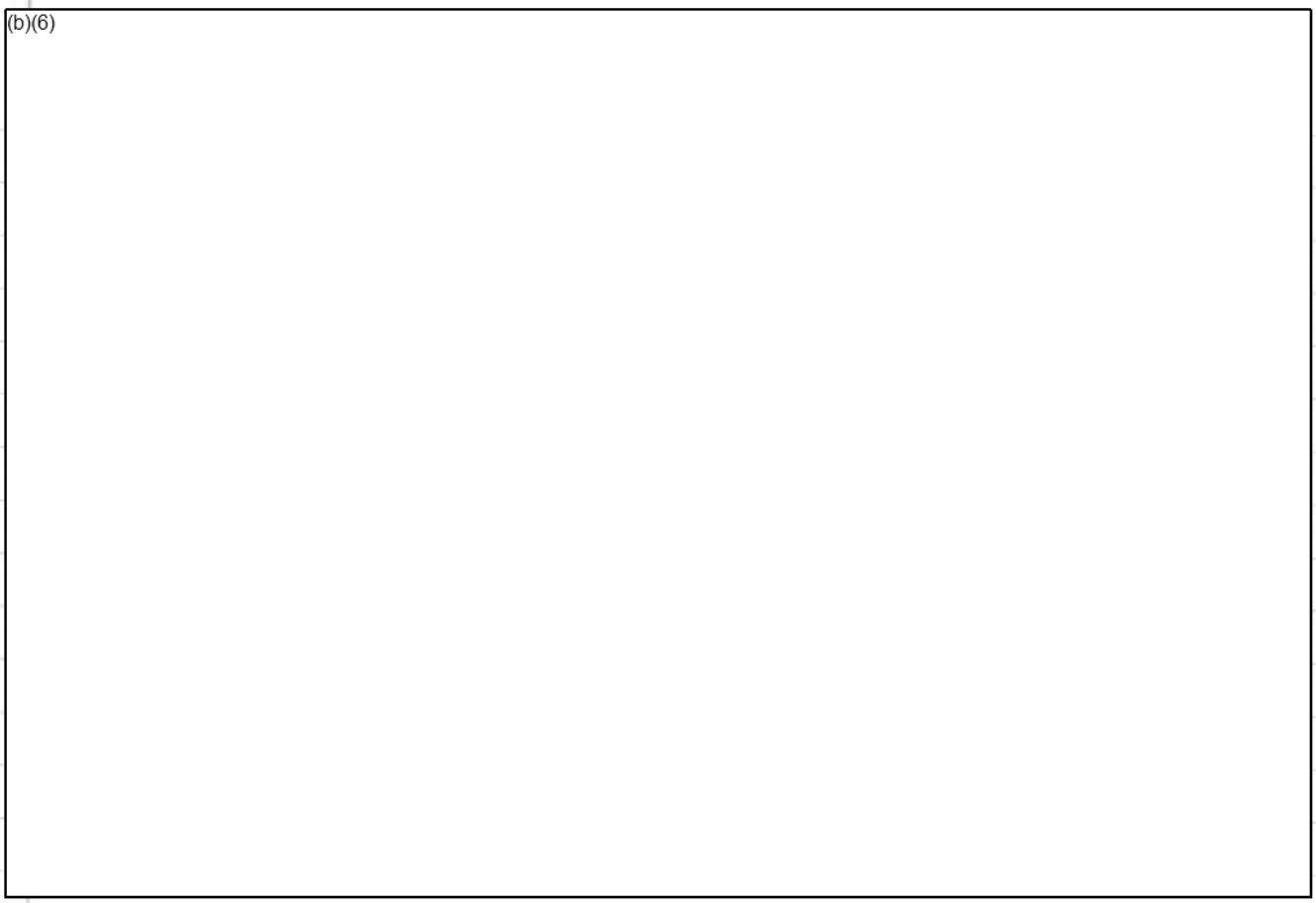
Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 05/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 07/26/2016	
Hepatitis B	Consented	- - 07/26/2016	
Tdap	Consented	- - 07/26/2016	
Varicella (chicken pox)	Consented	- - 07/26/2016	
HPV	Consented	- - 07/26/2016	
IPV	Consented	- - 07/26/2016	
Meningicoccal	Consented	- - 07/26/2016	
MMR	Consented	- - 07/26/2016	

002872



002873

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)/1999
Collection Date/Time: 07/26/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 07/27/2016 4:00AM EDT
Approval Date/Time: 07/28/2016 5:44PM 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	0
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.

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From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
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Subject:	ADULT AGE REDETERMINATION (b)((b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/02 10:58:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1997. This person has been medically cleared and has no outstanding medical needs.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6)@swkey.org>"; "(b)(6)@swkey.org>"
Sent Date:	2016/08/02 11:00:28
Delivered Date:	2016/08/02 10:58:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 2, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 16, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1998 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 proceeded then to contact Mr. (b)(6) s family in Guatemala that faxed to Case Manager a copy of Mr. (b)(6) s birth certificate with a date of birth of (b)(6) 1998.

Case Manager then proceeded to verify the birth certificate in the official website RENAP site and the **verified document revealed a date of birth of** (b)(6) **1997**. Case Manager then spoke with Mr. (b)(6) s brother (b)(6) (b)(6) (b)(6) who stated that the family in Guatemala received the birth certificate from Mr. (b)(6) foot guide prior to traveling. Mr. (b)(6) father (b)(6) (b)(6) (b)(6) confirmed this information, and stated that the price of the birth certificate was included in the total trip cost of 5,000 Quetzals. Mr. (b)(6) father denied knowing the foot guide's name or any other information related to him. Mr. (b)(6) (b)(6) (b)(6) stated that the reason they received an altered birth certificate was because they wanted to help his son have a better future in the United States.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended and the date of birth in the document sent by his family and Mr. (b)(6) admitted misreporting his date of birth as he wanted to remain in the US.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) verified birth certificate and his own retraction of his correct date of birth admitting he is 18 years old along with the corroboration from his father in Guatemala and FFS agrees that there is sufficient strong evidence to support the claim that Mr. (b)(6) is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6 (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002878

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Cunén, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 11/11/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día ocho de julio 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)

Olga Leticia , Ventura Monzón de Martínez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día ocho de julio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002880

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6), departamento de Quiche,

CERTIFICA

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

- (b)(6) (b)(6) (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, Quiche, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio Cunén, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 11/11/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día ocho de julio 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)

Olga Leticia , Ventura Monzón de Martínez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 038
(b)(6)
QUICHE

Este certificado fue impreso en papel bond el día ocho de julio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

002882

(b)(6)

002883

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) **Effective Date:** 07/19/2016 16:13 **Location:** (b)(6)
Initial Admission: 07/18/2016 **Admission:** 07/18/2016 **A#:** (b)(6)
Date of Birth: (b)(6)/1998 **Gender:** M **Score:** NA
Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   07/18/2016
3. Name of program staff with child
   (b)(6) ,LMC
4. Program Name
   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
   07/18/2016
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
   07/19/2016
9. Findings
   - ◉ a. Normal
   - ○ b. Abnormal

002884

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Facility #: --- 002885

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 18, 2016

Immunization Report

User: (b)(6)

Time: 19:46:34 MT

Resident: (b)(6) (b)(6) ((b)(6)) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) ((b)(6) - DOB: (b)(6) /1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/18/2016	
Hepatitis B	Consented	- Ricardo Meza 07/18/2016	
Tdap	Consented	- Ricardo Meza 07/18/2016	
Meningicoccal	Consented	- Ricardo Meza 07/18/2016	
HPV	Consented	- Ricardo Meza 07/18/2016	
IPV	Consented	- Ricardo Meza 07/18/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/18/2016	
MMR	Consented	- Ricardo Meza 07/18/2016	

002886

(b)(6) (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) (b)(6)
DOB: (b)(6) /1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Jul 19, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

002887
(b)(6) (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: Mary J. Connell, MD
Scott Penny, MD

Released By: Mary J. Connell, MD on 7/19/2016 2:35 PM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/07/27 11:55:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual who has a verified DOB (b)(6) 1996. This person is medically cleared and has no outstanding medical needs identified.

Pregnancy	6/20/2016	Negative

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case	(b)(6)	(b)(6) @swkey.org

	Manager		
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/27 11:56:54
Delivered Date:	2016/07/27 11:55:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 27, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on June 19, 2016 as a juvenile as a result of (b)(6) misreporting her date of birth as (b)(6) 1999 to officers at the time of her apprehension.

Upon placement in ORR care it was not immediately apparent to assigned Case Manager (b)(6) that (b)(6) could be overaged and therefore he commenced with reunification efforts on behalf of (b)(6) with her reported cousin Mr. (b)(6) (b)(6) (b)(6) (b)(6), residing at (b)(6) with phone number (b)(6).

Case Manager received a copy of (b)(6) verification of birth document that was the same document (b)(6) provided immigration officials upon her apprehension. The document showed a date of birth of (b)(6) 1999, but was missing several identifier codes, so Case Manager proceeded to request verification of birth document by the Phoenix Guatemalan Consulate.

Case Manager received results of (b)(6) verification of birth document on July 26, 2016 by Phoenix Guatemalan Consulate assistant (b)(6) Verification information provided by the consulate revealed a correct date of birth for (b)(6) (b)(6) as (b)(6) **1996.**

Case Manager interviewed (b)(6) and presented the information obtained by the Phoenix Guatemalan Consulate. (b)(6) (b)(6) admitted to providing an altered birth document upon apprehension and entry of Southwest Key Casa Phoenix. She stated that she was 20 years old and confirmed her date of birth as (b)(6) **1996.**

Case Manger asked (b)(6) about her relationship with Mr. (b)(6) (b)(6) (b)(6) and she disclosed that Mr. (b)(6) was her spouse.

Case Manager contacted Mr. (b)(6) (b)(6) (b)(6) and presented the information obtained by the Phoenix Guatemalan Consulate. Mr. (b)(6) was able to confirm (b)(6) date of birth of (b)(6) 1996 and also confirmed she was 20 years of age. Mr. (b)(6) also confirmed he was the spouse of (b)(6) (b)(6) Case Manger asked both (b)(6) and Mr. (b)(6), about the alteration of the verification of birth document in which both confirmed the alteration was completed by a local foot guide and the document was provided by family in Guatemala.

Case Manager attempted to reach family in Guatemala to obtain information regarding the alteration of (b)(6) verification of birth document and obtain additional information regarding the foot guide that was used to provide the altered verification of birth document. Attempts by case manager to contact family in Guatemala were exhausted and unsuccessful.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Ms. (b)(6) (b)(6) (b)(6) verified birth certificate and her own retraction of her correct date of birth admitting she is 20 years old and agrees that there is sufficient strong evidence to support the claim that she is an adult.

Accordingly, under these procedures, the age determination process for Ms. (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Ms. (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB clearance
- Statement
- Consular Verification:

Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) **DE 1996**
LdN: Guatemala, (b)(6) (b)(6)
Libro (b)(**Folio** (b)(**Partida** (b)(

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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

Registro Nacional de las Personas

República de Guatemala

(b)(6) Huehuetenango

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha catorce de febrero de mil novecientos noventa y nueve, en la partida (b)(6) del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

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

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, Huehuetenango, (b)(6)

País, Departamento, Municipio de Nacimiento

Datos de la madre

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

Nombres y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

(b)(6)

Nombres y apellidos del Padre

(b)(6)

Lugar de Origen

Observaciones

No consta ninguna anotacion

REGISTRO CIVIL DE LAS PERSONAS

(b)(6)

002893

Extendida el día dos de junio de dos mil dieciséis por el Registrador Civil de las personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS

Doy fe

Irma Judith Cifuentes Galicia

Registrador Civil de las Personas

Renap
Registro Nacional de las Personas

(b)(6)

002894

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-25

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) /1996

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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 veridica 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.

(b)(6)

Firma titular

Firma cónsul u operador

CONSULADO GENERAL DE GUATEMALA ** PHOENIX, ARIZONA

© 2012 Registro Nacional de las Personas

PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 110920636326437

002895

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), Departamento de Huehuetenango,

CERTIFICA

que con fecha catorce de febrero de mil novecientos noventa y seis, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de Aguacatán, Departamento de Huehuetenango, quedó inscrito el nacimiento de:

Datos del inscrito

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y seis — Femenino

Fecha de nacimiento — Género

Guatemala, Huehuetenango, (b)(6)

País, Departamento, Municipio de nacimiento

Datos de la madre

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

Nombres y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

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

Nombres y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

(b)(6)

(b)(6)

002896

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

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

(b)(6)

(b)(6)

No. (b)(6)

Doy fe

(b)(6)

Daniel , Rodríguez Hernández

Registrador Civil de las Personas

(b)(6)

(b)(6)

002897

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) **Effective Date:** 06/22/2016 09:51 **Location:** (b)(6)

Initial Admission: 06/20/2016 **Admission:** 06/20/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** F **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6) PA

b.Telephone:

(b)(6)

2. Date of visit

06/20/2016

3. Name of program staff with child

(b)(6) LMC

4. Program Name

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

06/20/2016

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

06/21/2016

9. Findings

- a. Normal
- b. Abnormal

002898

Supplemental TB Screening

Resident: (b)(6) (b)(6)
(b)(6)

10. TB Determination

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

11. Additional Information

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

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Jun 21, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

(b)(6)

Thank you for making MIHS a part of your patient care.

(b)(6) (b)(6) (b)(6) (MRN (b)(6)
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 6/21/2016 7:51 AM
CC: (b)(6), PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

Facility #: --- 002901

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jun 21, 2016

Immunization Report

User: (b)(6)

Time: 09:22:25 MT

Resident: (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 06/01/2016 - 06/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 06/20/2016	
Hepatitis A	Consented	- Ricardo Meza 06/20/2016	
Hepatitis B	Consented	- Ricardo Meza 06/20/2016	
Tdap	Consented	- Ricardo Meza 06/20/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 06/20/2016	
HPV	Consented	- Ricardo Meza 06/20/2016	
Meningicoccal	Consented	- Ricardo Meza 06/20/2016	
IPV	Consented	- Ricardo Meza 06/20/2016	
MMR	Consented	- Ricardo Meza 06/20/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/07/22 14:58:00
Priority:	Normal
Type:	Note

Good afternoon,

The person listed in the subject line has been determined to be an adult with a verified DOB (b)(6) /1995. ORR requests this person be transferred to adult custody.

Contact information for transportation arrangements:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) a, Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. 3843
(C (b)(6)
EFax: 602-532-7109

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, July 21, 2016 5:35 PM

To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6 (b)(6) - (b)(6) Casa Phoenix

Approved

From: Hillin, Myriam (ACF)
Sent: Thursday, July 21, 2016 5:16:20 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6 (b)(6) - (b)(6) Casa Phoenix

Ivonne,

Attached please find for your approval a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1995.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Consulado de Honduras en Dallas
Sent: Wednesday, July 20, 2016 2:47 PM
To: Buriel, Celestina (ACF) (CTR)
Cc: CONSUL DALLAS
Subject: RE: Verificacion de Actas - Casos de SWK Casa Phoenix

Buenas tardes, Celestina:

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

1. Acta de nacimiento y Padron Fot. de (b)(6) (b)(6) (b)(6) (b)(6) el joven nacio el (b)(6) de (b)(6) 1995, por lo tanto tiene 20 años

Esperamos la informacion le sea de utilidad

Atte

(b)(6)

Agente Consular
CGH-Dallas

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/07/22 14:59:22
Delivered Date:	2016/07/22 14:58:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 21, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on April 10, 2016 as a juvenile as a result of Mr. (b)(6) 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 did not become immediately apparent that Mr. (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his father, Mr. (b)(6) (b)(6) in Honduras.

On June 09, 2016 Mr. (b)(6) (b)(6) faxed a copy of his son's birth certificate to the Case Manager who proceeded to verify the document with the consulate of Honduras. **The Dallas Honduran Consulate produced a verified birth certificate with a date of birth of** (b)(6) **1995** instead of (b)(6) 1999.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) father. Mr. (b)(6) immediately admitted to Case Manager that it was his father's idea to modify his date of birth on his birth certificate once his father learned that he was in a shelter for minors. Case Manager contacted again Mr. (b)(6) (b)(6) to address the fact that the verification of the birth certificate he sent on behalf of his son produced a different date that makes his son 20 years old and Mr. (b)(6) (b)(6) responded that the birth certificate was sent over by his uncle (b)(6) who lives in (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) traveled to reunite with an unrelated sponsor who reported he was not aware of Mr. (b)(6) (b)(6) correct identity or date of birth and could not provide any additional information.

