



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

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

Memo of Age Determination

February 24, 2016

TO: ICE – DHS – PHOENIX, AZ
 (b)(6);(b)(7)(F) @ice.dhs.gov

Through: SWK Estrella

FROM: Catherine Laurie
 Federal Field Specialist
 Division of Children's Services

SUBJECT: Age Determination of an Adult

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

I reviewed the documentation gathered by SWK Estrella and the falsified RENAP birth certificate of (b)(6). The birth certificate indicates he was born (b)(6) 1998 but the consulate has verified that he was born on (b)(6) 1996 and agree that this person is 19 years old.

This person entered ORR care on February 24, 2016 with a different date of birth (b)(6) 1998 however it was determined that his correct DOB is (b)(6) 96. The birth certificate we received when minor arrived was sent to the Consulate for verification and Consulate verified that the birth certificate was altered.

Please refer this case to DHS ICE Juvenile Coordinator (b)(6);(b)(7)(F) to arrange for transfer to ICE adult custody.

Respectfully,

Catherine Laurie
 Federal Field Specialist
 Division of Children's Services
 Office of Refugee Resettlement
 (b)(6)
catherine.laurie@acf.hhs.gov



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Memo of Age Determination

January 21, 2016

TO: ICE – DHS – PHOENIX, AZ
(b)(6);(b)(7)(F)@ice.dhs.gov

Through: SWK Estrella

FROM: Catherine Laurie
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Determination of an Adult

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

I reviewed the documentation gathered by SWK Estrella and the RENAP birth certificate that the Guatemalan Consulate indicated was false/changed. The real date of birth is (b)(6) 1996, and I agree that this person is 19 years old.

On 01/20/2016 the Guatemalan Consulate verified his correct date of birth is (b)(6) 1996.

This person entered ORR care on 12/01/2015 with a different date of birth (b)(6) 1998, however it was determined that his correct DOB is (b)(6) 1996. The birth certificate we received from his mother in Guatemala was verified to be incorrect and not an original birth certificate by the Consulate.

Please refer this case to DHS ICE Juvenile Coordinator (b)(6);(b)(7)(F) to arrange for transfer to ICE adult custody.

Respectfully,

Catherine Laurie
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
catherine.laurie@acf.hhs.gov



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Memo of Age Determination

December 3, 2018

TO: ICE – DHS – El Paso, Texas
(b)(6);(b)(7)(F) @ice.dhs.gov

Through: BCFS Tornillo

FROM: Catherine Laurie
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Determination of an Adult

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

I reviewed the documentation gathered by BCFS Tornillo, the Honduran Consulate verified birth certificate, I agree that this person in ORR custody is an adult. The birth certificate verifies that he is 18 years old with a date of birth (b)(6) /2000(18). The fraudulent/altered DOB and the one that appears on the I-216 indicates a date of birth (b)(6) 2001 (17).

I agree that this person is 18 years old.

This person entered ORR care on 09/29/2018 and arrived to Tornillo on (b)(6) /2018. He has had his medical screening including immunizations. He is medically cleared to travel

Please refer this case to DHS ICE Juvenile Coordinator to arrange for transfer to ICE adult custody.

Respectfully,

Catherine Laurie
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6);(b)(7)(F)

catherine.laurie@acf.hhs.gov



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www.acf.hhs.gov/programs/orr

Memo of Age Determination

December 3, 2018

TO: ICE – DHS – El Paso, Texas
(b)(6);(b)(7)(F)@ice.dhs.gov

Through: BCFS Tornillo

FROM: Catherine Laurie
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Determination of an Adult

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

I reviewed the documentation gathered by BCFS Tornillo, the Guatemalan Consulate verified birth certificate, I agree that this person in ORR custody is an adult. The birth certificate verifies that he is 20 years old with a date of birth (b)(6) 2000(20). The fraudulent/altered DOB and the one that appears on the I-216 indicates a date of birth (b)(6) 2001 (17).

I agree that this person is 20 years old.

This person entered ORR care on 11/19/2018. He has had his medical screening including immunizations. He is medically cleared to travel

Please refer this case to DHS ICE Juvenile Coordinator to arrange for transfer to ICE adult custody.

Respectfully,

Catherine Laurie
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)
catherine.laurie@acf.hhs.gov



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

Monday November 26, 2018

Good afternoon,

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised the Age Determination Procedures for UAC in HHS custody, to ensure multiple forms of evidence are collected by care providers and reviewed by the FFS. Due to age determination concerns, for **UAC (b)(6) of Bangladesh with reported DOB of (b)(6) 2001** a dental forensic examination was completed. FFS is submitting this Age Determination Memo to DHS to document that (b)(6) is an adult based on the following facts and evidence:

- 1.) Dental forensic report results indicate adult age over 18: Avg. Mean Age 21.60; Std. Dev.2.40. Age range 19.20 – 24.00 and EP 98%

Per our joint HHS/DHS policy as staffed with FFS Supervisor, after review of the dental forensic report, FFS is requesting transfer of custody of this adult participant to DHS. Supportive documentation is password protected with ORR standard password and is attached for your review. Please advise when DHS/FOJC can coordinate transfer of custody of this participant to an adult DRO facility.

Thank you,

Samuel Pedregon
FFS West Texas Region
U.S. Dept. of Health and Human Services
samuel.pedregon@acf.hhs.gov
(202)631-3774



ADMINISTRATION FOR
CHILDREN & FAMILIES

Memo of Age Determination
June 02, 2018

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

Through: VisionQuest National

FROM: Catherine Laurie
 Federal Field Specialist
 Division of Children's Services

SUBJECT (b)(6) A# (b)(6)
RE: Post 18 Plan UAC Ages out (b)(6) 2018

I reviewed the documentation gathered by LTFC Vision Quest National regarding (b)(6) A# (b)(6) (b)(6) who was placed in ORR care on 11/06/16 and was transferred to Long Term Foster Care Vision Quest National on (b)(6) 2017. The UAC was not able to reunify with a sponsor. The sponsors identified did not meet the requirements for sponsorship according to ORR policy. The UAC will be an adult on (b)(6) 2018. Attached is a copy of his BC

Medical status: UAC's medical records are attached. UAC completed his annual medical exam and there are no concerns. UAC is medically clear to travel. UAC is up to date on immunizations and dental.

Legal: UAC received SIJ I360 approval notice 4/30/18.

The UAC was offered placement in URM program on 5/30/18. UAC withdrew URM application 5/31/18 and refused placement offers in Arizona and Michigan. URM program was notified that minor will no longer pursue placement.

Please feel free to contact FFS Catherine Laurie if you have any questions regarding this post-18 plan.

Respectfully,
 Catherine Laurie
 Federal Field Specialist
 Division of Children's Services
 Office of Refugee Resettlement
 (b)(6)
 catherine.laurie@acf.hhs.gov



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/orr

Friday November 2, 2018

Good afternoon Officer (b)(6); and Officer (b)(6);(b)

Please see the 2nd referral (of 3), to be sent for your review today.

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised the Age Determination Procedures for UAC in HHS custody, to ensure multiple forms of evidence are collected by care providers and reviewed by the FFS. Due to age determination concerns, for **UAC (b)(6) of Bangladesh with reported DOB of (b)(6) '02** a dental forensic examination was completed. FFS is submitting this Age Determination Memo to DHS to document that (b)(6) is an adult based on the following facts and evidence:

- 1.) DHS provided a copy of a passport for (b)(6) with ADULT DOB (b)(6)/1997 and passport photo matching (b)(6) placed at Rising Ground (formally Leake and Watts BS)
- 2.) DHS reported age determination concerns, providing BITMAP Data, with (b)(6) history of using Adult DOB: (b)(6)/1998 and 4 aliases (b)(6)
- 3.) Participant's physical appearance is older than reported age of 17.
- 4.) Dental forensic report results indicate adult age over 18: Avg. Mean Age 17.02; 2 Std. Dev. 3.24; Age range 13.78 – 20.27 and EP 28%

Per our joint HHS/DHS policy as staffed with FFS Supervisor, after review of the dental forensic report, adult passport and BITMAP data provided by DHS, and all the facts and evidence listed above, FFS is requesting transfer of custody of this adult participant to DHS. Supportive documentation is password protected with ORR standard password and is attached for your review. Please advise when DHS/FOJC can coordinate transfer of custody with Rising Ground (formally Leake and Watts BS) of this participant to an adult DRO facility.