On July 20, 2016 Honduran Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) (b)(6) (b)(6) (b)(6) father provided the program. **According to the verification of the RNP (Registro Nacional de las Personas) archives** (b)(6) (b)(6) (b)(6) (b)(6) **was registered with a date of birth** (b)(6) **1995**.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) verified birth certificate and his own retraction of his correct date of birth admitting he is 20 years old and agrees that there is sufficient strong evidence to support the claim that he is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- photograph
- TB Clearance
- Consular verification :
  Acta de nacimiento y Padrón Fot. De (b)(6) (b)(6) (b)(6) (b)(6) el joven nació el (b)(6) **1995**, **por lo tanto tiene 20 años**

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002907

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

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) (b)(6) *municipio*

b) ***COPÁN*** *departamento*

c) ***HONDURAS*** *pais*

d) (b)(6) *dìa*

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) ***HONDUREÑA*** *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

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***VEINTE*** dias del mes de ***JULIO***

del dos mil ***DIECISEIS***

(b)(6)

(b)(6)

firma y sello del registrador civil municipal

IdSORYEVsoyDOAeg3Mx@ruIAZZj@HVq44MxT7OHRfe5s[54eRVygcS7orKA@yQ6Z@ X/o0$QQ/+QYViJb6@ @68Qrl$SOZdWg+xuI\wEmj@i6Y@Ny6$@O4jf/8Ck5T/EDJDHt

002908

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: (b)(6)

Nombre identificación:

Nombre Registro Civil:

Sexo: MASCULINO

Fecha nacimiento: (b)(6) **1995**

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

Nº (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS con fundamento en el Decreto No 150 Capitulo IV Articulo 15 literal O y Capitulo VIII Articulo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982 CERTIFICA que en los archivos de esta institucion se encuentra el acta de nacimiento número (b)(6) (Número de Identidad) ubicada en el folio (b)(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 [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) (Municipio) b) COPAN (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: N. Identidad: (b)(6)

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 N. Identidad: 0421-1974-00138

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

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

4.) Notas marginales autorizadas:

NINGUNA

Extendida en DISTRITO CENTRAL (Municipio) FRANCISCO MORAZAN (Departamento)

a los VEINTINUEVE días del mes de MARZO

del DOS MIL DIECISEIS

(b)(6)

FIRMA Y SELLO DEL DIRECTOR

(b)(6)

(b)(6)

002911

002912

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6)
Effective Date: 04/11/2016 08:31
Location: (b)(6)
Initial Admission: 04/13/2016
Admission: 04/13/2016
A#: (b)(6)
Date of Birth: (b)(6) 1998
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6), PA
   b.Telephone:
   (b)(6)
2. Date of visit
   04/11/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   Casa Phoenix, Southwest Key Programs

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
   04/11/2016
2. Date Read
   04/13/2016
3. Result in mm
   8
4. Interpretation
   - a. Positive
   - b. Negative

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

5. Date Drawn
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
   04/12/2016
9. Findings
   - a. Normal
   - b. Abnormal

002913

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

(b)(6) (b)(6) (b)(6) (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: Martinez (b)(6) (b)(6) (b)(6)
DOB: (b)(6) /1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR chest AP only

Exam Date & Time: Tue Apr 12, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are witin
normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

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

Released By: Poya Hedayati, MD on 4/12/2016 8:33 AM
CC: CARLOS LOPEZ, MD - FAX

(b)(6)

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

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W Thomas Rd 2nd Floor PHOENIX AZ 85013-4240		

Facility #: --- 002916

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Apr 13, 2016

Immunization Report

User: (b)(6)

Time: 12:16:57 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 04/01/2016 - 04/30/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Daniel Herrera 04/11/2016	
Hepatitis B	Consented	- Daniel Herrera 04/11/2016	
Influenza	Consented	- Daniel Herrera 04/11/2016	
Tdap	Consented	- Daniel Herrera 04/11/2016	
Varicella (chicken pox)	Consented	- Daniel Herrera 04/11/2016	
HPV	Consented	- Daniel Herrera 04/11/2016	
IPV	Consented	- Daniel Herrera 04/11/2016	
Meningicoccal	Consented	- Daniel Herrera 04/11/2016	
MMR	Consented	- Daniel Herrera 04/11/2016	
TB 1 Step Mantoux (PPD)	Consented	- Daniel Herrera 04/11/2016	Negative (8 mm)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b) (b)(6 (b)((b)(6 (b)(6) Casa Phoenix
Date:	2016/08/08 10:21:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1991. She is medically cleared.

Test	Date Specimen Collected	Result
Pregnancy	7/26/2016	Negative

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/08/08 10:22:17
Delivered Date:	2016/08/08 10:21:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 8, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)((b)(6) (b)((b)(6) **A#** (b)(6)

(b)((b)(6) (b)((b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 25, 2016 as a juvenile as a result of Ms. (b)((b)(6) knowingly providing a different date of birth of (b)(6) 1998 for herself upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)((b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)((b)(6) could be overage. Case Manager requested a copy of Ms. (b)((b)(6) birth certificate from her mother, Ms. (b)(6) (b)(6) who resides in Guatemala. Ms. (b)(6) faxed to Case Manager a copy of Ms. (b)((b)(6) birth certificate showing a date of birth (b)(6) 1998.

On July 28, 2016 while reviewing Ms. (b)((b)(6) file it became apparent to Case Manager that the font on the entire birth certificate appeared altered, therefore she proceeded to verify the document via the official governmental RENAP (Registro Civil Nacional de las Personas) website which resulted in a no match.

Case Manager then provided a copy of the document to the Phoenix Guatemalan Consulate for further verification. On August 5, 2016, Consular Assistant, Ms. (b)(6) notified via email to ORR that she had not been able to retrieve a document matching the one provided for verification. Ms. (b)(6) informed then that a second attempt for verification would be completed. On August 5, 2016, Guatemalan Consular Assistant, Ms. (b)(6) emailed to ORR the results of verification, which revealed Ms. (b)((b)(6) true date of birth **as** (b)(6) **1991**.

Case Manager then met with Ms. (b)((b)(6) in the presence of Ms. (b)((b)(6) Clinician, (b)(6) to provide Ms. (b)((b)(6) the opportunity to explain the new information about her identity provided by Ms. (b)(6) Ms. (b)((b)(6) initially denied being an adult. Ms. (b)((b)(6) mother was then contacted to inquire about her daughter's age and the alteration of the document. Ms. (b)(6) (b)(6) confirmed that the document had been altered due to necessity. After some rapport with Clinician and Case Manager, Ms. (b)((b)(6) provided a confession stating that the Consulate's findings were correct and that the document has been altered for her trip one year in advance. Ms. (b)((b)(6) and her mother, Ms. (b)(6) were not able to provide further details about how the BC was obtained.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Ms. (b)((b)(6) (b)((b)(6) 's verified birth certificate showing a DOB (b)(6) 1991, her own retraction of her first provided incorrect date of birth admitting she is 24 years old and her mother's corroboration that her daughter is 24 years old including admitting that they

have carried out a material alteration of the document to create a false date of birth and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Ms. (b)((b)(6) (b) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification:
  Datos NO coinciden con RENAP
  (b)(6 (b)(6) (b) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) **DE 1991**
  LdN: Guatemala, Quiche, (b)(6)
  Libro (b)(Folio (b)(Partida (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)((b)(6) (b) (b)(6) is 24 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002921

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas

República de Guatemala

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

(b)(6)

ID: (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Uspantán, departamento de Quiche,

CERTIFICA

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

– (b)(6) (b)(6) (b)(6) (b)(6) –

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento.

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

FEMENINO

Género

Datos de la madre

Fotografía no disponible

(b)(6)

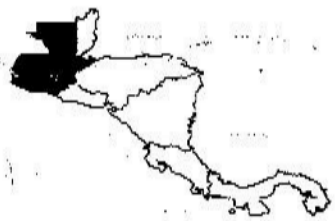
Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen



Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

El Renap cuida y valora tu identidad
www.renap.gob.gt
07-27-'16 07:58 DE- COMERCIAL EL AMIGO 77366094 T-778 P0001 F-822

002922

Observaciones
NO CONSTA NINGUNA ANOTACIÓN.

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

Extendida el día veintinueve de febrero de dos mil dieciséis 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)

Luis Matea , Cakl Santiago
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA
(b)(6)
QUICHE

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 veintinueve de febrero 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 traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

07-27-'16 07:59 DE- COMERCIAL EL AMIGO 77366094 T-778 P0002 F-822

002923

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-08-05

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) 1991

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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) (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6) (b) (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.

(b)(6)

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas

Facility #: --- 002924 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 26, 2016 | Immunization Report | User: (b)(6)

Time: 17:39:42 MT

Resident: (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) 1998 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 07/26/2016	
Hepatitis B	Consented	- - 07/26/2016	
Tdap	Consented	- - 07/26/2016	
Varicella (chicken pox)	Consented	- - 07/26/2016	
HPV	Consented	- - 07/26/2016	
IPV	Consented	- - 07/26/2016	
Meningicoccal	Consented	- - 07/26/2016	
MMR	Consented	- - 07/26/2016	

(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) 1998
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Pa Only

Exam Date & Time: Wed Jul 27, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

TECHNIQUE:
PA Chest

CLINICAL HISTORY:
TB SCREEN

COMPARISON:
None.

FINDINGS:
HEART: Normal size.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
PULMONARY VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Unremarkable for age.

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

(b)(6)

002926

Uschel, (b)((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: Mary J. Connell, MD
Scott Penny, MD

Released By: Mary J. Connell, MD on 7/27/2016 4:30 PM

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

(b)(6)

002927

002928

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6)
Patient ID: (b)(6)
Sex: F
DOB: (b)(6) /1998
Collection Date/Time: 07/26/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 07/27/2016 4:00AM EDT
Approval Date/Time: 07/28/2016 2:55PM 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	0
Panel B Spot Count	1
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

(b)(6)

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From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) h@ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/08 10:20:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1994. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/08/08 10:21:02
Delivered Date:	2016/08/08 10:20:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 8, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on July 7, 2016 as a juvenile as a result of Mr. (b)(6) misrepresentation of himself as a minor by providing a date of birth of (b)(6) 1999 to apprehending officials.

Immediately upon arrival Mr. (b)(6) informed his assigned Case Manager (b)(6) that he did not have a birth certificate as he was never registered in Guatemala. Case Manager confirmed this information with his mother (b)(6) (b)(6) (b)(6), who also affirmed that Mr. (b)(6) never had a birth certificate issued. Ms. (b)(6) (b)(6) (b)(6) provided ORR with a notarized affidavit attesting that her son was not registered at birth for unknown reasons and that her son's date of birth was (b)(6) 1999.

Case Manager then requested that the Phoenix Guatemalan Consulate interview Mr. (b)(6) (b)(6) on July 26, 2016 as it was apparent to Case Manager that Mr. (b)(6) appeared to be overage.

Guatemalan Consular Assistant, Ms. (b)(6) emailed on August 4, 2016 to ORR the results of their interview and revealed that according to the RENAP archives, Mr. (b)(6) was registered with full name: (b)(6) (b)(6) (b)(6) (b)(6) **and date of birth of** (b)(6) **1994.**

Case Manager then met with Mr. (b)(6) (b)(6) again to provide him the opportunity to explain the new information about his identity provided by Ms. (b)(6) and Mr. (b)(6) admitted to Case Manager, Ms. (b)(6) that his date of birth is (b)(6) 1994. Mr. (b)(6) (b)(6) continued to explain to Case Manager (b)(6) that he had heard from friends in Guatemala that if he reported to be a minor that he could travel into the U.S without being deported.

Case Manager then contacted again Mr. (b)(6) mother, Ms. (b)(6) (b)(6) (b)(6) to confirm the date of birth of her son and she initially insisted that her son's date of birth is (b)(6) 1999 and that he is a minor. Case Manager then placed both Mr. (b)(6) and Ms. (b)(6) on the speaker phone and Mr. (b)(6) informed his mother that he was interviewed by the Guatemalan Consulate and that the consulate already verified who he was. Mr. (b)(6) and Ms. (b)(6) apologized for their actions and explained that they wanted to ensure that Mr. (b)(6) could remain in the US.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) 's consular DOB's verification indicating that his DOB is (b)(6), 1994, his own retraction of his first provided incorrect date of birth and his admission that he is 22 years old and his mother's corroboration that her son is 22 years old

including admitting that they have carried out a material alteration of the document to create a false date of birth and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- A photograph
- TB clearance
- Consular Verification of (b)(6) (b)(6) (b)(6) (b)(6)

  Datos coinciden con RENAP
  (b)(6) (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) **DE 1994**
  LdN: Guatemala, (b)(6) (b)(6)
  Libro (b) Folio (b)(6) Partida (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne (b)(6) reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 22 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002933

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 07/10/2016 18:16 **Location:** (b)(6)

Initial Admission: 07/09/2016 **Admission:** 07/09/2016 **A#:** (b)(6)

Date of Birth: (b)(6)/1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

Dr. (b)(6)

b.Telephone:

(b)(6)

2. Date of visit

07/08/2016

3. Name of program staff with child

(b)(6), LMC

4. Program Name

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

07/08/2016

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

07/09/2016

9. Findings

- (●) a. Normal
- b. Abnormal

Supplemental TB Screening

002934

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

002935

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-08-04

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1994

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüistica:

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 veridica 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.

(b)(6)

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas

USUARIO: (b)(6)

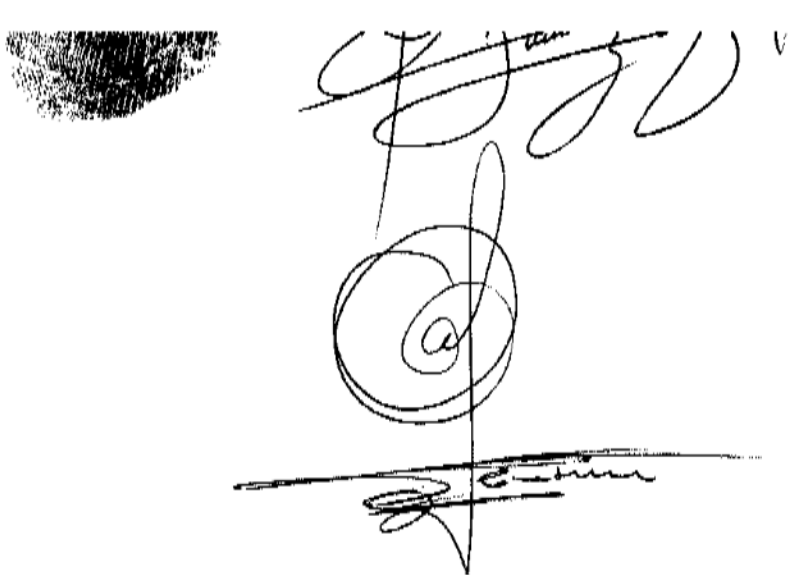
Page 1081 of 1319

Withheld pursuant to the Freedom of Information Act

(b)(6)

002937

002938



002939

002940

- (b)(6)

002941

Registro Nacional de las Personas

República de Guatemala

(b)(6) Huehuetenango

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha dieciseis de noviembre de dos mil seis en la partida (b)(6), del folio (b)(6) y libro (b)(R, fue inscrito el nacimiento de:

Datos del inscrito

(b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos sesenta y dos — Femenino

Fecha de nacimiento — Género

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6) -

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6), departamento de Huehuetenango, hace constar que de conformidad con la información proporcionada por la Dirección de Procesos, el inscrito en la partida de fondo se enroló con fecha 31/01/2011, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

(b)(6)

Trabajando con la población para garantizar su identidad

www.renap.gob.gt

002942

Extendida en el municipio de (b)(6) departamento de Huehuetenango, el día dos de septiembre de dos mil once por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

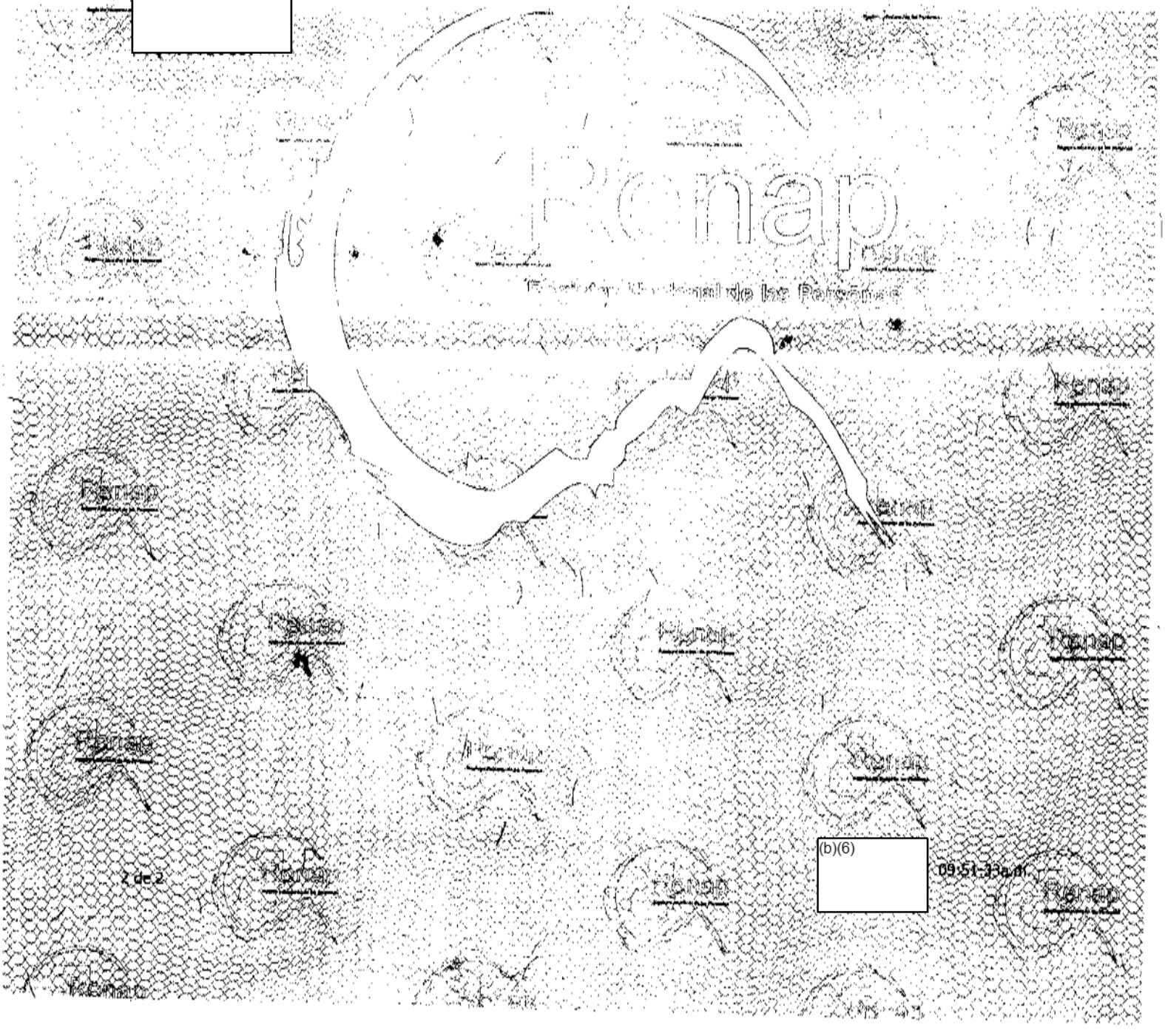
(b)(6)

Doy fe

María del Rosario , Hernández Ros

Registrador Civil de las Personas

(b)(6)



(b)(6)

09:51:33a.m.