Thank you,

Julissa P. Banzon

Julissa Portales Banzon, M.S.
 Federal Field Specialist, Chicago
 U.S. Dept. of Health and Human Services
 Administration for Children and families
 Office of Refugee Resettlement
 Division of Unaccompanied Children Operations
Julissa.Banzon@acf.hhs.gov

(b)(6)

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**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA**

L.B.,

 Petitioner,

v.

Charles Keeton, et al.,

 Respondents.

No. CV-18-03435-PHX-JJT (MHB)

ORDER

Petitioner L.B., who is detained in the CoreCivic La Palma Correctional Center in Eloy, Arizona, has filed, through counsel, a Petition for a Writ of Habeas Corpus under 28 U.S.C. § 2241 (Doc. 1) and a Motion for Temporary Restraining Order (Doc. 2). On October 26, 2018, Respondents filed a Response to the Motion (Doc. 10). For the reasons that follow, the Court will grant the Motion in part.

I. Background

Petitioner is a native and citizen of Eritrea. On January 4, 2018, he entered the United States near the San Ysidro port of entry in San Diego, California and was encountered by the United States Department of Homeland Security (DHS), Customs and Border Protection (CBP). (Docs. 10-1; 10-2.) At the time of entry, Petitioner did not possess travel documents and informed agents that his date of birth was October 28, 2000. Petitioner was designated as an unaccompanied minor (UAC), issued a Notice to Appear (Form I-862), and transferred into the care and custody of the Office of Refugee Resettlement (ORR), an agency of the United States Department of Health and Human

1 Services (HHS). ORR placed Petitioner in Southwest Keys juvenile residential care
2 facility in California.

3 In the months that followed, ORR ordered a dental examination to determine
4 Petitioner's age. On March 16, 2018, Dr. David R. Senn, DDS prepared a report in
5 which he opined that, based upon his analysis of dental radiographs, the range of possible
6 ages for a male with the molar development of Petitioner was "17.10 to 23.70 years." On
7 this basis, he concluded that the "empirical statistical probability of [Petitioner] having
8 attained 18 years of age [was] 92.55." (Doc. 1-2 at 6.) No action was taken at that time,
9 and on May 29, 2018, Petitioner was transferred to VisionQuest, a juvenile residential
10 facility in Tucson, Arizona.

11 While he was housed at VisionQuest, L.B., with the assistance of counsel,
12 Petitioner began dependency proceedings in the Pima County Superior Court. During
13 that process, counsel for L.B. obtained a baptismal certificate which reflected L.B.'s birth
14 date as October 28, 2000. (Doc. 1-2 at 2.) Counsel also obtained a rebuttal expert report
15 as to Petitioner's age from Drs. Elizabeth DiGangi and Dawnie Steadman, forensic
16 anthropologists, and Iain A. Pretty, a dental surgeon and professor of public health
17 dentistry. (Doc. 1-2 at 54-64.)

18 On August 15, 2018, Catherine Laurie, an ORR Federal Field Specialist,
19 "reviewed [] documentation gathered by VisionQuest." (Doc. 1-2 at 39.) In a memo
20 addressed to DHS in reference to Petitioner, Laurie stated that "this UAC does not have a
21 birth certificate despite many attempts to reach the Eritrean Embassy, and the dental
22 forensic results being 92.55 percent. This UAC's behaviors do not appear to be a minor
23 but to the contrary he acts like an early 20's person. The original date of birth and the one
24 that appears on the [Form] I-216 indicates that [L.B.] was 17 years of age with a date of
25 10/28/200[0]. I agree that this person is over the age of 18 years... Please refer this case
26 to DHS ICE Juvenile Coordinator to arrange for transfer to ICE adult custody." (Id.)
27 Petitioner was transferred into DHS custody and detained in an adult detention facility.

28 On October 10, 2018, the Pima County Superior Court entered three orders of

1 Findings of Fact and Conclusions of Law. (Doc. 1-2 at 66-67, 69-72, 74-77.) The state
2 court found, in relevant part, that Dr. Senn’s expert opinion was “not supported by
3 credible scientific evidence and best practices,” that L.B.’s birth date is October 28, 2000,
4 that L.B. is a minor, and that L.B. is a dependent child. (Doc. 1-2 at 79-80.)

5 On October 15, 2018, counsel for L.B. emailed DHS officials a copy of
6 Petitioner’s baptismal certificate and the state court decisions requesting that Petitioner
7 be transferred back into ORR custody. ICE Supervisor Shane Kitchen responded that he
8 “spoke with [his] leadership and they advised after due deliberation, ERO has concluded
9 that there is sufficient evidence to determine [Petitioner’s] adult status, based on the
10 greater than 92% probability that he is older than 20 years old. Further, ERO gives less
11 weight to the Baptismal record based on his documented history of fraudulent document
12 use. He will not be returned to ORR custody.” (Doc. 1-2 at 82.) On October 16, 2018,
13 Petitioner received an email from ICE Assistant Field Office Director Jason Ciliberti
14 stating that “[they] have reviewed the available documentation and evidence [counsel]
15 presented, and the matter was discussed with [his] leadership at the field office. After
16 careful deliberation, [they] have determined that [L.B.] will remain in ICE custody.”
17 (Doc. 1-2 at 85.)

18 **II. Habeas Corpus Petition**

19 A federal district court is authorized to grant a writ of habeas corpus under
20 28 U.S.C. § 2241 where a petitioner is “in custody under or by color of the authority of
21 the United States ... in violation of the Constitution or laws or treaties of the United
22 States.” 28 U.S.C. §§ 2241(c)(1), (3). “The writ of habeas corpus historically provides a
23 remedy to non-citizens challenging executive detention.” *Trinidad y Garcia v. Thomas*,
24 683 F.3d 952, 956 (9th Cir. 2012). *See also Munaf v. Geren*, 553 U.S. 674, 693 (2008)
25 (“Habeas is at its core a remedy for unlawful executive detention”); *Allen v. McCurry*,
26 449 U.S. 90, 98 n.12 (1980) (“the unique purpose of habeas corpus [is] to release the
27 applicant for the writ from unlawful confinement”).
28

1 Habeas corpus review is not available for claims “arising from the decision or
2 action by the Attorney General to commence proceedings, adjudicate cases, or execute
3 removal orders,” 8 U.S.C. § 1252(g), or to “challenge a ‘discretionary judgment’ by the
4 Attorney General or a ‘decision’ that the Attorney General has made regarding [an
5 alien’s] detention or release,” *Demore v. Kim*, 538 U.S. 510, 516 (2003) (discussing 8
6 U.S.C. § 1226(e)). However, “the extent of the Government’s detention authority is not a
7 matter of ‘discretionary judgment,’ ‘action,’ or ‘decision.’” *Jennings v. Rodriguez*, ___
8 U.S. ___, 138 S. Ct. 830, 841 (2018). *See also Prieto-Romero v. Clark*, 534 F.3d 1053
9 (9th Cir. 2008). Thus, “challenges to the statutory framework that permits the alien’s
10 detention without bail,” *Jennings*, 138 S. Ct. at 841, “questions of law” raised in the
11 application or interpretation of detention statutes, *Leonardo v. Crawford*, 646 F.3d 1157,
12 1160 (9th Cir. 2011), and “claims that the discretionary process itself was constitutionally
13 flawed are ‘cognizable in federal court on habeas because they fit comfortably within the
14 scope of § 2241,’” *Singh v. Holder*, 638 F.3d 1196, 1202 (9th Cir. 2011) (quoting
15 *Gutierrez-Chavez v. INS*, 298 F.3d 824, 829 (9th Cir. 2002)).

16 On October 24, 2018, Petitioner filed the instant § 2241 Petition, four days before
17 his alleged 18th birthday on October 28, 2018. In the Petition, Petitioner names La
18 Paloma Correctional Center Warden Charles Keeton, ICE, ICE Phoenix Field Office
19 Director Enrique Lucero, and ICE Assistant Field Office Director Jason Ciliberti as
20 Respondents.¹ Petitioner brings four grounds for relief challenging his continued
21 detention in DHS custody. The Petition claims that: (1) by making and relying on an age
22 determination to transfer Petitioner into DHS custody, based on dental radiographs and
23 without reasonable suspicion to question the credibility of Petitioner’s stated age,
24 Respondents violated the Trafficking Victims Protection and Reauthorization Act of 2008

25 _____
26 ¹ Under the rationale articulated in *Armentero, infra*, and in the absence of
27 authority addressing whether who is the proper respondent in immigration habeas corpus
28 proceedings under 28 U.S.C. § 2241, the Court will not dismiss these Respondents or the
Petition for failure to name a proper respondent *at this time*. *See Armentero v. INS*, 340
F.3d 1058, 1071-73 (9th Cir. 2003) withdrawn, 382 F.3d 1153 (9th Cir. 2004) (order); *see also Rumsfeld v. Padilla*, 542 U.S. 426, 435 n.8 (2004) (declining to resolve who is the
proper respondent in an immigration habeas corpus petition).

1 (TVPR), 8 U.S.C. § 1232(b)(4), and its implementing policies; (2) by holding
2 Petitioner, a minor, in custody in a facility that does not have “separate accommodations
3 for juveniles,” Respondents have detained Petitioner in violation of 8 C.F.R. § 1236.3(d);
4 (3) by arbitrarily depriving Petitioner of his liberty, Respondents have detained Petitioner
5 in violation of his substantive due process rights under the Fifth Amendment; and (4) by
6 taking Petitioner into DHS custody without a hearing, Respondents have detained
7 Petitioner in violation of his right to procedural due process under the Fifth Amendment.²

8 In his demand for relief, Petitioner asks the Court to: (1) order Respondents to
9 release Petitioner from DHS custody and transfer him into the care and custody of ORR;
10 (2) declare that ORR’s policy of making age determinations based solely on dental
11 radiographic analysis, and of transferring individuals into DHS custody if the results
12 predict a 75% probability or more that the individual is 18 years or older, violates 8
13 U.S.C. § 1232(b); and (3) enjoin Respondents from further detaining Petitioner in
14 violation of federal law and the Constitution.

15 **III. Motion for Temporary Restraining Order**

16 A party seeking injunctive relief under Rule 65 of the Federal Rules of Civil
17 Procedure must show that: (1) he is likely to succeed on the merits; (2) he is likely to
18 suffer irreparable harm in the absence of injunctive relief; (3) the balance of equities tips
19 in his favor; and (4) an injunction is in the public interest.³ *Winter v. Natural Resources*
20 *Defense Council, Inc.*, 555 U.S. 7, 20 (2008); *Pom Wonderful LLC v. Hubbard*, 775 F.3d
21 1118, 1124 (9th Cir. 2014); *Pimentel v. Dreyfus*, 670 F.3d 1096, 1105-06 (9th Cir. 2012);

22 _____
23 ² The Court observes that while the Petition cites the Administrative Procedure
24 Act (APA), 5 U.S.C. § 701 *et seq.*, as a basis for jurisdiction (*see* Doc. 1 ¶ 2), Petitioner
25 does not clearly articulate any claim under the APA.

26 ³ Where a party “can only show that there are ‘serious questions going to the
27 merits’—a lesser showing than likelihood of success on the merits—then a preliminary
28 injunction may still issue if the ‘balance of hardships tips sharply in the [party]’s favor,
and the other two *Winter* factors are satisfied.” *Shell Offshore, Inc. v. Greenpeace, Inc.*,
709 F.3d 1281, 1291 (9th Cir. 2013) (quoting *Alliance for the Wild Rockies v. Cottrell*,
632 F.3d 1127, 1135 (9th Cir. 2011)). Under this serious questions variant of the *Winter*
test, “[t]he elements . . . must be balanced, so that a stronger showing of one element may
offset a weaker showing of another.” *Lopez v. Brewer*, 680 F.3d 1068, 1072 (9th Cir.
2012).

1 *Stuhlbarg Int'l Sales Co., Inc. v. John D. Brush & Co., Inc.*, 240 F.3d 832, 839 n.7 (9th
2 Cir. 2001). Where the movant seeks a mandatory injunction, rather than a prohibitory
3 injunction, injunctive relief is “subject to a heightened scrutiny and should not be issued
4 unless the facts and law clearly favor the moving party.” *Dahl v. HEM Pharms. Corp.*, 7
5 F.3d 1399, 1403 (9th Cir. 1993). *See Hernandez v. Sessions*, 872 F.3d 976, 999 (9th Cir.
6 2017) (discussing when a preliminary injunction ordering a bond hearing before an IJ is
7 prohibitory, rather than mandatory, in nature).

8 In his Motion, Petitioner principally argues that ORR’s determination of his age
9 violated the TVPRA and Respondents unlawfully detained him in DHS custody because
10 he is a minor.⁴ He requests the Court order that: “(1) Respondents shall immediately
11 return L.B. from ICE’s adult prison to the Office of Refugee Resettlement.
12 Notwithstanding any logistical delays in transferring physical custody, L.B. shall be for
13 all other purposes considered as being in the custody of the Office of Refugee
14 Resettlement from the time of th[e] order; and (2) ICE is enjoined from applying or
15 considering the unlawful age redetermination of L.B., and thus preventing him from
16 securing his rights as an unaccompanied alien child including but not limited to eligibility
17 for: (a) Special Immigrant Juveniles Status under 8 U.S.C. § 1101(a)(27)(J); (b) initial
18 jurisdiction of his asylum claim with US Citizenship and Immigration Services (USCIS)
19 under § 1158(b)(3)(C); and, (c) placement in the least restrictive setting available on
20 L.B.’s eighteenth birthday including release on his own recognizance under §
21 1232(c)(2).”

22 **A. Likelihood of Success on the Merits**

23 In 2002, Congress enacted the Homeland Security Act (HSA), which transferred
24 responsibility to HHS for “‘coordinating and implementing the care and placement of
25 unaccompanied alien children,’ ‘ensuring that the best interests of the child are
26

27 ⁴ Petitioner additionally argues in his motion that the age determination and his
28 resulting detention in DHS custody violates the *Flores* Agreement and the Prison Rape
Elimination Act (PREA). Because these legal theories have not been presented in the
Petition, the Court does not reach those arguments here.

1 considered in decisions and actions relating to the care and custody of an unaccompanied
2 alien child,’ ‘implementing policies with respect to the care and placement of
3 unaccompanied alien children,’ and identifying ‘a sufficient number of qualified
4 individuals, entities, and facilities to house’ such children.” *Flores v. Sessions*, 862 F.3d
5 863, 870 (2017) (quoting 6 U.S.C. § 279(b)(1)). In 2008, Congress enacted the TVPRA,
6 codified in relevant part at 8 U.S.C. § 1232, which further addressed the framework for
7 the care and custody of unaccompanied minors by HHS and DHS consistent with the
8 HSA.

9 In order to determine whether an alien is an UAC for purposes of the statute, the
10 TVPRA directs that “[HHS], in consultation with [DHS], shall develop procedures to
11 make a prompt determination of the age of an alien, which shall be used by [DHS] and
12 [HHS] for children in their respective custody. At a minimum, these procedures shall take
13 into account *multiple forms of evidence*, including the *non-exclusive* use of radiographs,
14 to determine the age of the unaccompanied alien.” 8 U.S.C. § 1232(b)(4) (emphasis
15 added).

16 Pursuant to the TVPRA, ORR developed an implementing guide summarizing
17 “ORR policies for the placement, release and care of unaccompanied alien children in
18 ORR custody.” See Section 1.6, ORR Children Entering the United States
19 Unaccompanied (Jan. 30, 2015) (“ORR Guide”).⁵ The ORR Guide provides, in relevant
20 part:

21 Each agency acknowledges the challenges in determining the
22 age of individuals in custody. These challenges include, but
are not limited to:

- 23 • Unavailable documentation;
- 24 • Contradictory or fraudulent identity documentation and/or
25 statements;
- 26 • Physical appearance of the individual; and
- 27 • Diminished capacity of the individual.