2 de 2

002943

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Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /1999
Collection Date/Time: 07/08/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 07/09/2016 4:00AM EDT
Approval Date/Time: 07/10/2016 3:18PM 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	0
Panel B Spot Count	2
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.

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Facility #: --- 002944 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 9, 2016 | Immunization Report | User: (b)(6)

Time: 09:18:55 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **/1999 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Edith Gonzalez 07/08/2016	
Hepatitis B	Consented	- Edith Gonzalez 07/08/2016	
Tdap	Consented	- Edith Gonzalez 07/08/2016	
Varicella (chicken pox)	Consented	- Edith Gonzalez 07/08/2016	
HPV	Consented	- Edith Gonzalez 07/08/2016	
IPV	Consented	- Edith Gonzalez 07/08/2016	
Meningicoccal	Consented	- Edith Gonzalez 07/08/2016	
MMR	Consented	- Edith Gonzalez 07/08/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/08 10:19:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/08/08 10:19:54
Delivered Date:	2016/08/08 10:19:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 8, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 2, 2016 as a juvenile as a result of (b)(6) knowingly misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care (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. Mr. (b)(6) came in with a Honduran altered birth certificate on his possession showing a date of birth of (b)(6), 1999.

On August 3, 2016 Mr. (b)(6) admitted to Clinician (b)(6) that he was an adult and reported that his date of birth was (b)(6), 1998. During this time Case Manager (b)(6) then proceeded to verify the birth certificate by the Honduran consulate.

On August 4, 2016 the Dallas Honduran Consulate provided ORR with a verified copy of Mr. (b)(6) (b)(6)'s birth certificate showing a **correct date of birth of** (b)(6) **1997** making him 19 years old.

Case Manager provided Mr. (b)(6) an opportunity to explain why his birth certificate was altered since Mr. (b)(6) stated that his real date of birth is (b)(6) 1998. Mr. (b)(6) reported losing his birth certificate while working in Mexico so he requested another copy of his birth certificate from his family in Honduras. Mr. (b)(6) reported he was not aware that his family was going to send him an altered birth certificate. Mr. (b)(6) stated he requested a copy of his birth certificate because he was going to attempt travel into the U.S. and believed he would need one in case he was apprehended.

Mr. (b)(6) reported that he traveled to the U.S. to reunite with his uncle named (b)(6) residing at (b)(6) (b)(6) with phone number (b)(6). On August 3, 2016 Case Manager (b)(6) contacted and spoke with Uncle, (b)(6) in attempts to gather additional information regarding Mr. (b)(6)'s age. (b)(6) denied knowing Mr. (b)(6) was an adult and also denied involvement in the alteration of Mr. (b)(6)'s Birth Certificate. Attempts to contact family in Honduras were exhausted and unsuccessful.

On August 5, 2016, Consular Assistant Ms. (b)(6) from the Dallas Honduran consulate provided ORR with a verified birth document with a date of birth of (b)(6), **1997** which is consistent with Mr. Ibarra's appearance.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) Ibarra was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and

therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Honduran RNP verified BC
- 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) (b)(6) (b)(6) Ibarra 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002949

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION 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)
Número de Identidad

del Año 1999 y que pertenece a:

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

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

y cuya información es la siguiente

1.) Lugar, fecha y orden de nacimiento (b)(6)

a) (b)(6) Municipio b) EL PARAISO Departamento c) HONDURAS País

d) (b)(6) Dia e) (b)(6) Mes f) 1999 Año

2.) Apellidos, nombre y nacionalidad del padre:

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

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

NINGUNA

Extendida en TROJES Municipio EL PARAISO Departamento

a los: DIECINUEVE días del mes de NOVIEMBRE

del DOS MIL TRECE

Firma y Sello del Registrador Civil Municipal

(b)(6)

0029504

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

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) (b)(6) *municipio*

b) ***EL PARAISO*** *departamento*

c) ***HONDURAS*** *pais*

d) (b)(6) *dia*

e) (b)(6) *mes*

f) ***1997*** *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) *primer apellido*

b) (b)(6) *segundo apellido*

c) (b)(6) *nombre*

d) ***HONDUREÑA*** *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

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***CINCO*** dias del mes de ***AGOSTO***

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

(b)(6)

firma y sello del registrador civil municipal

itT6uLIM\sIa]pM$@8NAvbUgu@agnMqYpHWN12WG_P@X@mwrlY@X@e7ng@vu/R9DbY/EDJgH5@1@eoi6zsF]xYPgrK5V3a[@Nb@R1OV@sL/ErV9V/mJQu

(b)(6) (b)(6) (b)(6) (MRN 0103169207)

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Aug 5, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence of active fungal/granulomatous
infection.
NOTE
Report dictated by resident, Ashley Crowder MD, 10774 the attending radiologist's signature
indicates that the study has been interpreted and the report approved.

(b)(6)

002952

(b)(6) (b)(6) (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: Samantha L Matz, DO
Ashley Crowder, MD

Released By: Samantha L Matz, DO on 8/5/2016 12:26 PM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

002953

(b)(6)

002954

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Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) Ibana, (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /1999
Collection Date/Time: 08/03/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/04/2016 4:00AM EDT
Approval Date/Time: 08/05/2016 2:19PM 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	0
Panel B Spot Count	1
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.

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Facility #: --- 002955

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Aug 3, 2016

Immunization Report

User: (b)(6)

Time: 18:27:42 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)) Consent Status: All Date Range: 08/01/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/03/2016	
Hepatitis B	Consented	- - 08/03/2016	
Tdap	Consented	- - 08/03/2016	
Varicella (chicken pox)	Consented	- - 08/03/2016	
HPV	Consented	- - 08/03/2016	
IPV	Consented	- - 08/03/2016	
Meningicoccal	Consented	- - 08/03/2016	
MMR	Consented	- - 08/03/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/09/11 18:53:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 3/1998. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) .@swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/09/11 18:53:37
Delivered Date:	2016/09/11 18:53:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 11, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(**A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 24, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials as (b)(6) 1999.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, Mrs. (b)((b)(6) (b)(6) in Guatemala.

On August 30, 2016 Mrs. (b)(6) (b)(6) (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website returning a no match, therefore the document was sent to the Phoenix Guatemalan Consulate for further verification. The Guatemala Consulate verified Mr. (b)(6) (b)(6) birth certificate on September 9, 2016 with a verified date of birth of (b)(6) 1998 instead of (b)(6) 1999.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) (b)(6) mother. Mr. (b)(6) (b)(6) immediately denied to Case Manager any knowledge of his birth year being 1998. Mr. (b)(6) (b)(6) stated that he was always told he was born in 1999. Mr. (b)(6) (b)(6) did not retract his statement and stated that his parents did not tell him he was born in 1998.

Case Manager contacted again Mrs. (b)(6) (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her son produced a different date that makes her son 18 years old and Mrs. (b)(6) (b)(6) (b)(6) responded that the birth certificate she sent was not a valid birth certificate. Mrs. (b)(6 (b)(6) (b)(6) stated that her son got his birth certificate altered in Guatemala by an acquaintance. Mrs. (b)(6) b)(6) (b)(6) stated that she paid 3,000.00 quetzals to have her son's birth certificate altered. Mrs. (b)(6) (b)(6) (b)(6) refused to give any more information about the person who altered the document. Mrs. (b)(6) (b)(6) (b)(6) stated that Mr. (b)(6) (b)(6) birth certificate was altered before Mr. (b)(6) (b)(6) decided to migrate to the United States. (b)(6) b)(6) (b)(6) stated that the birth certificate got altered because friends in Guatemala told them that by changing Mr. (b)(6) (b)(6) birth date on his birth certificate that's all it would take for Mr. (b)(6) (b)(6) to make it to the United States.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6), 1998 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance
- Immunization record

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6) departamento de Huehuetenango,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

- (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

Fotografía no disponible

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

002961

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día Once 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 LINEA----------

Doy fe (b)(6)

Luis Fernando , Cifuentes Mérida
Registrador Civil de las Personas

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

002962

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(	(b)(	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	Figueróa	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1998

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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.

(b)(6)

Firma titular

CONSULADO GENERAL DE GUATEMALA
PHOENIX, ARIZONA

Firma cónsul u operador

USUARIO: (b)(6)

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PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

002963

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /1999
Collection Date/Time: 08/25/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/26/2016 4:00AM EDT
Approval Date/Time: 08/27/2016 2:16PM 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	2
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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(b)(6) 092964 (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6)/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Aug 26, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David L August, MD

Facility #: --- 002965

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Aug 28, 2016

Immunization Report

User: (b)(6)

Time: 21:26:53 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 08/01/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 08/25/2016	
IPV	Consented	- - 08/25/2016	
MMR	Consented	- - 08/25/2016	
Varicella (chicken pox)	Consented	- - 08/25/2016	
Hepatitis A	Consented	- - 08/25/2016	
Hepatitis B	Consented	- - 08/25/2016	
HPV	Consented	- - 08/25/2016	
Meningicoccal	Consented	- - 08/25/2016	

002966

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT- (b)(6) (b)(6) (b)((b)(6 (b)((b) (b)(6) CASA PHOENIX
Date:	2016/06/21 12:14:00
Priority:	Urgent
Type:	Note

Good morning,

Attached please find the approved Memo of Age Redetermination for (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1997.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Tuesday, June 21, 2016 8:42 AM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT- (b)(6) (b)(6) (b)(6 (b)(6) (b)((b)((b)(6) CASA PHOENIX
Importance: High

Good morning Ivonne,

Attached please find for your final approval a Memo of Age Redetermination for the above listed individual who presented an altered BC. His correct DOB is (b)(6) /1997. This person, his sponsor/brother and mother in COO all admitted to have paid for this person's journey which included the alteration of the BC.

Myriam

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/06/21 12:14:36
Delivered Date:	2016/06/21 12:14:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 21, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) Velázquez was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on June 9, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), who requested a copy of Mr. (b)(6) birth certificate to Mr. (b)(6) mother in Guatemala.

On June 20, 2016 Mr. (b)(6) mother, Ms. (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website as the document presented a visibly different font in the date of birth. The verification produced a verified birth certificate with a date of birth of (b)(6) 1997 instead of (b)(6) 1999.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) mother. Mr. (b)(6) immediately admitted that his correct date of birth is (b)(6), 1997. He reported that he wanted to come to the US to work and study and that he was harassed by gangs in his community.

Case Manager contacted again Mr. (b)(6) mother, Ms. (b)(6) who confirmed that around mid-May 2016 she and her son (b)(6) who resides in the US, paid 22,000 Quetzals to a contractor group of guides to complete her son's trip to the US including the altered document. This information was confirmed by Mr. (b)(6) brother (b)(6) (b)(6) (b)(6) who resides at (b)(6) with phone number (b)(6) and who is expecting his brother's (b)(6) (b)(6) arrival.

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 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne (b)(6) reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved BY:

Approved by:
Ivonne (b)(6) **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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
Subject:	ADULT-AGE RE-DETERMINATION (b)(6) /SWK KOKOPELLI
Date:	2017/06/19 20:46:53
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination along with medical clearance for the above listed individual with a verified DOB: (b)(6) /1997.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
Sent Date:	2017/07/03 23:10:56
Delivered Date:	2017/06/19 20:46:53
Message Flags:	Unsent

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 19, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Kokopelli

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

SUBJECT: Age Re-Determination of an UAC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR with SWK Kokopelli on June 15, 2017 as juvenile as a result of knowingly providing a false date of birth of (b)(6) 1999.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) who immediately requested a copy of Mr. (b)(6)'s birth certificate. Case Manager proceeded to verify the document with the RENAP site. The RENAP site provided a birth certificate with name (b)(6) (b)(6) (b)(6) that included the picture of the individual in ORR care with that name and with a verified date of birth (b)(6) **1997**.

Mr. (b)(6) s family in Guatemala and Mr. (b)(6) himself later admitted that initially an altered document was provided wherein the year of birth was changed from 1997 to 1999 so Mr. (b)(6) could pass as a minor.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) (b)(6) is 19 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S
Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.06.19 17:36:47 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)((b)((b) (b)(6) Casa Phoenix
Date:	2016/07/12 10:54:00
Priority:	Urgent
Type:	Note

Good morning,

The person listed in the subject line has been determined to have a verified DOB (b)(6) /1998.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. 3843
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Monday, July 11, 2016 4:58 PM
To: Hillin, Myriam (ACF)
Subject: Fw: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6)

Casa Phoenix
Importance: High

Dear Myriam,
Please contact ICE and have this individual transfered ion to their custody
Thanks, ivonne

From: Hillin, Myriam (ACF)
Sent: Monday, July 11, 2016 2:02:46 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) Casa Phoenix

Ivonne,

The person listed in the subject line has been determined to have a verified DOB (b)(6) /1998.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/12 10:55:03
Delivered Date:	2016/07/12 10:54:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 11, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)

(b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix, Arizona on June 21, 2016 as a juvenile as a result of (b)(6) providing to apprehending officials a date of birth different from what the Guatemalan consular verification has now determined is (b)(6) s correct date of birth.

Upon placement in ORR care (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it was immediately apparent that (b)(6) could be overage and therefore Case Manager requested the Phoenix Guatemalan Consulate verify the birth certificate that (b)(6) had in his possession while entering the program.

On July 8, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate that (b)(6) provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives, (b)(6) was registered with a date of birth (b)(6)**

Case Manager then immediately initiated the age determination process following ORR policy and procedures which establish that HHS may make age determinations of UC when there is a reasonable suspicion that the UC is 18 years or older.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including information from another local or foreign government such as a consular agency to verify the veracity of the documents presented by his citizens and whom HHS concludes can credibly attest to the age of the individual.

Case Manager provided then an opportunity to (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate he provided. (b)(6) admitted that his father, (b)(6) , was informed by locals in (b)(6) in Guatemala that there are shelters available in the US to assist minors. (b)(6) had an altered birth certificate in Guatemala, and gave it to his son while his son was traveling to the U (b)(6) hired a foot guide when arriving in Mexico to enter the US. (b)((b)(6) misreported his date of birth as (b)(6) upon apprehension by immigration officials to pass as a minor and make the process easier for him. (b)(6) father informed his son that he was going to use his real name and information but would change his date of birth (b)(6) reports that his father (b)(6) paid 500 Quetzals for the altered birth certificate and 2000 quetzals for his entire journey.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed (b)(6) birth certificate and the verification of the correct date of birth and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that (b)(6) is 18 years old and [illegible] months.

Accordingly, under these procedures, the age determination process for (b)(6) was evaluated carefully based on the totality of all available evidence and therefore (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Consular Verification of name and DOB:

  Datos NO coinciden con RENAP
  (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6)
  LdN: Guatemala, Quiche, (b)(6)
  (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) s 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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

002977

(b)(6)

Registro Nacional de las Personas

República de Guatemala

(b)(6) Quiche

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil del Registro Nacional de las Personas del municipio de (b)(6) departamento de Quiche

CERTIFICA

que con fecha veintitrés de abril mil novecientos noventa y nueve, en la partida (b)(6) del folio (b)(6) y libro (b)(6) quedo inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, Quiche, (b)(6)

País, Departamento, Municipio de Nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

(b)(6)

Nombres y apellidos del Padre

(b)(6)

Lugar de Origen

Observaciones

No consta ninguna anotacion

(b)(6)

002978

Extendida en el municipio de (b)(6) departamento de Quiche, el día tres de junio de dos mil dieciséis por Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

Olga Leticia Ventura Monzón de Martínez
Registrador Civil de las Personas

Renap
Registro Nacional de las Personas

(b)(6)

002979

RENAP

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-08

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6)

Pais, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	(b)(6)

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Ins...
			(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

Pais, 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 veridica 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 mi.