28 ⁵ See <https://www.acf.hhs.gov/orr/resource/children-entering-the-united-states-unaccompanied> (last visited Oct. 26, 2018).

1

2

The TVPRA requires the age determination procedures, at a minimum, to take into account multiple forms of evidence.

3

Accordingly, under these procedures, each case must be evaluated carefully based on the totality of all available evidence, including the statement of the individual in question.

4

5

6

ORR Guide § 1.6 (emphasis added).

7

HHS may make age determinations of UAC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older.

8

9

In the event there is conflicting evidence regarding the age of an unaccompanied alien child in HHS custody, the HHS funded care provider case worker shall immediately notify the HHS Federal Field Specialist (FFS). The FFS will make the age determination based on his/her review of the multiple forms of evidence collected by the care provider. Until the age determination is made, the unaccompanied alien child is entitled to all services provided to UAC in HHS care and custody.

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14

ORR Guide § 1.6.1.

15

Case managers should seek the following as evidence when conducting age determinations. Information from each category is not required.

16

17

Documentation:

18

19

- Official government-issued documents, including birth certificates...

20

21

- Other reliable records (e.g., baptismal certificates, school records, medical records) that indicate the unaccompanied alien child's date of birth.

22

Statements by individuals (including the unaccompanied alien child) determined to have personal knowledge of the unaccompanied alien child's age, and who HHS concludes can credibly attest to the age of the unaccompanied alien child:

23

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25

- Statements provided by the unaccompanied alien child regarding his or her age or birth date. (An unaccompanied alien child's uncorroborated declaration regarding age is not used as the sole basis for an age determination.)

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27

28

- Statements from the unaccompanied alien child's parent(s) or legal guardian(s), if such persons can be

1 identified and contacted.

- 2
- Statements from other persons.
 - 3 • Information from another government agency (Federal, State, local or foreign)
 - 4 • State/local arrest records.
 - 5 • Child welfare agency records.

6 Medical Age Assessments:

7 Medical Age Assessments include both the use of imaging
8 technology, such as radiography, and physical examinations.
Regarding these assessments:

- 9
- A medical professional experienced in age assessment
10 method(s) must perform the examination, taking into
account the individual's ethnic and genetic background.
 - 11 • Dental and skeletal (bone) maturity assessments using
12 radiographs may be used to determine age, **but only in
conjunction with other evidence.**
 - 13 • As no current medical assessment method can determine
14 an exact age, best practice relies on the estimated
15 probability that an individual is 18 or older. The
16 examining doctor must submit a written report indicating
the probability percentage that the individual is a minor or
an adult.

17 ORR Response to Medical Age Assessments:

- 18
- The FFS supervisor must review the determination
19 regarding the age submitted by the examining doctor.
 - 20 • If an individual's estimated probability of being 18 or
older is 75 percent or greater according to a medical age
21 assessment, **and this evidence has been considered in
conjunction with the totality of the evidence**, ORR may
22 refer the individual to DHS. The 75 percent probability
threshold applies to all medical methods and approaches
23 identified by the medical community as appropriate
methods for assessing age.
 - 24 • The FFS compiles all pertinent information (e.g., how
reasonable suspicion was raised that the subject is over 18,
25 the information referenced, the individuals or agencies
consulted, statements and conclusions) and documents it
26 in a memorandum for review and approval by the FFS
Supervisor.
 - 27 • The FFS then will forward the memo to the care provider
28 facility case manager to be included in the unaccompanied
alien child's case file and to the ICE Detention and

1 Removal Office (DRO) Field Office Juvenile Coordinator
2 (FOJC) for inclusion in the unaccompanied alien child's
3 A-file.

4 ... If the new information or evidence indicates that an
5 individual who is presumed to be an unaccompanied alien
6 child is actually an adult, then HHS will coordinate with the
7 assigned FOJC to immediately transfer the individual to an
8 adult DRO facility.

9 ORR Guide § 1.6.2 (emphasis added).

10 The Court finds that Petitioner has demonstrated a likelihood of success on the
11 merits of his claim that ORR's age determination in his case was invalid under the
12 TVPRA and its implementing policies. The record before this Court shows that ORR's
13 August 15, 2018 determination relied only on dental radiographic analysis and an ORR
14 official's behavioral observation to conclude that Petitioner was at least 18 years. To
15 make an age determination, however, the plain language of the TVPRA permits only the
16 non-exclusive use of radiographs in conjunction with other "forms of *evidence*."
17 Similarly, the ORR Guide provides that a dental radiograph assessment may only be used
18 to determine age in conjunction with "other *evidence*." There is no apparent plausible
19 construction of the TVPRA, or the ORR Guide, under which an ORR official's
20 nonspecific, unsubstantiated speculation of what they perceive to be adult behavior
21 suffices as "evidence" that may be considered and relied upon in making an age
22 determination. Indeed, ORR does not include appearance or behavior as criteria for
23 evaluating whether an individual is an adult or juvenile, but instead lists those factors as a
24 challenge to the age determination process.

25 In their response, Respondents contend "there is additional evidence that
26 Petitioner is already an adult. Petitioner was encountered by Mexican authorities on
27 December 11, 2017, at which time he used a date of birth of October 28, 1999. []
28 Petitioner was also detained by Panamanian immigration authorities with a date of birth
of June 10, 1994. []" (Doc. 10 at 7.) But Respondents offer no discussion concerning
the reliability of these records, nor is there any indication that the reviewing ORR official
knew of or considered them in making an age determination. Rather, because DHS was

1 aware of this conflicting information at the time it designated Petitioner as an UAC and
2 transferred him into ORR custody, these records appear to be questionable at best.

3 The Court finds that Petitioner has made a sufficient showing that ORR's age
4 determination was in contravention of the TVPRA. Respondents' transfer of Petitioner
5 from ORR custody to DHS custody based on that determination therefore is in
6 contravention of the TVPRA and the ORR Guide and does not authorize Petitioner's
7 continued detention in DHS custody. Because the Court concludes that Plaintiff is likely
8 to succeed on his claim that ORR's age determination in this instance was invalid, it does
9 not reach the viability of his claim that ORR's referral policy violates the TVPRA, or
10 Petitioner's remaining regulatory and constitutional claims.

11 **B. Likelihood of Irreparable Harm**

12 Petitioner asserts that he will suffer irreparable harm to his ability to seek
13 immigration relief in the absence of an injunction. Specifically, he contends that he will
14 lose his ability to pursue asylum and Special Immigrant Juvenile Status (SIJS). While a
15 loss of available immigration relief may constitute irreparable harm, *see, e.g., Beno v.*
16 *Shalala*, 30 F.3d 1057, 1063 n.10 (9th Cir. 1994), neither the Petition nor the Motion sets
17 forth any specific detail with regard to his pursuit of this relief or the requirements for
18 obtaining relief. As a result, the Court lacks any meaningful basis for determining the
19 impact that the age determination by ORR for purposes of custody will have on his
20 potential eligibility for any form of relief. Further, while DHS and other federal agencies
21 may seek to rely on ORR's age determination to adjudicate some application for benefits,
22 there is no indication that they would do so immediately or before a decision on the
23 merits of this case could be reached. Petitioner has not shown a likelihood of irreparable
24 harm absent a temporary restraining order on this basis.

25 However, the Court finds that Petitioner has shown a likelihood of imminent,
26 irreparable harm in the absence of an order enjoining his continued detention in DHS
27 custody. In absence of immediate relief, Petitioner will be prevented from being
28 considered for "placement in the least restrictive setting available," to which he would be

1 entitled as a minor reaching eighteen years of age while in ORR custody pursuant to 8
2 U.S.C. § 1232(c)(2)(B). (Doc. 2 at 14.) Respondents do not—and indeed cannot—
3 maintain an argument that detaining a minor in an adult facility, even for one day, does
4 not constitute harm.

5 **C. Public Interest and Balance of Equities**

6 Where the government is the opposing party, as here, the public interest and
7 balance of equities factors merge. *Nken v. Holder*, 556 U.S. 418, 435 (2009). Public
8 interest favors the correct application of federal law. *Valle del Sol, Inc. v. Whiting*, 732
9 F.3d 1006, 1029 (9th Cir. 2013); *Small v. Avanti Health Sys., LLC*, 661 F.3d 1180, 1197
10 (9th Cir. 2011); *N.D. v. Haw. Dep't of Educ.*, 600 F.3d 1104, 1113 (9th Cir. 2010) (“[I]t
11 is obvious that compliance with the law is in the public interest.”). Because Petitioner
12 has met his burden to establish a strong likelihood of success on the merits of his claim
13 that Respondents have violated the TVPRA, the public interest and balance of equities
14 weigh in his favor.

15 **D. Bond**

16 “The court may issue a preliminary injunction or a temporary restraining order
17 only if the movant gives security in an amount that the court considers proper to pay the
18 costs and damages sustained by any party found to have been wrongfully enjoined or
19 restrained.” Fed. R. Civ. P. 65(c). The Ninth Circuit has “recognized that Rule 65(c)
20 invests the district court with discretion as to the amount of security required, if any.”
21 *Jorgensen v. Cassidy*, 320 F.3d 906, 919 (9th Cir. 2003) (internal quotation marks and
22 citation omitted). “The district court may dispense with the filing of a bond when it
23 concludes there is no realistic likelihood of harm to the defendant from enjoining his or
24 her conduct.” *Id.* Because the Court perceives no likelihood of resulting harm to
25 Respondents, the Court finds it appropriate to issue the TRO without requiring security.

26 **IV. Conclusion**

27 Petitioner has met his burden to show that there is a strong likelihood of success
28 on the merits of his habeas corpus claim that ORR’s determination of his age, and his

1 resulting transfer into DHS custody based on that determination, violates the TVPRA;
2 that, in the absence of a TRO transferring him into ORR custody, Petitioner would suffer
3 irreparable injury; and that the public interest and balance of equities tip in his favor.
4 ORR's age determination was made in violation of the TVPRA and the implementing
5 policies and is therefore invalid. In the absence of any valid alternate age determination,
6 at the present time, Petitioner's date of birth is deemed to be October 28, 2000. Thus, to
7 the extent that Petitioner requests that Respondents be ordered to transfer him from DHS
8 custody into the care and custody of ORR, the motion for a TRO will be granted. The
9 motion is otherwise denied.

10 **IT IS ORDERED:**

11 (1) Petitioner's Motion for Temporary Restraining (Doc. 2) **is granted in part**
12 **and denied in part** as set forth above.

13 (2) Respondents' age determination is rescinded and Respondents shall
14 immediately **release** L.B. from DHS custody into to the care and custody of ORR and
15 shall **transfer** Petitioner from the La Palma Correctional Center to an ORR juvenile
16 facility. L.B. shall be considered as within the custody of ORR as of the date this Order
17 is filed.

18 (3) Respondents must file a Notice with the Clerk of Court no later than
19 **4:00 p.m. on October 27, 2018** reflecting compliance with this Order.

20 (4) Petitioner shall have until **November 9, 2018** to file any amended petition
21 in accordance with Rule 15.1 of the Local Rules of Civil Procedure. Petitioner shall
22 confer with Respondents and advise them as to whether an amended petition will be filed
23 no later than **November 2, 2018**.

24 (5) If Petitioner elects not to file an amended petition, Respondents shall have
25 until **December 10, 2018** to file an answer to the Petition (Doc. 1). If Petitioner elects to
26 file an amended petition, Respondents must answer the amended petition within **30 days**
27 of the date the amended petition is filed.⁶ Respondents shall not file a dispositive motion
28

⁶ Regarding courtesy copies of documents for chambers, Respondent is directed to


001204

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in place of an answer without first showing cause as to why an answer is inadequate.

(6) Petitioner shall have **15 days** from the filing of Respondents' answer to file a reply.

Dated this 26th Day of October, 2018.



Honorable Diane J. Humetewa
United States District Judge

review Section II(D) of the Court's Electronic Case Filing Administrative Policies and Procedures Manual, which requires that "a courtesy copy of the filing, referencing the specific document number, shall be printed directly from CM/ECF." CM/ECF Admin. Man. § II(D)(3) (emphasis added). See <http://www.azd.uscourts.gov/sites/default/files/documents/adm%20manual.pdf>.

Referred to DHS



Description: Description: cid:image001.png@01CCD4E9.11723E70

From: Laurie, Catherine (ACF) [mailto:Catherine.Laurie@acf.hhs.gov]

Sent: Thursday, August 25, 2016 3:46 PM

To: PHO, Juv Placement

Cc: (b)(6); (b)(6); (b)(6) Kraetz, Janett (ACF) (CTR); Saenz, Albert A

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

Good Afternoon,

Please find attached the ORR age redetermination memo indicating that this UC is an adult. Also attached is the forensic dental exam and immunization records indicating the minor is cleared to travel.

Please accept this email as a request to transfer to ICE custody.

Thank you,

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

Sent: Thursday, August 25, 2016 2:58 PM

To: Laurie, Catherine (ACF)

Subject: Fw: Age Redetermination (ADULT) (b)(6) (b)(6)

Thank you,

(b)(6)

001208

(b)(6)

Southwest Key, Casa Estrella del Norte

Tucson, Arizona

Unaccompanied Minor Program

Phone: (b)(6)

Cellphone: (b)(6)

Fax: (520) 844-8061

"Use your voice for kindness, your ears for compassion, your hands for charity, your mind for truth, and your heart for love"

From: (b)(6)

Sent: Thursday, August 25, 2016 9:50 AM

To: Catherine Laurie

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

Subject: Age Redetermination (ADULT) (b)(6) (b)(6)

Hello Casey-

Please be advised that the client's name and DOB were not able to be verified by the Guatemalan Consulate with the birth certificate provided by the client's mother. According to the Guatemalan Consulate, there is no record of the client's birth certificate. The following information is what is on the unverified birth certificate:

Name on BC: (b)(6)

DOB on BC: (b)(6) 1999
Age: 17

Name on I-216: (b)(6)
Age: 17

AKA DOB: (b)(6) 1999

A# (b)(6)

Date of entrance to shelter: 07/27/2016

LOS in shelter: 29

This CM attempted to verify the birth certificate sent by the client's mother through the online website of the Guatemalan Government, prior to the findings of suspicious fraud behavior. This CM sent the birth certificate provided by the client's mother for verification as an attachment to CFS on 08/04/2016. On 08/09/2016, this CM was informed by CFS, the Guatemalan Consulate representative, (b)(6) (b)(6) could not verify the birth certificate provided because there is no record in their system. On 08/15/2016, The Guatemalan Consulate Representative, (b)(6) interviewed the client on-site and her findings were that the client appeared to have adult-like features. On 08/22/2016, the client was taken for a Forensic Dental Exam and the results, as of 08/24/2016, yielded an 80.85 that the client had attained (18) years of age. The results to this exam can be found attached to this email. This CM confronted the client's mother, (b)(6) in country of origin on 08/24/2016 and she did not admit the client was an adult. This CM confronted the client on 08/24/2016 and the client states he is a minor and his date of birth is (b)(6) 1999. The client did not admit to being an adult. The assigned CM does believe this client is an adult for his physical appearance, the unverifiable birth certificate through the Guatemalan Consulate, the Guatemalan Interview findings conducted on-site, and the findings on the Dental Forensic Exam.

(b)(6)

Southwest Key | Estrella Del Norte 923

Unaccompanied Minors Program

P: (b)(6) | F: 520.844.9246 | C: (b)(6)

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

001211

www.swkey.org

Referred to DHS



UAC Basic Information

First Name:

(b)(6)

Last Name:

(b)(6)

(b)(6)

AKA:

Status:

ADMITTED

Date of Birth:

(b)(6) 2007

Gender:

M

A No.:

(b)(6)

LOS:

72

Age:

8

Current Program:

Southwest Key Estrella

Country of Birth:

Guatemala

Admitted Date:

12/23/2015

Medical Screening

Initial Medical Exam

Within 48 business hours of admission (excluding weekends, holidays, etc.)