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

Firma titular

(b)(6)

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

Firma oficial u operador

© 2012 Registro Nacional de las Personas

PBX 502 2416-1000 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 3527565860101

002980

Supplemental TB Screening

Resident: (b)(6)	**Effective Date:** 06/23/2016 12:48	**Location:** (b)(6)
Initial Admission: 06/22/2016	**Admission:** 06/22/2016	**A#:** (b)(6)
Date of Birth: (b)(6)	**Gender:** M	**Score:** NA
Category: NA	**Physician:** (b)(6)	

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6), PA

b.Telephone:

(b)(6)

2. Date of visit

06/23/2016

3. Name of program staff with child

(b)(6) LMC

4. Program Name

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

06/22/2016

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

06/23/2016

9. Findings

- a. Normal
- b. Abnormal

002981

Supplemental TB Screening

Resident: (b)(6)

10. TB Determination

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

11. Additional Information

002982

(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: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu Jun 23, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

PPC
(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

002983
Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Thursday, May 26, 2016 3:54 PM

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

Cc: (b)(6);(b)(7)(F); Velazquez, Ivonne (ACF); LaGrow, Debra (ACF)

Subject: ADULT - Age-Redetermination (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) SOL

Good afternoon,

The person listed in the subject line has been determined to be an adult with a **correct DOB: (b)(6) 1996**.

Attached please find:

- Approved ORR Memo of Age Redetermination
- Altered BC
- Verified date of BC
- TB clearance
- Photograph

The contact information to make transportation arrangements is:

(b)(6)

Lead Case Manager

SWK-Hacienda del Sol

Email (b)(6) @swkey.org

(623)565-5701 Ext (b)(6)

ORR requests that (b)(6) (b)(who is (b)(6) years old be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

002986

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

002987

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, December 16, 2016 15:18

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6) (b)(6)

Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6);(b)(7)(E) SWK CASA PHOENIX

Importance: High

Good afternoon,

Attached please find a memo of age redetermination for the above listed individual with a verified
DOB (b)(6) /1993.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

002990

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Monday, September 26, 2016 11:07 AM

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6) (b)(6); (b)(6)

Subject: ADULT Age Redetermination (b)(6) SWK Casa Phoenix

Importance: High

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1997. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

002995

Referred to DHS

To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) SWK Casa Phoenix
Date:	2018/07/16 19:12:39
Priority:	Urgent
Type:	Note

Good afternoon Officers,

The individual listed in the subject line has been determined to be an adult. He is ready for transport.

ORR Universal Password applies.

POC

1st shift (b)(6) (morning)

2nd shift (afternoon)

3rd shift (night)

Very respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

This e-mail contains sensitive and/or privileged information. This email is intended only for the parties copied on this email. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this e-mail.

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Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/07/16 19:13:00
Delivered Date:	2018/07/16 19:12:39
Message Flags:	Unsent

ADMINISTRATION FOR CHILDREN & FAMILIES

Memo of Age Determination
July 16, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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 individual in ORR care

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

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on May 4, 2018 as a juvenile as a result of (b)(6) knowingly misreporting his date of birth as (b)(6) 2001 to apprehension officials.

Following placement in ORR care (b)(6) was immediately interviewed by a Case Manager at SWK Casa Phoenix, (b)(6) to whom it did not become immediately apparent that (b)(6) could be overage. During placement intake (b)(6) eported that his date of birth is (b)(6) 2001.

Case Manager then proceeded to contact and interview (b)(6) reported mother, (b)(6) on May 4, 2018, who also reported to the Case Manager that the correct date of birth of her alleged son is (b)(6) 2001.

The family provided a birth certificate for (b)(6) on May 14, 2018. The document was sent for verification to the Guatemalan Consulate on June 7, 2018. On July 16, 2018 ORR received verification of the birth certificate indicating that (b)(6) was born (b)(6) **2000** and that the document provided by his family is a fraudulent document.

Assigned case manager, (b)(6) hen provided (b)(6) and opportunity to explain the discrepancy between his first provided date of birth and the results of the verification of his date of bith and (b)(6) ackowldged that that his correct date of birth is indeed (b)(6) 2000. He also admitted that he paid a friend to modify the document.

Case manager spoke with (b)(6) (b)(6) n (b)(6) on July 16, 2018 who reported that he did not know who provided the altered birth certificate. The altered BC was issued and received on May 14, 2018 by the program ,which was 10 days after the UAC was admitted to the program.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verification of DOB
- TB Clearance
- Immunizations
- Photograph
- Statement Letter

In accordance with ORR policy and in view of the new information demonstrating that (b)(6) s 18 years of age,

HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/07/05 10:49:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find ORR approved Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1996.

Contact information for transportation arrangements are:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6) , Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, July 05, 2016 5:51 AM

To: Hillin, Myriam (ACF)
Subject: FW: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) SWK Casa Phoenix

Dear Myriam,
Please contact ICE and have this individual transferred in to ICE Custody
Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

From: Hillin, Myriam (ACF)
Sent: Monday, July 04, 2016 10:28 PM
To: Velazquez, Ivonne (ACF)
Subject: APPROVAL NEEDED ADULT AGE RE-DETERMINATION (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) SWK Casa Phoenix

Ivonne,

Attached please find for your approval a Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) 1996.

Myriam Hillin, MA-MSPC
Federal Field Specialist

Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: (b)(6) [mailto(b)(6)@swkey.org]
Sent: Friday, July 01, 2016 6:15 PM
To: Hillin, Myriam (ACF)
Cc: 922 CaseManagementLeads
Subject: REQUEST FOR MEMO OF AGE REDETERMINATION (b)(6) (b)(6) (b)(6) A#: (b)(6)-(b)(

Hello Myriam,

Please review the attached memo. Attached are the related documents. Please let me know if there are any further corrections to be made or any other questions.

Thank you,

(b)(6)
Case Manager
Southwest Key Programs-Casa Phoenix 922
Office Phone: 602-396-7040 Ext.(b)(6)
Fax: 602-926-2349
Email:(b)(6)@swkey.org
Tue-Sat: 10AM-6PM

1455658092830_Southwest

Opening doors to opportunity so individuals can achieve their dreams!!

Abriendo puertas a la oportunidad para que los individuos pueden alcanzar sus sueños!!

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "(b)(6);(b)(7)(F)@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6)@swkey.org>";

	(b)(6) <(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/05 10:50:07
Delivered Date:	2016/07/05 10:49:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 5, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)

(b)(6) was transferred to and placed in HHS-ORR care on May 27, 2016 as a juvenile as a result of (b)(6) misrepresentation of herself as a minor by creating a false identity and providing a date of birth of (b)(6) 1999 to apprehending officials.

Upon placement in ORR care it was not immediately apparent to assigned Case Manager (b)(6) that Ms. (b)(6) could be overaged and therefore she commenced with reunification efforts on behalf of Ms. (b)(6) with her reported cousin (b)(6) residing at (b)(6) with phone number (b)(6)

Case Manager requested from (b)(6) aunt, (b)(6) in Guatemala a copy of her niece's birth certificate. Case Manager received a copy of the document which showed a date of birth of (b)(6), 1999, but was missing several identifier codes, so Case Manager proceeded to request the original copy. (b)(6) aunt then mailed RENAP copies of the birth certificates of her niece and parents showing a date of birth for (b)(6) as (b)(6), 1999.

Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older the assigned Case Manager began the age determination process for (b)(6)

Case Manager then proceeded to obtain a trail of birth certificates to confirm that (b)(6) is the first cousin of (b)(6) stated that her mother, (b)(6) (b)(6) When the birth certificates of the siblings were received, the names of the parents were missing in the document; therefore the Case Manager was unable to verify the relationship. Case manager then proceeded to question the relationship with (b)(6) s family in Guatemala.

Upon not being able to identify a relationship (b)(6) then acknowledged to Case Manager that Ms. (b)(6) s is taking the identity of a relative (b)(6) stated that (b)(6) is **20 years old** and that her true name is (b)(6) **and her date of birth is** (b)(6) **1996**. Ms. (b)(6) will be referred to from here forward in this document as (b)(6)

Case Manager contacted (b)(6) aunt, (b)(6) in Guatemala to confirm the information and the family confirmed that the true identify o (b)(6) is (b)(6) and that her parents are (b)(6)

(b)(6) aunt stated that they had the correct birth certificate and would send it to case manager on June 30, 2016. Case Manager received a copy of the birth certificate for (b)(6) and the second copy of the birth certificate had the name of (b)(6) and a date of birth of (b)(6) **1996** as it was verbally reported.

Case Manager then spoke with (b)(6) who reported that a friend of hers in Guatemala named (b)(6) instructed her to say that her date of birth was (b)(6), 1999 and that her name was (b)(6) (b)(6) explained that she is illiterate and cannot read or write and accepted that the date of birth her friend provided to her was correct.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including the testimony of the individual in question and other individuals determined to have personal knowledge of the individual and whom HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed (b)(6) (b)(6) birth certificates, (b)(6) parents and relatives retraction of the true date of birth admitting she is an adult and their credible testimony acknowledging of the possession of a birth certificate that does not belong to (b)(6) but to (b)(6) and corroboration of her true name and date of birth admitting their daughter is 20 years old and the consular verification and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that (b)(6) s (b)(6) and she is 20 years old.

Accordingly, under these procedures, the age determination process for Ms. (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Ms. (b)(6) (b)(6) now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Ms. (b)(6) taken identity BC of (b)(6) (b)(6) (b)(6)
- Ms. (b)(6) (b)(6) (b)(6) BC
- Photograph
- TB clearance
- Statement

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is over 18 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) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)

003006
Ivonne.Velazquez@ACF.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Thursday, November 10, 2016 18:50

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6) (b)(6) (b)(6) @swkey.org'

Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - (b)(/SWK CASA PHOENIX

Good evening,

The person listed in the subject line has a verified DOB: (b)(6) 1998.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) a@swkey.org

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

003011

Referred to DHS

To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2018/02/22 19:03:03
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has a been determined to be an adult and is ready for transport to an adult facility.

ORR Universal Password applies.

POC

1st shift 623-203-0548 (morning)

2nd shift 480-257-8154 (afternoon)

3rd shift- 602-524-7756 (night)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

This e-mail contains sensitive and/or privileged information. This email is intended only for the parties copied on this email. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this e-mail.
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Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>";

	(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/03/09 11:39:51
Delivered Date:	2018/02/22 19:03:03
Message Flags:	Unsent

ADMINISTRATION FOR CHILDREN & FAMILIES

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

Memo of Age Determination
February 22, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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 individual in ORR care

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

AKA: (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on January 27, 2018 as a result of providing a fraudulent identity.

Upon initial assessment and interview conducted by the assigned Case Manager (b)(6) it became apparent to the Case Manager that Mr. (b)(6) (b)(6) appeared older than he reported age to be. Mr. (b)(6) (b)(6) informed that he did not know his family contact numbers or other information to contact them in Honduras. Mr. (b)(6) (b)(6) informed that he traveled to reunite with a person named (b)(6) (b)(6) but he did not have contact information for this individual.

On February 5, 2018 the Case Manager proceeded to request assistance from the Honduran consulate to obtain a birth certificate and/or family tree.

On February 6, 2018 Mr. (b)(6) (b)(6) was able to provide a phone number for a friend of his named (b)(6). According to Mr. (b)(6) (b)(6) (b)(6) would work with his potential sponsor (b)(6) (b)(6) and (b)(6) would probably know of a more current phone number to contact Denis (b)(6)

On February 15, 2018 the Case Manager was able to contact (b)(6) at the phone number (b)(6) The Case Manager asked if he knew of any person that had traveled from Honduras to the United States recently that would be contacting him and Darwin responded that he knew of a friend of his named (b)(6) (b)(6)

On February 16, 2018 the Honduran consulate provided a picture ID of (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **1994** that matched the physical identity of the individual in ORR care. The Case Manager and the assigned Clinician showed the picture of the ID to Mr. (b)(6) (b)(6) and asked if he recognized the individual in the picture and he stated 'that is me' three times. The Case Manager then informed Mr. (b)(6) (b)(6) that the picture is part of the ID for (b)(6) (b)(6) (b)(6) (b)(6) provided by the Honduran consulate. The team of care at Casa Phoenix informed Mr. (b)(6) (b)(6) that the Honduran consulate has determined his correct name is (b)(6) (b)(6) (b)(6) (b)(6) and he stated that if the consulate determined that he is indeed (b)(6) (b)(6) (b)(6) (b)(6) he "does not have a problem with that."

The Honduran consulate also provided a copy of the birth certificate for (b)(6) (b)(6) (b)(6) (b)(6) and a copy of the birth certificate for the younger brother of (b)(6) named (b)(6) (b)(6) (b)(6) which is the first identity provided by the individual placed in ORR care.

003015
. Along with this Memo ORR is submitting the following documents:

- Identification ID Norlan (b)(6) (b)(6 (b)(6)
- BC for Norlan (b)(6) (b)(6 (b)(6)
- TB Clearance
- Immunizations
- BC Norlan (b)(6 (b)(6)
- BC Jerson Emerci (b)(6 (b)(6)

In accordance with ORR age determination policy and procedures it has been established that Mr. (b)(6) (b)(6) (b)(6 (b)(6) AKA (b)(6) (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,

Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's
Services
Office of Refugee
Resettlement (b)(6)
Myriam.Hilin@acf.hhs.gov

(b)(6) (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) (b)(6)
DOB: (b)(6) /00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR chest AP only

Exam Date & Time: Sun May 8, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David August, MD

(b)(6), (b)(6) (MRN (b)(6))
Released By: David August, MD on 5/8/2016 8:13 AM
CC: CARLOS J LOPEZ, MD - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W Thomas Rd
2nd Floor
PHOENIX AZ 85013-4240

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

003018

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-15

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: MASCULINO

Fecha de Nacimiento: (b)(6) /1996

Pais, departamento y municipio de nacimiento:

GUATEMALA | QUICHE | (b)(6)

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

Pais, 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.

(b)(6)

Firma titular

Firma consul u operador

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2016/08/18 17:10:00
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has been determined to have an official verified DOB (b)(6) **/1998.** He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/08/18 17:10:23
Delivered Date:	2016/08/18 17:10:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 18, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care on August 6, 2016 as a juvenile as a result of Mr. (b)(6) misreporting his date of birth as (b)(6) 1999 to apprehending officers at the time of his apprehension.

Upon placement in ORR care it was not immediately apparent to assigned Case Manager (b)(6) that Mr. (b)(6) could be overaged and therefore he commenced with reunification efforts on behalf of Mr. (b)(6) with his reported friend (b)(6) (b)(6) residing at (b)(6) with phone number (b)(6).

Case Manager requested from Mr. (b)(6) father, (b)(6) (b)(6) (b)(6), in Guatemala a copy of his son's birth certificate. Case Manager received a copy of the document which showed a date of birth of (b)(6) 1999, but was not able to be verified with the identifier codes through the RENAP website, so Case Manager then proceeded to send the document for verification to the Guatemalan Phoenix Consulate.

On August 16, 2016 (b)(6) representative for the Guatemalan Consulate of Phoenix Arizona verified the birth certificate supplied by the Case Manager. The verification of birth document presented by the Guatemalan Consulate revealed Mr. (b)(6) (b)(6) (b)(6) (b)(6) **date of birth as** (b)(6) **, 1998.**

Case Manager contacted Mr. (b)(6) (b)(6) (b)(6) to inquire why the birth certificate copy he supplied for his son had a date of birth of (b)(6) 1999 and he responded that he did not know as he does not know how to read and write. Mr. (b)(6) denied knowing that Mr. (b)(6) was 18 years of age and that the document was supplied by Mr. (b)(6)

Case Manager then spoke with Mr. (b)(6) who admitted that his date of birth is (b)(6) **1998** and disclosed that the false documentation was supplied by an unknown local foot guide. Mr. (b)(6) accepts that he was untruthful about his date of birth and admitted that he supplied the false documentation to Mr. (b)(6) (b)(6) Lucas in efforts to gain entry into the United States.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of (b)(6) (b)(6) (b)(6) (b)(6) and I agreed that he is an adult with a correct date of birth of (b)(6) **1998**.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Consular Verification

- Photograph
- TB clearance
- Statement

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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

003023

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 08/08/2016 13:38
Location: (b)(6)
Initial Admission: 08/08/2016
Admission: 08/08/2016
A#: (b)(6)
Date of Birth: (b)(6)/1999
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   08/08/2016
3. Name of program staff with child
   (b)(6) ,LMC
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
   08/08/2016
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
   08/13/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

003024

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

(b)(6)

003025

003026

(b)(6)

003027

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-08-16

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	10/03/1998

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	HUEHUETENANGO

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			8454

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 veridica 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 mi.