Exam Date:

12/24/2015

Pregnant?

 Yes No

Clinic or primary care provider providing medical exam:

(b)(6) NP

Initial Dental Exam

Within 60-90 days of admission

Initial Exam Date:

TB Screening

Skin or blood test for TB: For minors 2 - 14 years and long-term minors >15 years

TST Date applied:

12/24/2015

Result:

 Positive (generally, if >10 mm) Negative
Specify mm: 0

IGRA Date drawn:

Type:

 QFT T-Spot

Result:

 Positive Negative Indeterminate, Borderline, or Equivocal

Chest x-ray: For all minors >15 years, minors 2 - 14 years with TST >10 mm or positive IGRA, minors with signs or symptoms of TB, and minors with known HIV infection

TST Date applied:

Findings:

 Normal Abnormal, Specify
 Can suggest TB Not suggestive of TB

Specify (if Abnormal)

Smears and Cultures: For all minors with chest x-ray suggestive of TB

Smears/Results:

 Positive (if any) Negative (if all)

↓ [proceed regardless of results]

Nucleic acid amplification

 Positive for TB Negative No Done

Results:

↓ [proceed regardless of results]

Culture Results:

 Positive for TB Negative Mycobacteria other than TB

↓ [only proceed if culture is positive]

Drug Susceptibility Test

 Pan-sensitive MDR Other

Results:

Specify (if Other)

Communicable Disease

Diagnosis:

Specify (if Other)

Disease Classification:

Select an Item

Actions taken:

 Intakes interrupted Release of minor delayed Quarantine LTBI treatment started

→if "Quarantine" checked, # minors quarantined

→if "LTBI treatment started" checked, 3 month regimen?

 Yes No

Visits to ER, Hospital/ Surgery

Date of Visit:

Type of Visit:

 ER Admission to hospital Inpatient surgery Outpatient surgery

Reason For Visit:

Chronic condition, uncontrolled or worsening

Injury

Pain

Pregnancy-related

Psychiatric issue

Scheduled surgery

Other

If Other, specify

Diagnosis:

Fracture (broken bone)

Gastroenteritis (diarrhea/vomiting)

Injury (other than fracture)

Pregnancy

Seizure/Epilepsy

Other

If Other, specify

Summary of outcome, treatment:

Office Visits

Date of Visit:

Type of Visit:

Primary Care

Cardiology

Dental

001214

- Ear, Nose, Throat
- Neurology
- Optometrist/Ophthalmology
- OB/GYN
- Orthopedic
- Psychology
- Psychiatry
- Other

Reason For Visit:

- Chronic condition
- Injury
- Pain
- Pregnancy-related
- Psychiatric Issue
- Other

If Other, specify

Diagnosis:

- Fracture (broken bone)
- Gastroenteritis (diarrhea/vomiting)
- Injury (other than fracture)
- Pregnancy
- Seizure_Epilepsy
- Skin condition
- Sexually transmitted disease (chlamydia, gonorrhea, etc.)
- Upper/lower respiratory illness (cold, strep throat, bronchitis, pneumonia, etc.)
- Urinary tract infection

If Other, specify

Summary of outcome, treatment:

Diagnosis List

Medication List

Drug Name:

Dose:

Directions:

Date Started:

Psychotropic med?

Yes No

Reason for Drug:

Comments & Additional Reports

Comment:

Immunizations

NOTE: Not all vaccines or doses are indicated

Diphtheria, Tetanus, Pertussis (DTap)

Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
12/24/2015				

Tetanus, Diphtheria, Pertussis (Tdap)/Tetanus, Diphtheria (Td)

Dose 1	Dose 2	Dose 3	Dose 4	Dose 5

Hepatitis A

Dose 1	Dose 2		
12/24/2015			

Hepatitis B

Dose 1	Dose 2	Dose 3	
12/24/2015	2/4/2016		

Poliovirus (IPV)

Dose 1	Dose 2	Dose 3	Dose 4
12/24/2015	2/4/2016	3/3/2016	

Measles, Mumps, and Rubella (MMR)

Dose 1	Dose 2	

Varicella

Dose 1	Dose 2	

Meningococcal

Dose 1	Dose 2	

Human Papillomavirus

Dose 1	Dose 2	Dose 3	

Influenza

Dose 1	Dose 2	

Rotavirus

Dose 1	Dose 2	Dose 3	

Homophiles influenza type b (Hib)

Dose 1	Dose 2	Dose 3	Dose 4

Pneumococcal

Dose 1	Dose 2	Dose 3	Dose 4

From:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
To:	"(b)(6);(b)(7)(F)@ice.dhs.gov"; "Referred to heartlandalliance.org"
CC:	"(b)(6);(b)(7)(F)@ice.dhs.gov"; "(b)(6);(b)(7)(F)@ice.dhs.gov"; "Referred to Referr @heartlandalliance.org"; "Referred to DHS <Referred to @heartlandalliance.org"
Subject:	RE: ORR/FFS Request for Transfer of Custody at IYC for Referr (XXX-XXX-Ref)
Date:	2018/10/19 12:26:57
Priority:	Normal
Type:	Note

Thank you Officer (b)(6);(b)(7)(F) for these notifications and prompt response by Officer at IYC this morning!
Most appreciated.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration for Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations

(b)(6)

Referred to DHS

From: Banzon, Julissa (ACF) <Julissa.Banzon@acf.hhs.gov>

Sent: Thursday, October 18, 2018 5:39 PM

To: (b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)

<(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)

(b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)

(b)(6);(b)(7)(F)@ice.dhs.gov; (b)(6);(b)(7)(F)

<(b)(6);(b)(7)(F)@ice.dhs.gov>
Cc: Ahlberg, Jeffrey (ACF) <Jeffrey.Ahlberg@acf.hhs.gov>; Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; (b)(6)@heartlandalliance.org>; De Puy, Jacqueline (ACF) <Jacqueline.DePuy@acf.hhs.gov>
Subject: [WARNING: MESSAGE ENCRYPTED]****WARNING: MESSAGE ENCRYPTED****ORR/FFS Request for Transfer of Custody at IYC for (b)(6) (XXX-XXX (b)(6))

Good afternoon DHS/FOJC team,

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised the Age Determination Procedures for UAC in HHS custody, to ensure multiple forms of evidence are collected by care providers and reviewed by the FFS. An age determination case was elevated by IYC to this FFS, and the referring FFS in AZ, also contacted this FFS to advise this recently transferred **UAC** – (b)(6) (---(b)(6)) **of Honduras with reported DOB** (b)(6) 99 is an adult per notification received by SWK Estrella facility from the Dallas Honduran Consulate. IYC further confirmed these concerns, per additional efforts and verified documentation secured from the Honduran Consulate in Chicago. FFS is submitting this Age Determination Memo to DHS to document (b)(6) is an adult based on these facts and evidence:

1. • Two Consulates (Dallas and Chicago) provided verified BC's with ADULT DOB (b)(6) 99 for (b)(6) in custody at IYC
2. • Participant reports his name is (b)(6) and reports his parents to be the SAME adults listed on both BC's
3. • Participant's mother (b)(6) as listed on BC, has had continued phone contact with (b)(6) at both facilities.
4. • Physical appearance of the UC is older than reported age of 17, photo attached.
5. • Referring FFS in AZ reported this participant travelled with a 2nd participant, who confessed he also provided fraudulent documentation to DHS and ORR, was confirmed to be an ADULT, and picked up by ICE in TUCSON, AZ.

Per our joint HHS/DHS policy, after review of the facts and evidence listed above, and verified documentation provided from TWO Consulates, FFS is requesting transfer of custody of this adult participant to DHS. Supportive documentation is password protected with ORR's standard password and are attached for your review. Please advise

when DHS/FOJC can coordinate transfer of custody with Heartland IYC of this participant to an adult DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
 Federal Field Specialist, Chicago
 U.S. Dept. of Health and Human Services
 Administration for Children and families
 Office of Refugee Resettlement
 Division of Unaccompanied Children Operations

(b)(6)

Sender:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
Recipient:	(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6)@heartlandalliance.org"; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6)@heartlandalliance.org); (b)(6)@heartlandalliance.org>"
Sent Date:	2018/10/19 12:26:54
Delivered Date:	2018/10/19 12:26:57

Referred to DHS

From: Laurie, Catherine (ACF) [mailto:Catherine.Laurie@acf.hhs.gov]

Sent: Wednesday, April 20, 2016 1:57 PM

To: PHO, Juv Placement

Cc: Moore, Robert L

Subject: RE: ADULT Age redetermination (b)(6) A#(b)(6)

OH My...sorry

Catherine C. Laurie

Federal Field Program Specialist

U.S. Dept. of Health and Human Services

Office of Refugee Resettlement

Division of Children's Services

001220

Tucson Arizona

(b)(6)

catherine.laurie@acf.hhs.gov

Referred to DHS

From: Laurie, Catherine (ACF) [<mailto:Catherine.Laurie@acf.hhs.gov>]

Sent: Wednesday, April 20, 2016 1:41 PM

To: PHO, Juv Placement

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

Subject: ADULT Age redetermination (b)(6) A# (b)(6)

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

I have a trail of emails verifying the Guatemalan Consulate is saying the original BC is false and should say (b)(6) 1994, 22 year old male.

Please find attached my memo also. If there is anything further I can do to assist you, please do not hesitate to ask. He has been medically cleared.

Thanks,

Catherine C. Laurie

Federal Field Program Specialist

U.S. Dept. of Health and Human Services

Office of Refugee Resettlement

Division of Children's Services

Tucson Arizona

001222

(b)(6)

catherine.laurie@acf.hhs.gov

Good Morning,

I have received the BC verification from the Guatemalan Consulate, stating that client,

(b)(6) A# (b)(6) DOB is

(b)(6) 1994 (Adult)

From: (b)(6) <(b)(6)@gmail.com>

Sent: Wednesday, April 20, 2016 10:03 AM

To: (b)(6)

Subject: RE: Verification of BC

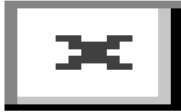
Buenos días,

La fecha de nacimiento de (b)(6) es el (b)(6) de 1994,

(b)(6)

Consulado de Guatemala

Tucson, Arizona



cid:image004.png@01D19AEB.DE111AB0

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

Enviado el: martes, 19 de abril de 2016 04:16 p.m.

Para: (b)(6)@gmail.com

CC: Patricia Toscano; (b)(6) Carlos Valdes; (b)(6) (b)(6);
Catherine Laurie

Asunto: Re: Verification of BC

001224

Good Afternoon,

I just wanted to do a quick follow up with this BC Verification. I noticed it has been a few days since I sent this request, and I was wondering if there is any further assistance needed on my behalf. I have re-attached minor's BC to this email for your review.

Thank you,



1455746111382_111.PNG

From: Laurie, Catherine (ACF) <Catherine.Laurie@acf.hhs.gov>

Sent: Friday, April 15, 2016 11:18 AM

To: (b)(6)@gmail.com

Cc: Patricia Toscano; (b)(6)

Subject: FW: Verification of BC

(b)(6)

If I could ask for your assistance in this verification. Also If you happen to have time when you are at SWK Estrella to speak to him, your opinion is always wonderful and very much appreciated.

Thank you so much, Casey

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

Sent: Friday, April 15, 2016 11:04 AM

To: Toscano, Patricia (ACF) (CTR)

Cc: Laurie, Catherine (ACF); (b)(6); (b)(6); Abel Rodriguez; Carlos Valdes; Daniel Rodriguez

Subject: Verification of BC

Good Morning, I am requesting the verification of the birth certificate of the following minor.

UC NAME &A#: (b)(6) A# (b)(6)

NTA DOB: (b)(6) /1998

COO: Guatemala

REASON FOR REQUEST: BC Verification for minor. Minor arrived with the name (b)(6) (b)(6) (b)(6) When conducting the initial intake, minor disclosed having lied about his last name several times, and that his real name was (b)(6) When speaking to the sponsor (Distant Relative), sponsor disclosed minor's real name was (b)(6) This Case Manager requested a BC, and the BC received appears to have a completely different name, which is (b)(6) DOB: (b)(6) 1998. Minor disclosed living with girlfriend in COO and not having any other family member to contact in COO. Girlfriend was contacted by this Case Manager, and she confirmed minor's name given on the BC as well as his Date of Birth. Minor's physical appearance seems to be of an adult.

CASE MANAGER REQUESTING BC VERIFICATION: (b)(6)



1455746111382_111.PNG

Referred to DHS

Referred to DHS

Referred to DHS

From: Laurie, Catherine (ACF) <Catherine.Laurie@acf.hhs.gov>

Sent: Wednesday, December 5, 2018 3:58 PM

To: Branch2LNO (ACF) <Branch2lno@acf.hhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>; EPC-Juvenile <EPC-Juvenile-Group@ice.dhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F)@ice.dhs.gov>

Cc: Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>; Corrales, Omar (ACF) <Omar.Corrales@acf.hhs.gov>; Martinez Berrios, Diana (ACF) (CTR) <Diana.MartinezBerrios@acf.hhs.gov>

Subject: RE: ORR Age Redetermination at BCFS Tornillo 12.05.2018

From: Laurie, Catherine (ACF)

Sent: Wednesday, December 05, 2018 3:51 PM

To: Branch2LNO (ACF); (b)(6);(b)(7)(F); EPC-Juvenile; (b)(6);(b)(7)(F); (b)(6);(b)(7)(F); (b)(6);(b)(7)(F)

Cc: Gonzalez, Jose (ACF); Corrales, Omar (ACF); Martinez Berrios, Diana (ACF) (CTR)

Subject: RE: ORR Age Redetermination at BCFS Tornillo 12.05.2018

Good Morning DHS,

Please find attached the ORR Age Redetermination memo and supporting documentation to show that this UAC is actually is 18 years of age. She is awaiting transfer to DHS custody.

In accordance with ORR policy and the documentation received, Mr

(b)(6) does not meet the criteria of an Unaccompanied Alien Minor (UAC) 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. Please be aware that Mr (b)(6) has been medically cleared by the shelter.

Thank you,

Catherine C Laurie

Federal Field Specialist

Office of Refugee Resettlement

Tucson Region

(b)(6)

Catherine.laurie@acf.hhs.gov

Sender:	(b)(6);(b)(7)(F)@ice.dhs.gov
Recipient:	"Laurie, Catherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73e9bec310144ff3add360755f8041bf-Laurie, Cat>"
Sent Date:	2018/12/05 19:55:18
Delivered Date:	2018/12/05 19:55:34

Referred to DHS

Referred to DHS

From: Laurie, Catherine (ACF) [mailto:Catherine.Laurie@acf.hhs.gov]

Sent: Wednesday, April 20, 2016 1:41 PM

To: PHO, Juv Placement

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

Subject: ADULT Age redetermination [Referred to DHS] A# [Referred to DHS]

Robert,

I have a trail of emails verifying the Guatemalan Consulate is saying the original BC is false and should say [Referred to DHS] 1994, 22 year old male.

Please find attached my memo also. If there is anything further I can do to assist you, please do not hesitate to ask. He has been medically cleared.

Thanks,

Catherine C. Laurie

001234

Federal Field Program Specialist

U.S. Dept. of Health and Human Services

Office of Refugee Resettlement

Division of Children's Services

Tucson Arizona

(b)(6)

catherine.laurie@acf.hhs.gov

Good Morning,

I have received the BC verification from the Guatemalan Consulate, stating that client,

(b)(6) A# (b)(6) DOB is

(b)(6) 1994 (Adult)

From: (b)(6) <(b)(6)@gmail.com>

Sent: Wednesday, April 20, 2016 10:03 AM

To: (b)(6)

Subject: RE: Verification of BC

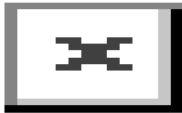
Buenos días,

La fecha de nacimiento de (b)(6), es el (b)(6) de 1994,

(b)(6)

Consulado de Guatemala

Tucson, Arizona



cid:image004.png@01D19AEB.DE111AB0

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

Enviado el: martes, 19 de abril de 2016 04:16 p.m.