Firma titular

(b)(6)

Firma cónsul u operador

USUARIO: (b)(6)

© 2012 Registro Nacional de las Personas

(b)(6)

RENA
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

Correlativo: (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 (b)(6) Departamento de Huehuetenango,

CERTIFICA

que con fecha trece de abril de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de HUEHUETENANGO, Departamento de HUEHUETENANGO, quedo Inscrito el nacimiento de:

(b)(6) (b)(6), (b)(6) (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, Huehuetenango, Huehuetenango

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Página 1 de 2

www.renap.gob.gt

03 ABR. 2015 10:20AM P2 NO. DE FAX : DE :

DE : NO. DE FAX : 03 ABR. 2015 10:19AM P1

Observaciones
RAZON: Hoy Contrajo Matrimonio Civil con (b)(6) (b)(6) (b)(6), según Acta No. (b)(6) Libro No. (b)(6) ante este Despacho. Conste. (b)(6), 09/06/89. F.) Ilegible.- - - - - - Sello.- - - -
El Infrascrito Registrador Civil de las Personas del municipio (b)(6), departamento de Huehuetenango, hace constar que de conformidad con la información proporcionada por la Dirección de Procesos, el inscrito en la partida de fondo se enroló con fecha 06/07/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día ocho 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)

Evelin Fernandina , Cartagena Tello
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día ocho de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: --- 003030 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Aug 8, 2016 | Immunization Report | User: (b)(6)

Time: 19:23:16 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 08/01/2016 - 08/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB: 03/10/1999 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/08/2016	
Hepatitis B	Consented	- - 08/08/2016	
Tdap	Consented	- - 08/08/2016	
Varicella (chicken pox)	Consented	- - 08/08/2016	
HPV	Consented	- - 08/08/2016	
IPV	Consented	- - 08/08/2016	
Meningicoccal	Consented	- - 08/08/2016	
MMR	Consented	- - 08/08/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/07/29 14:50:00
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has been determined to be an adult with a verified DOB (b)(6) /1996 and verified name Wilmar Maudelio (b)(6) (b)(6) He is medically cleared with no outstanding medical needs or medications.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6) -	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/29 14:50:45
Delivered Date:	2016/07/29 14:50:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 29, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)
AKA: Wilmar Maudelio (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on July 13, 2016 as a juvenile as a result of Mr. (b)(6) misrepresentation of himself as a minor by knowingly providing a false name and date of birth of (b)(6) 1999 to apprehending officials.

Immediately upon arrival Mr. (b)(6) provided his assigned Case Manager, (b)(6), with a copy of the birth certificate he brought with him which showed a date of birth (b)(6), 1999. Case Manager then proceeded to immediately verify the document with the official website RENAP site and the document returned as an invalid birth certificate.

Case Manager then requested that the Phoenix Guatemalan Consulate verify the birth certificate that was presented to Case Manager by Mr. (b)(6) on July 18, 2016 as it was apparent to the Case Manager that Mr. (b)(6) (b)(6) appeared to be overage.

Guatemalan Consular Assistant, Ms. (b)(6) emailed ORR on July 18, 2016 the results of the verification informing ORR that the document did not exist in their database system and therefore could not be verified.

Case Manager then met with Mr. (b)(6) (b)(6) to provide him the opportunity to explain why the document he provided could not be verified with the RENAP. Mr. (b)(6) (b)(6) then admitted to Ms. (b)(6) that he sought help to obtain a false document that would help him to pose as a minor. **Mr.** (b)(6) (b)(6) **admitted that his real name is** (b)(6) (b)(6) (b)(6) (b)(6) **with date of birth** (b)(6)**, 1996**.

Case Manager then contacted Mr. (b)(6) father, Mr. (b)(6) (b)(6) to confirm the identity of his son and he informed the Case Manager that his son's name is (b)(6) (b)(6) (b)(6) and that he is an adult. Mr. (b)(6) (b)(6) informed the Case Manager (b)(6) that Mr. (b)(6) (b)(6) (b)(6) had received the altered birth certificate in Guatemala.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) 's verified birth certificate showing a date of birth of (b)(6) 1996, his own retraction of his originally provided date of birth admitting he is 20 years old and his father's corroboration that his son is 20 years old including admitting that they had paid for the material alteration of the document to create a false date of birth and

names and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified RENAP B.C.
- A photograph
- TB clearance
- Immunizations
- Self-Statement
- Consular Verification of inconclusive B.C.:

  "Después de la segunda verificación el Renap nos informó sobre el caso de (b)(6) (b)(6) (b)(6) (b)(6) que no aparecen datos en el sistema de RENAP y los datos registrales del acta no coinciden en los libros."

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (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,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

DE :TIENDA CONY UN GUSTO ATENDERLE N°DE TEL :77660635 16 JUL. 2012 9:46AM P5

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6) departamento de Huehuetenango,

CERTIFICA

que con fecha veintitrés de marzo de mil novecientos noventa y nueve, en la partida 413, folio 10 del libro 149, del Registro Civil del Municipio de AGUACATÁN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día doce de julio 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)

Claury Julissa , López Velásquez
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día doce de julio del 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 del link: https //www.renap gob gt/verificacion-de-certificado o bien llamando al 1516.

003037

(b)(6)

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
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 (b)(6) departamento de Huehuetenango,

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

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

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6) departamento de Huehuetenango, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 24/03/2014, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día cuatro de julio 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)

Claury Julissa , López Velásquez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día cuatro de julio del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: --- 003040

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 14, 2016

Immunization Report

User: (b)(6)

Time: 19:12:46 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **/1999 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Edith Gonzalez 07/14/2016	
Hepatitis B	Consented	- Edith Gonzalez 07/14/2016	
Tdap	Consented	- Edith Gonzalez 07/14/2016	
Varicella (chicken pox)	Consented	- Edith Gonzalez 07/14/2016	
HPV	Consented	- Edith Gonzalez 07/14/2016	
IPV	Consented	- Edith Gonzalez 07/14/2016	
Meningicoccal	Consented	- Edith Gonzalez 07/14/2016	
MMR	Consented	- Edith Gonzalez 07/14/2016	

003041

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 07/15/2016 19:25 **Location:** (b)(6)

Initial Admission: 07/14/2016 **Admission:** 07/14/2016 **A#:** (b)(6)

Date of Birth: (b)(6)/1999 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6)

b.Telephone:

(b)(6)

2. Date of visit

07/14/2016

3. Name of program staff with child

(b)(6) ,MC

4. Program Name

SWK 922-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

07/21/2016

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

07/15/2016

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

003042

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

(b)(6) 003043 (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) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jul 15, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

(b)(6) 003044 (b)(6) (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
Scott Penny, MD

Released By: Poya Hedayati, MD on 7/15/2016 10:15 AM
CC: (b)(6), PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) n@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) /SWK Casa Phoenix
Date:	2016/07/29 14:49:00
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has been determined to be an adult with a verified DOB (b)(6) /1996. He is medically cleared with no outstanding medical needs or medications.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org
(b)(6)	Assistant Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/07/29 14:49:52
Delivered Date:	2016/07/29 14:49:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 29, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination

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

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 13, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as (b)(6) 1998 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 requested a copy of the birth certificate of Mr. (b)(6) from his mother who resides in (b)(6). Mrs. (b)(6) (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) 1998, however it had a visibly different font in the date of birth from standard formal documents; therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On July 27, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) mother provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6) 1996.**

Case Manager then proceeded to contact and interview again Mr. (b)(6) mother, (b)(6) (b)(6) (b)(6) who finally admitted to the Case Manager that the correct date of birth of her son is (b)(6), 1996 and that the document was altered per advice received from her son's uncle in Guatemala who reported that it would be better for his son to cross the border as a minor and the uncle obtained the altered birth certificate from an individual in Guatemala, however, she could not provide details about how the alteration occurred. (b)(6) (b)(6) (b)(6) reported that she paid her son's uncle 1,000 Quetzals to provide her the altered document.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) mother. Mr. (b)(6) first expressed not to be aware that his birth certificate was altered, but when the Case Manager informed him that his mother had already acknowledged how his birth certificate was altered, Mr. (b)(6) admitted to his correct date of birth and agreed to document it in writing.

Mr. (b)(6) reported he traveled to reunite with mother Mrs. (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1977 and residing at (b)(6) (b)(6) with phone number (b)(6)

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) (b)(6) verified birth certificate showing a DOB (b)(6) 1996, his own retraction of his correct date of birth admitting he is 19 years old and his mother's corroboration that her son is 20 years old including admitting that they have paid for the material alteration of the document to create a false date of birth and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consular RENAP verification of DOB

Respecto al siguiente caso, me permito confirmarle, según datos verificados en RENAP, lo siguiente:

Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA (b)(6) DE 1996
LdN: Guatemala, San Marcos, (b)(6)
Libro (b)(- Folio (b)(Partida (b)(

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

RENAP Registro Nacional de las Personas

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), Departamento de Huehuetenango,

CERTIFICA

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

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, San Marcos, Ixchiguán (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

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

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

ULTIMA LINEA

(b)(6)

CIVIL DE LAS PERSONAS

ID:
1 de 2

003050

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-07-27

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6)/1996

País, departamento y municipio de nacimiento:

GUATEMALA	SAN MARCOS	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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:	Fecha nacimiento de la madre:
(b)(6)	

Nombre del padre:	Fecha nacimiento del padre:
(b)(6)	

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 veridica 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 mi.

(b)(6)

Firma titular

Firma cónsul u operador

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

© 2012 Registro Nacional de las Personas

PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 110101005721478

Facility #: --- 003051 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 14, 2016 | Immunization Report | User: (b)(6)

Time: 19:24:09 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **- DOB:** (b)(6) **1998 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Edith Gonzalez 07/14/2016	
Hepatitis B	Consented	- Edith Gonzalez 07/14/2016	
Tdap	Consented	- Edith Gonzalez 07/14/2016	
Varicella (chicken pox)	Consented	- Edith Gonzalez 07/14/2016	
HPV	Consented	- Edith Gonzalez 07/14/2016	
IPV	Consented	- Edith Gonzalez 07/14/2016	
Meningicoccal	Consented	- Edith Gonzalez 07/14/2016	
MMR	Consented	- Edith Gonzalez 07/14/2016	

003052

(b)(6)

003053

(b)(6)

003054

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 07/15/2016 20:16
Location: (b)(6)
Initial Admission: 07/14/2016
Admission: 07/14/2016
A#: (b)(6)
Date of Birth: (b)(6) 1998
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6) PA
   b.Telephone:
   (b)(6)
2. Date of visit
   07/14/2016
3. Name of program staff with child
   (b)(6) ,MC
4. Program Name
   SWK 922-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
   07/14/2016
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
   07/15/2016
9. Findings
   - a. Normal
   - b. Abnormal

003055

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Dr. Peter Arvanitis
Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

003056

May 10, 2016

Ref: (b)(6)

To whom it may concern:

This is in response to South West Key Program's request regarding Francisco Gaspar Martin age determination. (b)(6) (b)(6) was seen at our dental office on May 10, 2016. Using **"The A.B.F.O Study of Third Molar Development and It's Use As an Estimator of Chronological Age,"** *Journal of Forensic Science,* JFSCA, Vol.38, No.2, March 1993,pp.379-390, and **"The Accuracy and Precision of Third Molar Development as an Indicator of Chronological Age in Hispanics,"** *Journal of Forensic Science 2002; 47(3)*: 531-535, we attempted to create a probable age range.

"The single compelling reason to rely on third molar formation to estimate chronological age is that there are very few alternative methods during the interval roughly between the middle teens and early 20's. All the other teeth have erupted and completed root formation. All of the hand-wrist bones have achieved their adult morphologies and their epiphyses have fused, and the onset of secondary sex characteristics has occurred. Consequently, except for the ossification of some early fusing cranial and postaxial sutures, there are no biological criteria by which to estimate chronological age. The third molar is far from an ideal developmental marker. The association between chronological age formation of the third molar is, at best, moderate."

In the course of dental examination it was ascertained that (b)(6) has all four third molars erupted into the oral cavity. An evaluation of the orthopantomogram revealed that third molars #1, #16, #17, #32 presented a mineralization stage of H according to Solari and Abramovitch.

According to the mean age of attainment of stages of the third molar crown-root formation (b)(6) is 20.1+/-2.6 years old if you consider the maxillary third molars, and 20.6+/-2.3 years old if you consider the mandibular third molars.

The empirical probability of (b)(6) being under 18 years of age based on third molars developmental stages is 25% for tooth #1, 24% for tooth #16, 11% for tooth #17, and 15% for tooth #32.

There is a very high probability that (b)(6) is over 18 years of age based on the mineralization stage of the third molars.

Sincerely,

(b)(6)

Dr. Peter Arvanitis

003057

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR:
ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de Huehuetenango,

CERTIFICA

que con fecha trece de diciembre de dos mil, en la partida (b)(6), folio (b)(del libro (b)(del Registro Civil del Municipio de (b)(6) 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 dos mil

Fecha de nacimiento

Guatemala, Huehuetenango (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinticinco de mayo 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)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 339 HUEHUETENANGO

(b)(6)

Oliver Darinel , Cardona Martínez
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 en papel bond el día veinticinco de mayo del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

003059

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas

Certificado Literal de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6), Departamento de Quiche,

CERTIFICA

Haber tenido a la vista el libro de Nacimientos No. (b)(6) Folio No. (b)(6) en donde se encuentra la partida No. (b)(6) del Registro Civil del Municipio de (b)(6) Departamento de Quiche, la que copiada literalmente dice:

(b)(6)

Nombres y Apellidos del inscrito

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

Fecha de inscripción

(b)(6) de mil novecientos noventa y ocho 10:00

Fecha de nacimiento Hora de nacimiento

Guatemala, Quiche, (b)(6) (b)(6)

País, Departamento, Municipio de nacimiento Género

Datos de la Madre

(b)(6) 30

Nombres y Apellidos de la Madre Edad

(b)(6)

Lugar de Origen

Datos del Padre

(b)(6) 30

Nombres y Apellidos del Padre Edad

(b)(6)

Lugar de Origen

Datos del Compareciente

(b)(6) 30

Nombres y Apellidos del Compareciente Edad

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

Documento de identificación Extendida en Cedula

(b)(6)

Residencia del Compareciente

Observaciones

NO CONTIENE NINGUNA ANOTACIÓN

REGISTRO CIVIL DE LAS PERSONAS RENAP QUICHE, GUATEMALA, C.A.

(b)(6)

Razón sello y firma del Registrador

4

Extendida el día veintiuno de mayo de dos mil dieciseis ante el Registrador Civil, la cual es auténtica por ser una copia fiel de su original

(b)(6)

Doy fe

Pedro J. Pacheco Calva
Registrador Civil

(b)(6)

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX
Date:	2016/08/18 17:11:00
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has been determined to have an official verified DOB (b)(6) /1997 and name (b)(6) (b)(6) (b)(6) (b)(6) He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2016/08/18 17:12:21
Delivered Date:	2016/08/18 17:11:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 18, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) DOB: (b)(6) /2002 **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) **1997**

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 7, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misrepresenting himself as a different individual upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, Ms. (b)(6) (b)(6) (b)(6) in Guatemala.

On August 17, 2016 Ms (b)(6) (b)(6) (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website resulting in a no match. Case Manager then proceeded to send the document for verification to the Phoenix Guatemalan Consulate. Guatemalan Consular Assistant, Ms. (b)(6) emailed on August 16, 2016 to ORR the results of their interview and revealed that Mr. (b)(6) (b)(6) (b)(6) true identity is (b)(6) (b)(6) (b)(6) (b)(6) instead of (b)(6) (b)(6) (b)(6) with a verified date of birth of (b)(6) **2016** instead of (b)(6), 2002. Mr. (b)(6) (b)(6) (b)(6) will be referred to from here forward in this document as Mr. (b)(6) (b)(6) (b)(6) (b)(6)

Case Manager then met with Mr. (b)(6) (b)(6) again to provide him the opportunity to explain the new information about his identity provided by Ms. (b)(6) and Mr. (b)(6) (b)(6) admitted to Case Manager that he took the identity of a cousin of his and admitted that his real name is (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **, 1997**.

Mr. (b)(6) (b)(6) continued to explain to Case Manager that (b)(6) (b)(6) (b)(6) is a relative of his who was willing to provide the formal document to Mr. (b)(6) (b)(6) and that he did this as he was advised by prior acquaintances who utilized this method before that this was the best way to successfully enter the US.

Case Manager then contacted again Mr. (b)(6) (b)(6) mother, Ms (b)(6) (b)(6) (b)(6) to confirm the identity of her son but there was no answer. Case Manager provided a phone call to a bother by name (b)(6) (b)(6) then placed both on the speaker phone and Mr. (b)(6) (b)(6) informed his brother (b)(6) that he was interviewed by the Guatemalan Consulate and that he reported to them his true identity and that the consulate already verified who he was. The (b)(6) brother apologized for their actions and explained that they wanted to ensure that Mr. (b)(6) (b)(6) could remain in the US.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6 AKA: (b)(6) (b)(6) (b)(6) (b)(6) verified birth certificate indicating that his DOB is (b)(6) 1997, his own retraction of his first provided incorrect date of birth and name including admitting that he is 19 years old and his brother's corroboration of this information including admitting that the family has carried out a scheme to utilize another's individual identity 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.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6 AKA: (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Mr. (b)(6) (b)(6) 's taken identity BC of (b)(6) (b)(6) (b)(6
- TB clearance
- Consular Verification of (b)(6) (b)(6) (b)(6) (b)(6)

Respecto a las entrevistas realizadas el dia de hoy 16 de agosto en SWK CASA PHOENIX, me permito informarles lo siguiente:
A (b)(6) **** SE CONFIRMO SER ADULTO ****
Nombre: (b)(6) (b)(6) (b)(6)
Nombre CORRECTO: (b)(6) (b)(6) (b)(6) (b)(6)
FdN correcta: (b)(6) ***1997 (VER CONSTANCIA DE RENAP)***

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

003065

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-02-16

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1997

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	(b)(6)

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

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

Fecha nacimiento de la madre:

Nombre del padre: (b)(6) (b)(6) (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÈRICA	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 mi.

(b)(6)

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas

PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 110920636326437

RENAP
Registro Nacional de las Personas

(b)(6)

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
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 veinticinco de noviembre de dos mil dos, en la partida (b)(6) folio (b)(del libro (b)(, del Registro Civil del Municipio de (b)(6), 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 octubre de dos mil dos

Fecha de nacimiento

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

RENAP OFICINA 331 HUEHUETENANGO, HUEHUETENANGO

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día quince 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)

RENAP OFICINA 331 HUEHUETENANGO, HUEHUETENANGO

Leslie Jacqueline , Vanegas Salazar
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 en papel bond el día quince de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

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(b)(6)

003069

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6 (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /2002
Collection Date/Time: 08/08/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/09/2016 4:00AM EDT
Approval Date/Time: 08/10/2016 4:22PM 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	0
Panel B Spot Count	1
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.

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003070

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 08/08/2016 10:55
Location: (b)(6)
Initial Admission: 08/09/2016
Admission: 08/09/2016
A#: (b)(6)
Date of Birth: (b)(6) /2002
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6) PA.
   b.Telephone:
   (b)(6)
2. Date of visit
   08/08/2016
3. Name of program staff with child
   (b)(6) MC.
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
   08/08/2016
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
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

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Resident: (b)(6) (b)(6) (b)(6) (b)(6))

10. TB Determination

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

11. Additional Information

Facility #: --- 003072 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Aug 9, 2016 | Immunization Report | User: (b)(6)

Time: 18:55:23 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 08/01/2016 - 08/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6 (b)(6) (b)(6) - DOB: (b)(6) /2002 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Varicella (chicken pox)	Consented	- - 08/01/2016	
Hepatitis A	Consented	- - 08/08/2016	
Hepatitis B	Consented	- - 08/08/2016	
Meningicoccal	Consented	- - 08/08/2016	
HPV	Consented	- - 08/08/2016	
Tdap	Consented	- - 08/08/2016	
IPV	Consented	- - 08/08/2016	
MMR	Consented	- - 08/08/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)((b)(6) (b)(6) Casa Phoenix
Date:	2016/08/18 17:08:00
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has been determined to have an official verified DOB (b)(6) **1998**. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; [redacted]@ice.dhs.gov>"; "[redacted]@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "[redacted]@swkey.org>"; "Maria Rios <MRios@swkey.org>"; "[redacted]@swkey.org>"
Sent Date:	2016/08/18 17:09:37
Delivered Date:	2016/08/18 17:08:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 18, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 7, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6). Case was re-assigned on July 14, 2016 to Case Manager (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6)'s birth certificate from his mother, Mrs. (b)(6) in Honduras on July 14, 2016.

On July 25, 2016 Mrs. (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to send it to FFS and ACF to be verified by the Honduras Consulate on July 26, 2016. The Honduran Consulate verified Mr. (b)(6)'s birth certificate on August 17, 2016 with a date of birth of (b)(6) **1998** instead of (b)(6) 2000.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) (b)(6) s mother. Mr. (b)(6) immediately admitted to Case Manager that it was his and his older brother (b)(6) idea to modify his date of birth on his birth certificate and stated that he is 18 years old and that his real date of birth is (b)(6) **, 1998**. Mr. (b)(6) (b)(6) stated that his birth certificated had been altered in his town by an unknown man. Mr. (b)(6) did not wanted to provide the unknown man's name.

Case Manager contacted again Mrs. (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of his son produced a different date that makes his son 18 years old and Ms. (b)(6) responded that the birth certificate she sent was not a valid birth certificate. Mrs. (b)(6) stated that her son (b)(6) (b)(6) and his older brother (b)(6) had the birth certificate altered in Honduras prior to (b)(6) (b)(6) traveling to the US. Mrs. (b)(6) stated that they paid $150.00 lempiras to get her son's Mr. (b)(6)'s birth certificate altered. Mrs. (b)(6) stated that she does not know the person who altered Mr. (b)(6)'s birth certificate nor did that person provided Mrs. (b)(6) (b)(6) his name. Mrs. (b)(6) stated that Mr. (b)(6) (b)(6) birth certificate was altered 3 days prior to the day that Mr. (b)(6) (b)(6) decided to migrate to the United States on May 19, 2016. Mr (b)(6) stated that the birth certificate was altered because in his hometown of (b)(6) in Honduras they know that they have shelters for minors under the age of 18 and that they are able to be reunified with families or friends in the US.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6) **1998** and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RNP verified BC
- photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne (b)(6) reviewed all the new information and documents mentioned above indicating that (b)(6) (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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne (b)(6) **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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº 4621/0054

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capitulo IV, Articulo 15, Inciso O, y Capitulo VIII, Articulo 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 **2000** y que pertenece a:

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

b) (b)(6) *Segundo Apellido*

c) (b)(6) (b)(6) *Nombre*

SEXO F [ ] M [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) *Municipio*

b) ***FRANCISCO MORAZÁN*** *Departamento*

c) ***HONDURAS*** *País*

d) (b)(6) *Día*

e) (b)(6) *Mes*

f) ***2000*** *Año*

2.) Número de identidad, apellidos, nombre y nacionalidad del padre: ***N. Identidad: 0819-1960-00173***

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: ***N. Identidad:*** (b)(6)

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

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) ***HONDUREÑA*** *Nacionalidad*

4.) Notas marginales autorizadas:

NINGUNA

Extendida en ***TALANGA*** *Municipio* ***FRANCISCO MORAZAN*** *Departamento*

a los ***VEINTE*** días del mes de ***JUNIO***

del DOS MIL ***DIECISEIS***

(b)(6)

FIRMA Y SELLO DEL DIRECTOR

(b)(6)

003078

0030794

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) ***FRANCISCO MORAZÁN*** *departamento*

c) ***HONDURAS*** *pais*

d) (b)(6) *dia*

e) (b)(6) *mes*

f) ***1998*** *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) *primer apellido*

b) (b)(6) *segundo apellido*

c) (b)(6) *nombre*

d) ***HONDUREÑA*** *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

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***DIECISIETE*** dias del mes de ***AGOSTO***

del dos mil ***DIECISEIS***

(b)(6)

(b)(6)

firma y sello del registrador civil municipal

(b)(6)

003080

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6) (b)(6)
Effective Date: 07/10/2016 16:51
Location: (b)(6)
Initial Admission: 07/08/2016
Admission: 07/08/2016
A#: (b)(6)
Date of Birth: (b)(6) 2000
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   ((b)(6)
2. Date of visit
   07/08/2016
3. Name of program staff with child
   (b)(6) LMC
4. Program Name
   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
   07/08/2016
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
   07/09/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)/00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sat Jul 9, 2016 (b)(6)
Accession #: (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

(b)(6)

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence for active granulomatous/fungal
disease.

NOTE:
Report dictated by resident, Cody Larson MD, 10626. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Facility #: --- 003083 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 9, 2016 | Immunization Report | User: (b)(6)

Time: 11:06:34 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2016 - 07/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/08/2016	
Hepatitis B	Consented	- Ricardo Meza 07/08/2016	
Tdap	Consented	- Ricardo Meza 07/08/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/08/2016	
HPV	Consented	- Ricardo Meza 07/08/2016	
IPV	Consented	- Ricardo Meza 07/08/2016	
Meningicoccal	Consented	- Ricardo Meza 07/08/2016	
MMR	Consented	- Ricardo Meza 07/08/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2016/08/17 11:48:00
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has been determined to have an official verified DOB (b)(6) /1998. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/08/17 11:49:33
Delivered Date:	2016/08/17 11:48:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 17, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July12, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth upon apprehension by immigration 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 Mr. (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) 's birth certificate from his father, Mr. (b)(6) (b)(6) (b)(6) in Guatemala.

On July 20, 2016 Mr. (b)(6) (b)(6) (b)(6) faxed a copy of his son's birth certificate to the Case Manager who proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website resulting in a no match. The document was then sent for verification to the Phoenix Guatemalan Consulate which reported to ORR that the document could not be found in their archives. Case Manager then informed Mr. (b)(6) father that he had submitted an invalid document and that a valid birth certificate was needed. Mr. (b)(6) (b)(6) then resent the correct birth certificate on August 16, 2016 with a date of birth (b)(6) **1998**.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the initial birth certificate provided by his father. Mr. (b)(6) immediately admitted to Case Manager that it was his father's idea to modify his date of birth on his birth certificate as a cousin of the family advised them that the immigration process is easier for minors.

Case Manager contacted again Mr. (b)(6) (b)(6) (b)(6) to address that fact that the verification of the birth certificate he sent on behalf of his son showed a date of birth that results on his son being overage and Mr. (b)(6) (b)(6) (b)(6) responded that he received the altered document from a non-employee from the RENAP site who suggested to change the date of birth by a year in the document to ensure his son appears as a minor. The person charged him 100 quetzals for the altered date of birth and Mr. (b)(6) did not think anything of it at the time. Once Case Manager informed him that his son's document could not be verified he sent the true document.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed (b)(6) (b)(6) (b)(6) (b)(6) 's verified birth certificate showing a DOB (b)(6) 1998, his own retraction of his correct date of birth admitting he is 18 years old and his father's corroboration that he is 18 years old including admitting the material alteration of the

document to create a false date of birth and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- photograph
- TB Clearance

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

003088

(b)(6)

Registro Nacional de las Personas

República de Guatemala

(b)(6) Huehuetenango

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha diecinueve de febrero de mil novecientos noventa y ocho en la partida (b)(6), del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

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

Fecha de nacimiento — Género

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Datos de la madre

- (b)(6) , (b)(6) (b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

Lugar de origen

Observaciones

(b)(6)

(b)(6)

Trabajando con la población para servirle

003089

Extendida en el municipio de (b)(6), departamento de Huehuetenango, el día uno de febrero de dos mil diez por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

Oscar Orlando, Aguilar y Aguilar

Registrador Civil de las Personas

(b)(6)

(b)(6)

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

VERIFICADOR (b)(6)
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 (b)(6), departamento de Huehuetenango,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

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

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

HUEHUETENANGO

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día quince de junio de dos mil dieciséis por el Registrador Civil [illegible]nas, la cual es auténtica por ser una copia fiel de su original.

ULTIMA

Doy fe (b)(6)

(b)(6)

Notas Referencia
En datos del menor de
En datos de la madre
inscrito.
En datos del padre
inscrito.

[illegible] de las personas
[illegible] solicitud DPI.
[illegible]grafía por
[illegible]otografía

del

del

Este certificado fue impreso en papel bond el día quince de junio del dos mil dieciséis y tiene vigencia [illegible]seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

003092

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 1999
Collection Date/Time: 07/14/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 07/15/2016 8:40AM EDT
Approval Date/Time: 07/19/2016 10:17AM 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	0
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.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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(b)(6) 003093 (b)(6) (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) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Thu Jul 14, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

(b)(6)

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

Thank you for making MIHS a part of your patient care.

(b)(6) 003094 (b)(6) (b)(6) (MRN (b)(6)

MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 7/14/2016 7:34 AM
CC: (b)(6) PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

Facility #: --- 003095 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 14, 2016 | Immunization Report | User: (b)(6)

Time: 22:48:52 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status:** All **Date Range:** 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/14/2016	
Hepatitis B	Consented	- Ricardo Meza 07/14/2016	
Tdap	Consented	- Ricardo Meza 07/14/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/14/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/14/2016	
HPV	Consented	- Ricardo Meza 07/14/2016	
IPV	Consented	- Ricardo Meza 07/14/2016	
Meningicoccal	Consented	- Ricardo Meza 07/14/2016	
MMR	Consented	- Ricardo Meza 07/14/2016	

003096

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b) (b)((b)(6) (b)(6 (b)((b)(6) Casa Phoenix
Date:	2016/08/20 00:17:00
Priority:	Normal
Type:	Note

Good evening,

The person listed in the subject line has been determined to have a verified DOB (b)(6) **/1997** .

(b)(6)

Medications given: Yes

Source	Medication Name	Reason	Date Started	Date Discontinued	Dose	Directions	Psychotropic
(b)(6)							

ORR is at full capacity and we need to liberate beds to accommodate the influx of minors. We would appreciate it if, as soon as you can, you could please transfer this adult to your custody.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant	(b)(6)	etorres@swkey.org

	Program Director		
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/08/20 00:17:53
Delivered Date:	2016/08/20 00:17:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 19, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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: Dani (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6)

Dani (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 14, 2016 as a juvenile as a result of Mr. (b)(6) misreporting his date of birth as (b)(6) 1998 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 requested a copy of Mr. (b)(6) birth certificate from his father, Mr. (b)(6) (b)(6) (b)(6) who resides in Guatemala. Mr. (b)(6) faxed a copy of Mr. (b)(6) birth certificate to Case Manager showing a date of birth (b)(6) **1997**.

Case Manager interviewed Mr. (b)(6) and was given the opportunity to explain the discrepancy between the birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended. Mr. (b)(6) (b)(6) admitted misreporting his date of birth at the moment of apprehension due to his lack of nourishment, exhaustion, and ability to remember significant dates that was a result from his journey through the Arizona desert.

Case Manager then contacted in Mr. (b)(6) sister, Ms. (b)(6) (b)(6) residing at (b)(6) (b)(6) with phone number (b)(6) who informed Ms (b)(6) that her brother is 18 years old and that his correct date of birth is (b)(6) **1997**.

Case Manager also contacted Mr. (b)(6) (b)(6) (b)(6) in Guatemala in which Mr. (b)(6) confirmed Mr. (b)(6) date of birth of (b)(6) 1997. Mr. (b)(6) stated he was unaware Mr. (b)(6) was housed in a shelter for minors and denied any attempts to conceal Mr. (b)(6) true date of birth.

The provided formal document was verified with the Guatemalan Consulate confirming that Mr. (b)(6) full name is (b)(6) (b)(6) (b)(6) (b)(6) **with a verified date of birth of** (b)(6) **1997**.

The Division of Children's Services' Federal Field Specialist (DCS FFS) reviewed (b)(6) (b)(6) (b)(6) verified birth certificate by the Phoenix Guatemalan Consulate which confirms that he is 18 years old, therefore he must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Verified Birth Certificate
- Photograph
- TB clearance
- Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6 (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
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

003101

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR (b)(6)
ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de San Marcos,

CERTIFICA

que con fecha tres de noviembre de mil novecientos noventa y siete, en la partida (b)(6) folio (b)(del libro (b), del Registro Civil del Municipio de (b)(6), Departamento de SAN MARCOS, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, San Marcos, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio (b)(6), departamento de San Marcos, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 21/10/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día diecisiete 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)

Victor Raúl , Leal de León

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecisiete de agosto del 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 del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6) 003103

Facility #: --- 003104 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Aug 15, 2016 | Immunization Report | User: (b)(6)

Time: 20:51:32 MT

Resident: (b)(6) (b)(6) **Consent Status:** All **Date Range:** 08/01/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) - DOB: (b)(6)/1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 08/15/2016	
IPV	Consented	- - 08/15/2016	
MMR	Consented	- - 08/15/2016	
Varicella (chicken pox)	Consented	- - 08/15/2016	
Hepatitis A	Consented	- - 08/15/2016	
Hepatitis B	Consented	- - 08/15/2016	
HPV	Consented	- - 08/15/2016	
Meningicoccal	Consented	- - 08/15/2016	

003105

Supplemental TB Screening

Resident: (b)(6) (b)(6) **Effective Date:** 08/16/2016 14:49 **Location:** (b)(6)

Initial Admission: 08/15/2016 **Admission:** 08/15/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1998 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   08/15/2016
3. Name of program staff with child
   (b)(6) , LMC
4. Program Name
   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
   08/15/2016
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
   08/15/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

Resident: (b)(6)

10. TB Determination

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

11. Additional Information

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Tue Aug 16, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

(b)(6)

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

Thank you for making MIHS a part of your patient care.

003108

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

MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 8/16/2016 9:42 AM
CC: (b)(6), PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: AGE OUT IN ORR CARE (b)(6) (b)((b)(6) (b)(6) (b)((b)((b)(6) PHOENIX
Date:	2016/06/30 21:13:00
Priority:	Normal
Type:	Note

Thank you for this clarification.

I only received a request to verify the BC and I forwarded the email from the Honduran Consulate provided to me with the verification. There was never an email to me asking me for an explanation of a confusing memo. There were very short sentences where it was unclear to me what was being questioned or requested or why.

It would be helpful if when issues are unclear that this is stated. I never received an explanation of what was being questioned or why.

For age out in the past we only submitted the BC in an email with the request to transfer the now adult UC to ICE custody. Then it was suggested during a meeting with Officer (b)(6);(b)(that a memo could be written to formalize the request, though no specific guidance was provided as content as this is not in ORR policy.

It seems to me that the memo of Age Out may be being confused with the necessary information needed in the Memo of Age Redetermination.

I will ensure that any future memo for UC aging out does not contain information other than the UC is aging out in ORR care.

Please advise if anything else is needed.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Thursday, June 30, 2016 5:05 PM
To: Velazquez, Ivonne (ACF);(b)(6);(b)(7)(F)
Subject: RE: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

I just wanted to confirm that the BC was in fact verified by the Honduran Consulate in Dallas. The Honduran Consulate always disclaims that while they verify documents, for birth certificates they cannot attest to whether the bearer of the BC is the owner. In this case we had some concerns about the age of the individual and dental forensic was conducted that revealed there was high probability that he could be an adult, however, his physical appearance is borderline and the family of this person was not forthcoming with any additional information. He did not have any particular sponsor for an extended period of time and then a lady offered to sponsor him, though ORR could not make a safe release decision.

A memo of Age Redetermination would have been issued had we had additional concerns as to who he is, but we did not as we did not have the information to make such a claim.

I prepared the memo of age out and included this information merely as an informative gesture. There was no intent to confuse the issue.

Let me know if more information is needed.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 30, 2016 4:51 PM
To: (b)(6);(b)(7)(F)
Cc: Hillin, Myriam (ACF)
Subject: RE: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

Yes, Since I don't understand why they don't want to take this individual in to their custody I contacted officer (b)(6);(b)(7)(F) and asked him what is it that we need to do to get this adult out of our care. He informed me to contact (b)(6);(b)(7)(F).

We have provided everything that we have, this is an age out a BC verification from the consulate is not needed.

Apparently this individual is at the facility upset and they had to contact the crises team. They are concerned of a runaway

Please let me know what we need to send you to get this adult out of our care.

Thanks Ivonne

Ivonne Velazquez, 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
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

Referred to DHS

From: Correa, Raul (CTR)
Sent: Thursday, June 30, 2016 3:09:58 PM (UTC-07:00) Arizona
To: PHO, Juv Placement
Cc: James, Troy L (CTR)
Subject: RE: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

Our swing shift transportation team will pick the detainee up at approximately 1800 hours today.
thanks.

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Wednesday, June 29, 2016 4:53 PM
To: PHO, Juv Placement; Phoenix, Juvenile; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)
Cc: Velazquez, Ivonne (ACF); (b)(6);(b)(7)(F) Maria Rios; (b)(6)
Subject: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

Good evening,

(b)(6) (b)(6) (b)(6) (b)(6 with DOB (b)(6) /1998 will age out in ORR care (b)(6) /2016.

Contact information for transportation arrangements is:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C) (b)(6)
(O) 602-396-7040 EXT: (b)(6)

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>

Recipient:	[redacted]@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/06/30 21:13:53
Delivered Date:	2016/06/30 21:13:00

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/09/01 10:02:00
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB ((b)(6))/1995. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) n@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) pswkey.org>"
Sent Date:	2016/09/01 10:03:31
Delivered Date:	2016/09/01 10:02:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
August 31, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an UC in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 26, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what Mr. (b)(6) (b)(6) and his family have now revealed to be his real date of birth with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage. Following ORR policy and procedures which establish that HHS may make age determinations of UC when they are in HHS custody on a reasonable suspicion that an individual, (b)(6) (b)(6) in HHS custody is 18 years or older the assigned Case Manager, (b)(6) began the age determination process for Mr. (b)(6) (b)(6)

Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his adopted mother, who resides in Guatemala. Ms. (b)(6) faxed to the Case Manager a copy of Mr. (b)(6) (b)(6) birth certificate showing a date of birth of (b)(6), 1999 matching the verbal date of birth provided by Mr. (b)(6) (b)(6) upon apprehension.

Case Manager then proceeded to verify the document with the official RENAP website which produced a verified document with a date of birth of (b)(6), **1995**.

Case Manager then provided Mr. (b)(6) (b)(6) an opportunity to explain why his verified birth certificate was showing a different date of birth and Mr. (b)(6) (b)(6) admitted that his correct date of birth is (b)(6) 1995 and not (b)(6) 1999.

While in ORR care Mr. (b)(6) (b)(6) reported that he was seeking reunification with his adopted father (b)(6) (b)(6) residing at (b)(6) with phone number (b)(6) who migrated to the US in 2014. In view of the concerns related to Mr. (b)(6) (b)(6) age and in accordance with ORR policy and procedures the reunification process was not initiated.

Mr. (b)(6) (b)(6) and his family are not disputing that they have engaged in the modification of Mr. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Mr.

(b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) (b)(6) could be reunited as a minor with his alleged adopted father.

Along with this Memo is submitting the following documents:

- Original BC
- Altered BC
- 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 (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore 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
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velazquez, 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
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

(b)(6) 003118 (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) /00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Jul 8, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

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

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

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

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

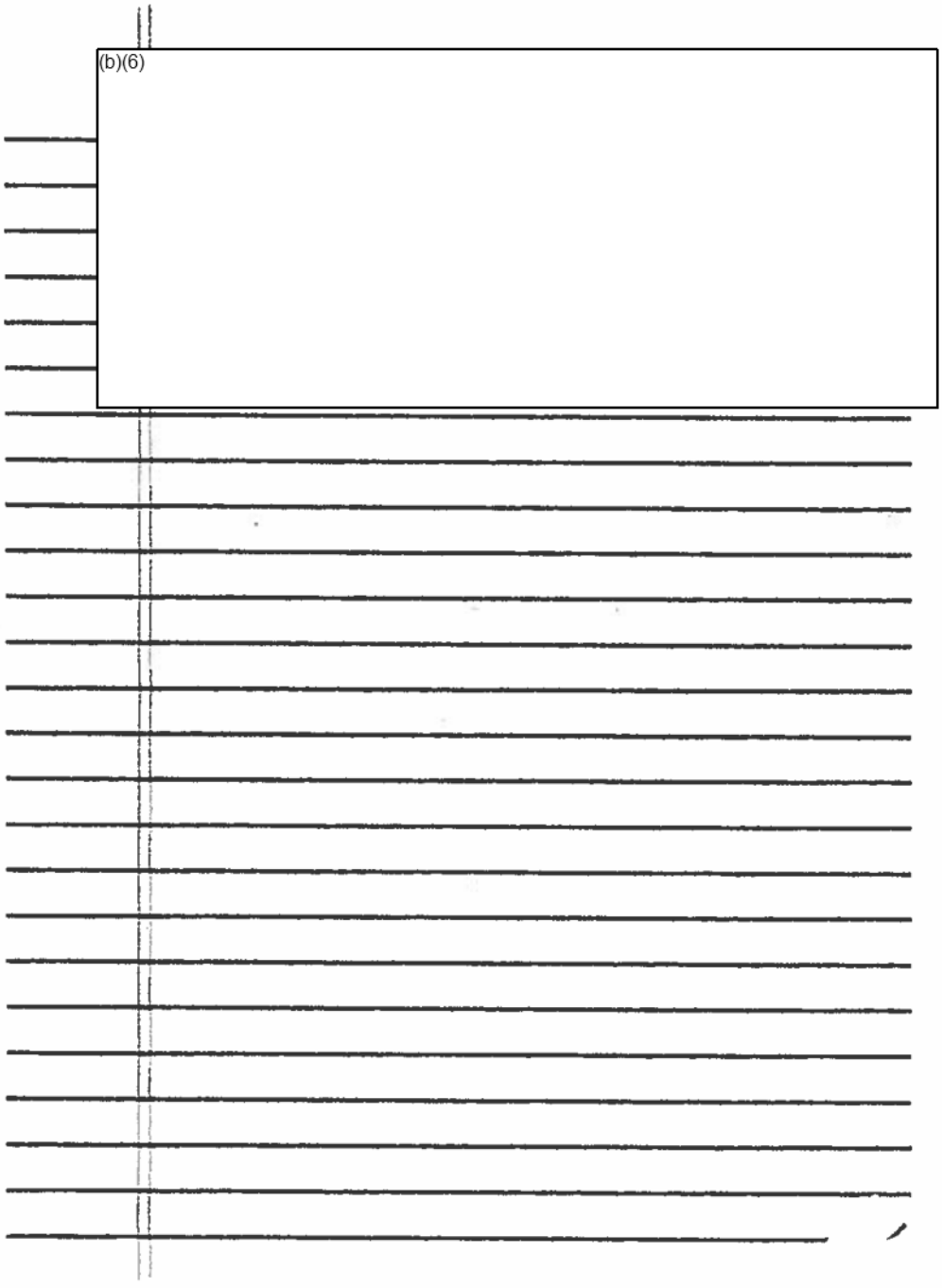
Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David August, MD

Suj-Baldx, Jose (MRN 0103121216)

Released By: David August, MD on 7/8/2016 7:54 AM

CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		


(b)(6)

003121

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de (b)(6) Departamento de Sololá,

CERTIFICA

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

Datos del inscrito

- (b)(6) , (b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y siete — Masculino

Fecha de nacimiento — Género

Guatemala, Sololá, (b)(6)

País, Departamento, Municipio de nacimiento

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

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

ID: 039000018807

1 de 2

CTZOC039
18/04/2013 11:36:45
REG 039 017

003122

Extendida el día dieciocho de abril de dos mil trece por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

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

(b)(6)

(b)(6)

Doy fe

(b)(6)

Alberto , Tzep Toj

Registrador Civil de las Personas

(b)(6)

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE RE-DETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/08/02 10:57:00
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has been determined to be an adult with a verified DOB (b)(6) /1998. Attached please find a Memo of Age redetermination along with supporting documentation. Medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/08/02 10:59:49
Delivered Date:	2016/08/02 10:57:00

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 2, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on July 7, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) presenting an altered birth certificate and knowingly misreporting his date of birth upon apprehension by immigration officials.

Upon placement in ORR care it was not immediately apparent to assigned Case Manager, (b)(6) that Mr. (b)(6) (b)(6) could be overage. Case Manager requested from Mr. (b)(6) (b)(6) father (b)(6) (b)(6) (b)(6) in Guatemala a copy of his son's birth certificate. Case Manager received a copy of the document which showed a date of birth of (b)(6) 2000. Case Manager proceeded to verify the document in the official governmental RENAP (Registro Civil Nacional de las Personas) website and there were no coinciding records with the data entered from the provided birth certificate. Consequently, Case Manager (b)(6) requested from the Phoenix Guatemalan Consulate to verify Mr. (b)(6) (b)(6) birth certificate.

On July 29, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) (b)(6) father provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6) 1998.**

Case Manager then provided an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified date of birth and the one that Mr. (b)(6) (b)(6) father provided. Mr. (b)(6) (b)(6) at first denied knowing that he was 18. He first stated that he was always told he was 16 and didn't question it. Case Manager then called the father, Mr. (b)(6) (b)(6) who did not answer any call. Case Manager then proceeded to call sponsor (b)(6) who stated that he knew nothing of the matter. (b)(6) stated that Mr. (b)(6) (b)(6) called him asking him to help Mr. (b)(6) (b)(6) by being his sponsor. Mr. (b)(6) decided to help him because in the past he had been neighbors with Mr. (b)(6) (b)(6) in Guatemala.

On July 29, 2016 Case Manager (b)(6) spoke to Mr. (b)(6) (b)(6) who finally admitted to knowing that he was 18 years of age. He stated that he was told by neighbors that it was easier and cheaper to come to the United States as a minor. Mr. (b)(6) (b)(6) denied knowing their names. Mr. (b)(6) (b)(6) stated that to cross the border as an adult he would have been charged about 70 thousand Quetzals. If he came as a minor the process would cost him 25 thousand Quetzals. Due to the economic advantage he decided to present himself as a minor. A neighbor, whom he called (b)(6), loaned him 25 thousand Quetzals. He denied knowing her full name. He stated that (b)(6) did the arrangements with the foot guide to alter his documents.

Case Manager (b)(6) p again tried to contact Mr. (b)(6) (b)(6) and after no success, she then called (b)(6) (b)(6) (b)(6) an alleged older sibling. Case Manager requested a copy of Mr. (b)(6) (b)(6) original birth certificate. Mrs. (b)(6) (b)(6) faxed Case Manager the original birth certificate which matched the verified date of birth, (b)(6) 1998.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed (b)(6) (b)(6) (b)(6) verified birth certificate showing a DOB (b)(6) 1998, his own retraction of his correct date of birth admitting he is 18 years old and his family's corroboration that Mr. (b)(6) is 18 years old including admitting that they have paid for the material alteration of the document to create a false date of birth and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified RENAP BC
- Photograph
- TB clearance/CXR
- Statement
- Consular Verification of (b)(6)

  Datos NO coinciden con RENAP
  (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) 1998
  LdN: Guatemala, Quiche, (b)(6)
  Libro (b)(6) Folio (b)(6) Partida (b)(

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

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

003127

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, December 30, 2016 14:39

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); (b)(6); (b)(6) (b)(6)

Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6)/SWK CASA PHOENIX

Importance: High

Good afternoon,

The person listed in the subject line has a correct verified DOB of (b)(6) 1995.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/12/30 16:56:18
Delivered Date:	2016/12/30 16:56:55

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	RE: FFS for Campbell
Date:	2016/12/30 16:57:00
Priority:	Normal
Type:	Note

She is off. Can I assist with anything?

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Friday, December 30, 2016 14:39
To: PHO, Juv Placement; Phoenix, Juvenile
Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); (b)(6) Maria Rios
Subject: ADULT AGE REDETERMINATION (b)(6) /SWK CASA PHOENIX
Importance: High

Good afternoon,

The person listed in the subject line has a correct verified DOB of (b)(6) 1995.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Sent Date:	2016/12/30 16:57:54
Delivered Date:	2016/12/30 16:57:00

Facility #: --- 003132 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 7, 2016 | Immunization Report | User: (b)(6)

Time: 17:32:56 MT

Resident: (b)(6) Consent Status: All Date Range: 07/01/2016 - 07/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- Ricardo Meza 07/07/2016	
Hepatitis B	Consented	- Ricardo Meza 07/07/2016	
Tdap	Consented	- Ricardo Meza 07/07/2016	
Varicella (chicken pox)	Consented	- Ricardo Meza 07/07/2016	
HPV	Consented	- Ricardo Meza 07/07/2016	
IPV	Consented	- Ricardo Meza 07/07/2016	
Meningicoccal	Consented	- Ricardo Meza 07/07/2016	
MMR	Consented	- Ricardo Meza 07/07/2016	

003133

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 2000
Collection Date/Time: 07/07/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 07/08/2016 4:00AM EDT
Approval Date/Time: 07/09/2016 5:01PM 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	0
Panel B Spot Count	1
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.

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003134

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

(b)(6)

ID: (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6) departamento de Sololá,

CERTIFICA

que con fecha veintinueve de mayo de dos mil, en la partida (b)(6), folio (b)(del libro (b)(6), del Registro Civil del Municipio de (b)(6), Departamento de SOLOLÁ, quedó inscrito el nacimiento de:

- (b)(6) (b)(6).

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de dos mil

Fecha de nacimiento

Guatemala, Sololá, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

Fotografía no disponible

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

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

Extendida el día dieciséis de febrero de dos mil dieciséis 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)

Lucrecia Olinda , Xitamul Roquel

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 dieciséis de febrero 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 traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

003136

Supplemental TB Screening

Resident: (b)(6), (b)(6) (b)(6) | **Effective Date:** 06/04/2016 22:20 | **Location** (b)(6)

Initial Admission: 05/31/2016 | **Admission:** 05/31/2016 | **A#:** (b)(6)

Date of Birth: (b)(6)/1998 | **Gender:** M | **Score:** NA

Category: NA | **Physician** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6) PA
   b.Telephone:
   (b)(6)
2. Date of visit
   05/31/2016
3. Name of program staff with child
   (b)(6), LMC.
4. Program Name
   SWK-922 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
   05/31/2016
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
   06/01/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

003137

Resident: (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

003138

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Monday, May 09, 2016 4:07 PM

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

Cc: (b)(6);(b)(7)(F)

Subject: ADULT Age Re-Determination (b)(6)
(b)(6)/SWK Casa Phoenix

Good afternoon,

The person listed in the subject line was placed in ORR care at SWK CASA PHOENIX 03/31/2016 under the name (b)(6) and verbally reported to have a DOB (b)(6) 1998. Mr. (b)(6) 's family provided a copy of the BC which appeared to have an altered DOB therefore it was submitted for verification to the Guatemalan consulate in Phoenix which today confirmed that the correct DOB for Mr. (b)(6) is (b)(6) /1996.

Attached please find:

ORR Memo of Age Redetermination

Guatemalan Consulate Email confirming DOB (b)(6) /1996

TB Clearance

Picture ID

ORR requests Mr. (b)(6) who is 20 years old be transferred to adult custody.

The contact information to make pickup arrangements is:

Maria Rios, Program Director

SWK Programs- Casa PHX

Cell: (b)(6)

Email: mrios@swkey.org

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hilin@acf.hhs.gov

Referred to DHS

003142

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Sunday, November 13, 2016 20:19

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios; (b)(6) (b)(6)

Subject: ADULT AGE RE-DETERMINATION (b)(6) AKA: (b)(6) (b)(6) SWK Casa Phoenix

Importance: High

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) with DOB (b)(6) 1995. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	(b)(6)	mrios@swkey.org
Eva Torres	Assistant Program Director	(b)(6)	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	(b)(6)	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

003146

Referred to DHS

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Tuesday, May 17, 2016 4:00 PM

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

Cc: (b)(6);(b)(7)(F) Velazquez, Ivonne (ACF)

Subject: ADULT Age Re-Determination Referred to DHS
Refer/SWK CASA PHOENIX

Good afternoon,

The person listed in the subject line was placed in ORR care at SWK CASA PHOENIX 02/01/2016 with a DOB Referre/1998. He was awaiting an immigration hearing to request Voluntary Departure and on May 10, 2016 met
with the Guatemalan Consulate which yesterday provided ORR with a verified BC showing a correct
DOB Referre1194.

The family of Mr. Referred to DHS is not responding to phone calls from the program in order to request a valid BC, but the Guatemalan consulate provided a RENAP data form with the correct information.

Please note that Mr. Referred to has been emotionally stable while at the program, but since he learned that his adult status was confirmed this morning a UC reported today to a teacher in the program that Mr. Referred to commented that he will kill himself once returned to Guatemala. Despite this reported comment Mr. Referred to presents as a well-functioning individual at this moment and has not been assessed with any special mental health requiring special interventions.

Attached please find:

ORR Memo of Age Redetermination

Altered Birth Certificate

Consulate Data Form

Consulate Email verifying DOB

Picture ID

TB Clearance

Referred to DHS declaration of name and DOB.

The contact information to make pickup arrangements is:

Maria Rios, Program Director

SWK Programs- Casa PHX

Cell: Referred to DHS

Email: mrios@swkey.org

ORR requests Mr Referred to DHS who is 21 years old be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hilin@acf.hhs.gov

Referred to DHS

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"
Subject:	RE: ADULT Age Re-Determination (b)(6);(b)(7)(F) /SWK CASA PHOENIX
Date:	2016/05/17 19:23:00
Priority:	Normal
Type:	Note

I will be sending an age out memo as well shortly.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6);(b)(7)(F)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Tuesday, May 17, 2016 4:00 PM
To: Phoenix, Juvenile; PHO, Juv Placement; (b)(6);(b)(7)(F)
Cc: (b)(6);(b)(7)(F) Velazquez, Ivonne (ACF)
Subject: ADULT Age Re-Determination (b)(6);(b)(7)(F) SWK CASA PHOENIX

Good afternoon,

The person listed in the subject line was placed in ORR care at SWK CASA PHOENIX 02/01/2016 with a DOB (b)(6);(/1998. He was awaiting an immigration hearing to request Voluntary Departure and on May 10, 2016 met with the Guatemalan Consulate which yesterday provided ORR with a verified BC showing a correct DOB (b)(6);(/1194.

The family of Mr. (b)(6);(b)(7)(F) is not responding to phone calls from the program in order to request a valid BC, but the Guatemalan consulate provided a RENAP data form with the correct information.

Please note that Mr. (b)(6);(b)(7)(F) has been emotionally stable while at the program, but since he learned that his adult status was confirmed this morning a UC reported today to a teacher in the program that Mr. (b)(6);(b)(7)(F) commented that he will kill himself once returned to Guatemala. Despite this reported comment Mr. (b)(6);(b)(7)(F) presents as a well-functioning individual at this moment and has not been assessed with any special mental health requiring special interventions.

Attached please find:

ORR Memo of Age Redetermination
Altered Birth Certificate
Consulate Data Form
Consulate Email verifying DOB
Picture ID
TB Clearance
Mr. (b)(6);(b)(7)(F) declaration of name and DOB.

The contact information to make pickup arrangements is:

Maria Rios, Program Director
SWK Programs- Casa PHX
Cell: (b)(6);(b)(7)(F)
Email: mrios@swkey.org

ORR requests Mr. (b)(6);(b)(7)(F) who is 21 years old be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(b)(6);(b)(7)(F) (b)(6);(b)(7)(F)
Sent Date:	2016/05/17 19:23:26
Delivered Date:	2016/05/17 19:23:00

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
Subject:	RE: ADULT Age Re-Determination (b)(6) /SWK Casa Phoenix
Date:	2016/05/11 16:00:00
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find the correct BC for the above listed person.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Monday, May 09, 2016 3:53 PM
To: Phoenix, Juvenile; PHO, Juv Placement; (b)(6);(b)(7)(F)
Cc: (b)(6);(b)(7)(F)
Subject: ADULT Age Re-Determination (b)(6);(b)(7)(F) /SWK Casa Phoenix

Good afternoon,

The person listed in the subject line was placed in ORR care at SWK CASA PHOENIX 03/07/2016 under the name (b)(6);(b)(7)(F) and verbally reported to have a DOB (b)(6);(/1998. Mr. (b)(6);(b)(7)(F)'s family sent a copy of the BC which appeared to have an altered DOB therefore it was submitted for verification to the Guatemalan consulate in Phoenix which today confirmed that the correct DOB for Mr. (b)(6);(b)(7)(F) is (b)(6); /1997.

Attached please find:

ORR Memo of Age Redetermination
Email confirming DOB (b)(6);(/1997
TB Clearance
Picture ID

ORR requests Mr. (b)(6);(b)(7)(F) who is 18 years old be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)
Sent Date:	2016/05/11 16:00:56

Delivered Date:	2016/05/11 16:00:00

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	FW: ADULT Age Re-Determination (b)(6) SWK Casa Phoenix
Date:	2016/05/09 20:22:00
Priority:	Urgent
Type:	Note

Good evening Officer (b)(6);(b)(7)(

At the request of FFS Supervisor Ivonne Velasquez, I am forwarding to the email I have sent regarding two age redeterminations at SWK Casa Phoenix. Please see below.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Monday, May 09, 2016 4:07 PM
To: Phoenix, Juvenile; PHO, Juv Placement; (b)(6);(b)(7)(F)
Cc: (b)(6);(b)(7)(F)
Subject: ADULT Age Re-Determination (b)(6) SWK Casa Phoenix

Good afternoon,

The person listed in the subject line was placed in ORR care at SWK CASA PHOENIX 03/31/2016 under the name (b)(6) and verbally reported to have a DOB (b)(6) /1998. Mr. (b)(6) 's family provided a copy of the BC which appeared to have an altered DOB therefore it was submitted for verification to the Guatemalan consulate in Phoenix which today confirmed that the correct DOB for Mr. (b)(6) is (b)(6) /1996.

Attached please find:

ORR Memo of Age Redetermination
Guatemalan Consulate Email confirming DOB (b)(6) /1996
TB Clearance
Picture ID

ORR requests Mr. (b)(6) who is 20 years old be transferred to adult custody.

The contact information to make pickup arrangements is:

Maria Rios, Program Director
SWK Programs- Casa PHX
Cell: (b)(6)
Email: mrios@swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)

Myriam.Hilin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/05/09 20:23:26
Delivered Date:	2016/05/09 20:22:00
From:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>
To:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Subject:	Adult FW: VERIFICACION (b)(6)
Date:	2016/05/09 12:49:57
Priority:	Urgent
Type:	Note

FYI

Celestina Buriel, M.A.
Contract Field Specialist
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Refugee Resettlement
Division of Children's Services
Phoenix, Arizona
Phone: (b)(6)
Email: Celestina.Buriel@acf.hhs.gov

From: CONSULADO GUATEMALA PHOENIX [mailto:consguateazuac@gmail.com]
Sent: Monday, May 09, 2016 9:30 AM
To: Buriel, Celestina (ACF) (CTR)
Subject: VERIFICACION (b)(6)

Estimada Celestina,

Respecto al siguiente caso , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

1. Datos NO coinciden con RENAP A# (b)(6) (SWK Casa Phoenix)
(b)(6)
Fecha de Nacimiento Correcta es : (b)(6) 1996

Atentamente,

(b)(6)

Asistente en documentación consular
Consulado General de Guatemala
Phoenix, Arizona

Sender:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/05/09 12:49:55
Delivered Date:	2016/05/09 12:49:57

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
May 9, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
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)

I reviewed the documentation gathered by SWK CASA PHOENIX and I agreed that (b)(6), who was placed in ORR care on 03/31/2016 with DOB: (b)(6) 1998, has now been determined to be an adult.

Mr. (b)(6) verbally reported upon apprehension that his DOB was (b)(6) /1998 and his family provided a visibly altered BC with DOB: (b)(6) /1998. The Guatemalan consulate in Phoenix provided today verification of the provided altered birth certificate and confirmed that the correct DOB for Mr. (b)(6) is (b)(6) **/1996**.

We request Mr. (b)(6) who is 20 years old, be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
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
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: ADULT Age Re-Determination (b)(6) /SWK Casa Phoenix
Date:	2016/05/09 19:30:00
Priority:	Normal
Type:	Note

Here is the email from the Guatemalan consulate providing correct DOB.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Monday, May 09, 2016 3:53 PM
To: Phoenix, Juvenile; PHO, Juv Placement; (b)(6);(b)(7)(F)
Cc: (b)(6);(b)(7)(F)
Subject: ADULT Age Re-Determination (b)(6) /SWK Casa Phoenix

Good afternoon,

The person listed in the subject line was placed in ORR care at SWK CASA PHOENIX 03/07/2016 under the name (b)(6) and verbally reported to have a DOB (b)(6) 1998. Mr. (b)(6) 's family sent a copy of the BC which appeared to have an altered DOB therefore it was submitted for verification to the Guatemalan consulate in Phoenix which today confirmed that the correct DOB for Mr. (b)(6) is (b)(6) 1997.

Attached please find:

ORR Memo of Age Redetermination
Email confirming DOB (b)(6) 1997
TB Clearance
Picture ID

ORR requests Mr. (b)(6) who is 18 years old be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/05/09 19:30:12
Delivered Date:	2016/05/09 19:30:00

From:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>
To:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Subject:	Adult - (b)(6) (A#(b)(6)
Date:	2016/05/09 13:48:59
Priority:	Urgent
Type:	Note

FYI

Celestina Buriel, M.A.
Contract Field Specialist
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Refugee Resettlement
Division of Children's Services
Phoenix, Arizona
Phone: (b)(6)
Email: Celestina.Buriel@acf.hhs.gov

From: CONSULADO GUATEMALA PHOENIX [mailto:consguateazuac@gmail.com]
Sent: Monday, May 09, 2016 10:08 AM
To: Buriel, Celestina (ACF) (CTR)
Subject: Verificación de Actas de nacimiento

Estimada Celestina

Respecto a los siguientes casos , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

1. Datos NO coinciden con RENAP A# (b)(6) SWK CASA PHOENIX
(b)(6)
La Fecha de Nacimiento correcta es (b)(6) 1997

Atentamente,

(b)(6)
Asistente en Documentacion Consular
Consulado General de Guatemala
Phoenix, Arizona

Sender:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/05/09 13:48:59

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: ADULT Age Re-Determination (b)(6) /SWK Casa Phoenix
Date:	2016/05/09 19:25:00
Priority:	Normal
Type:	Note

Here is the email from the Guatemalan Consulate.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Monday, May 09, 2016 4:07 PM
To: Phoenix, Juvenile; PHO, Juv Placement; (b)(6);(b)(7)(F)
Cc: (b)(6);(b)(7)(F)
Subject: ADULT Age Re-Determination (b)(6) /SWK Casa Phoenix

Good afternoon,

The person listed in the subject line was placed in ORR care at SWK CASA PHOENIX 03/31/2016 under the name (b)(6) and verbally reported to have a DOB (b)(6) /1998. Mr. (b)(6) s family provided a copy of the BC which appeared to have an altered DOB therefore it was submitted for verification to the Guatemalan consulate in Phoenix which today confirmed that the correct DOB for Mr. (b)(6) is (b)(6) /1996.

Attached please find:

ORR Memo of Age Redetermination
Guatemalan Consulate Email confirming DOB (b)(6) /1996
TB Clearance
Picture ID

ORR requests Mr. (b)(6) who is 20 years old be transferred to adult custody.

The contact information to make pickup arrangements is:

Maria Rios, Program Director
SWK Programs- Casa PHX
Cell: (b)(6)
Email: mrios@swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/05/09 19:25:21
Delivered Date:	2016/05/09 19:25:00
From:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>
To:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Subject:	Adult FW: VERIFICACION (b)(6)
Date:	2016/05/09 12:49:57
Priority:	Urgent
Type:	Note

FYI

Celestina Buriel, M.A.
Contract Field Specialist
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Refugee Resettlement
Division of Children's Services
Phoenix, Arizona
Phone: (b)(6)
Email: Celestina.Buriel@acf.hhs.gov

From: CONSULADO GUATEMALA PHOENIX [mailto:consguateazuac@gmail.com]
Sent: Monday, May 09, 2016 9:30 AM
To: Buriel, Celestina (ACF) (CTR)
Subject: VERIFICACION (b)(6)

Estimada Celestina,

Respecto al siguiente caso , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

1. Datos NO coinciden con RENAP A# (b)(6) (SWK Casa Phoenix)
(b)(6)
Fecha de Nacimiento Correcta es : (b)(6) 1996

Atentamente,

(b)(6)
Asistente en documentación consular

Consulado General de Guatemala
Phoenix, Arizona

Sender:	Buriel, Celestina (ACF) (CTR) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C328D83BC33D45BC83EBB071DA39A15E-BURIEL, CEL>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/05/09 12:49:55
Delivered Date:	2016/05/09 12:49:57

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"(b)(6);(b)(7)(F)@ice.dhs.gov>"
Subject:	RE: Bangladeshi males
Date:	2018/11/01 17:50:00
Priority:	Normal
Type:	Note

Please see attached. I am very sorry!. Myriam

Referred to DHS

From: Hillin, Myriam (ACF) <Myriam.Hillin@acf.hhs.gov>
Sent: Thursday, November 01, 2018 1:17 PM
To: (b)(6);(b)(7)(F)@ice.dhs.gov>
Subject: RE: Bangladeshi males

Please see attached.

Myriam

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) <Myriam.Hillin@acf.hhs.gov>
Sent: Thursday, November 01, 2018 12:33 PM
To: (b)(6);(b)(7)(F) @ice.dhs.gov>; Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>
Subject: RE: Bangladeshi males

Please see attached.

Myriam

Referred to DHS

From: Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>
Sent: Thursday, November 01, 2018 11:53 AM
To: PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F) @ice.dhs.gov>; MRios@swkey.org; (b)(6) @swkey.org; Hillin, Myriam (ACF) <Myriam.Hillin@acf.hhs.gov>
Cc: Laurie, Catherine (ACF) <Catherine.Laurie@acf.hhs.gov>; Calero, Wilfred (ACF) <Wilfred.Calero@acf.hhs.gov>; Sanchez, Alex (ACF) <Alex.Sanchez@ACF.hhs.gov>; Thomas, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>
Subject: [WARNING: MESSAGE ENCRYPTED]RE: Bangladeshi males

Attached you will find requested memo

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families

Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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http://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-16.html

Referred to DHS

From: Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>
Sent: Thursday, November 1, 2018 9:38 AM
To: (b)(6);(b)(7)(F) @ice.dhs.gov>; PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>; Maria Rios <MRios@swkey.org>; (b)(6) (b)(6) @swkey.org) <(b)(6) @swkey.org>
Cc: (b)(6);(b)(7)(F) @ice.dhs.gov>; (b)(6);(b)(7)(F)

<(b)(6);(b)(7)(F) @ice.dhs.gov>; Laurie, Catherine (ACF) <Catherine.Laurie@acf.hhs.gov>; Calero, Wilfred (ACF) <Wilfred.Calero@acf.hhs.gov>; Sanchez, Alex (ACF) <Alex.Sanchez@ACF.hhs.gov>; Thomas, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>
Subject: [WARNING: MESSAGE ENCRYPTED]FW: Bangladeshi males

Dear Officer (b)(6);(b)(7)(,

Based on the information that the program and ICE ERO have provided these 4 individuals are adults and they need to be transfer in to ICE custody immediately.

Please let us know when you are going to pick them up so the program can have them ready to to.

Thanks Ivonne

Referred to DHS

500 12th St. SW #8045
Washington, D.C. 20024
202-732-4366 (office)
(b)(6) (cell)

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
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Ivonne Velazquez, LCSW

Referred to DHS

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"
Sent Date:	2018/11/01 17:50:44
Delivered Date:	2018/11/01 17:50:00