Para: (b)(6)@gmail.com

CC: Patricia Toscano; (b)(6); Carlos Valdes; (b)(6); Abel Rodriguez;
Catherine Laurie

Asunto: Re: Verification of BC

Good Afternoon,

I just wanted to do a quick follow up with this BC Verification. I noticed it has been a few days since I sent this request, and I was wondering if there is any further assistance needed on my behalf. I have re-attached minor's BC to this email for your review.

Thank you,



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From: Laurie, Catherine (ACF) <Catherine.Laurie@acf.hhs.gov>

001237

Sent: Friday, April 15, 2016 11:18 AM

To: (b)(6)@gmail.com

Cc: Patricia Toscano; (b)(6)

Subject: FW: Verification of BC

(b)(6)

If I could ask for your assistance in this verification. Also if you happen to have time when you are at SWK Estrella to speak to him, your opinion is always wonderful and very much appreciated.

Thank you so much, Casey

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

Sent: Friday, April 15, 2016 11:04 AM

To: Toscano, Patricia (ACF) (CTR)

Cc: Laurie, Catherine (ACF); (b)(6) (b)(6) Abel Rodriguez; Carlos Valdes; Daniel Rodriguez

Subject: Verification of BC

Good Morning, I am requesting the verification of the birth certificate of the following minor.

UC NAME &A# (b)(6)

NTA DOB: (b)(6) 1998

COO: Guatemala

REASON FOR REQUEST: BC Verification for minor. Minor arrived with the name, (b)(6)

(b)(6)

(b)(6) When conducting the initial intake, minor disclosed having lied about his last name several times, and that his real name was (b)(6) When speaking to the sponsor (Distant Relative), sponsor disclosed minor's real name was (b)(6) This Case Manager requested a BC, and the BC received appears to have a completely different name, which is (b)(6) DOB: (b)(6) 1998. Minor disclosed living with girlfriend in COO and not having any other family member to contact in COO. Girlfriend was contacted by this Case Manager, and she confirmed minor's name given on the BC as well as his Date of Birth. Minor's physical appearance seems to be of an adult.

CASE MANAGER REQUESTING BC VERIFICATION: (b)(6)



1455746111382_111.PNG

_____ Información de ESET Endpoint Security, versión de la base de datos de firmas de
virus 13365 (20160420) _____

El mensaje fue verificado por ESET Endpoint Security.

<http://www.eset-la.com>

Referred to DHS



001240

GOVERNMENT OF GUATEMALA

MINISTERIO DE ECONOMÍA Y FINANZAS



(b)(6)

001241 Case Manager, Southwest Key Programs 923

T. (b)(6)

| F. 520-844-1338 |

(b)(6)

@swkey.org

001242

Referred to DHS

Referred to DHS

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

Sent: Tuesday, April 26, 2016 3:00 PM

To: PHO, Juv Placement

Cc: Catherine Laurie

Subject: Memo of Age Redetermination for (b)(6)

Hello ,

I am sending this email on behalf of FFS Catherine Laurie as she is traveling/flying at this time. I have attached the memo for an age-redetermination that we have in Estrella

del Norte in Tucson, Az. Can you please let me know if you will be picking up this client today?

Thank you,

(b)(6)

(b)(6)

Southwest Key, Casa Estrella del Norte

Tucson, Arizona

Unaccompanied Minor Program

Phone: (b)(6)

Cellphone: (b)(6)

Fax: (520) 844-8061

"Use your voice for kindness, your ears for compassion, your hands for charity, your mind for truth, and your heart for love"

Referred to DHS

Referred to DHS

From: Laurie, Catherine (ACF) [mailto:Catherine.Laurie@acf.hhs.gov]

Sent: Wednesday, November 09, 2016 5:48 PM

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

Cc: Centeno, Raquel (ACF) (CTR); (b)(6)@swkey.org

Subject: FW: Age-Redetermination/(b)(6) A#(b)(6)

Good Afternoon,

Please find attached the ORR age redetermination memo indicating that this UC is an adult. Also attached is the verified birth certificate and immunization records indicating the minor is cleared to travel.

Please accept this email as a request to transfer to ICE custody.

Please also note that this minor is located in (b)(6)

Thank you,

Catherine C. Laurie

Federal Field Program Specialist

U.S. Dept. of Health and Human Services

Office of Refugee Resettlement

Division of Children's Services

Tucson Arizona

(b)(6)

catherine.laurie@acf.hhs.gov

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

Sent: Wednesday, November 09, 2016 3:36 PM

To: LaGrow, Debra (ACF); Laurie, Catherine (ACF)

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

Subject: Age-Redetermination/(b)(6)

Good afternoon,

Please be advised that the client mentioned above BC verification from Guatemala stated that the true DOB: is (b)(6)/1994 making him 24 yrs. of age.

CM spoke with client and he denied knowing about any alterations to his BC as his father gave it to him and continued to report that his DOB is (b)(6)/1999.

CM spoke with the client's Father in Guatemala who stated that the client's DOB is (b)(6)/1999 and did not understand why the BC verification would state otherwise. CM explained that the BC was verified though the Consulate in Phoenix as well as sent to Guatemala.

CM spoke with the client's Uncle in California, who stated that he was told the DOB for the client is (b)(6)/1999 by the client's father, his brother.

The client stated that he was coming to reside with his Uncle (b)(6) who resides at (b)(6)

(b)(6) with phone number (b)(6)

The client receive Chest X-Ray which shows not signs of active TB. Case manager will get the client ready for ICE to pick him up.

Please find attached to this email client's BC , BC Verification, Medical Intake, Chest X-Ray and Vaccines.

Lastly, please advise if there is any further information needed.

Thank you,

(b)(6)

Case Manager

SWK-Hacienda Del Sol

EMAIL: @swkey.org

Phone:

Fax: (623) 321-8696

"Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that" - Martin Luther King Jr.

Mission: Opening doors to opportunities so individuals can achieve their dreams.

Vision: Every person has the opportunity to thrive in a community that fosters success and social equity.

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

Referred to DHS

From:	Laurie, Catherine (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=73E9BEC310144FF3ADD360755F8041BF-LAURIE, CAT>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	'(b)(6) <(b)(6)@swkey.org>; '(b)(6) <(b)(6)@swkey.org>; '(b)(6) <(b)(6)@swkey.org>; '(b)(6) <(b)(6)@swkey.org>; "Kraetz, Janett (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4053ec032bcf4c5085cfad2c4332c2fd-Kraetz, Jan>; '(b)(6) <(b)(6)@swkey.org>"
Subject:	FW: Age Redetermination (ADULT) – (b)(6)
Date:	2016/08/30 15:47:00
Priority:	Normal
Type:	Note

Good Afternoon,

Please find attached the ORR age redetermination memo indicating that this UC is an adult. Also attached is the verified birth certificate and immunization records indicating the minor is cleared to travel.

Please accept this email as a request to transfer to ICE custody.

Thank you,

Catherine C. Laurie
 Federal Field Program Specialist
 U.S. Dept. of Health and Human Services
 Office of Refugee Resettlement
 Division of Children's Services
 Tucson Arizona
 (b)(6)
 catherine.laurie@acf.hhs.gov

From: (b)(6) [mailto:(b)(6)@swkey.org]
Sent: Tuesday, August 30, 2016 11:50 AM
To: Laurie, Catherine (ACF)
Cc: (b)(6); (b)(6); (b)(6); (b)(6)
Subject: Age Redetermination (ADULT) – (b)(6)

Hello Casey-

Please be advised that the client's correct name and AKA and DOB is as follows:

Name on I-216: (b)(6)
Correct Name: (b)(6)
Correct DOB: (b)(6) /1995 **Age:** 21
AKA DOB: (b)(6) 1999 **Age:** 17
A# (b)(6)
Date of entrance to shelter: (b)(6) /2016
LOS in shelter: (b)(6)

The client mentioned above disclosed to CM (b)(6) that her date of birth on the I-216 is incorrect. The client disclosed to CM (b)(6) her date of birth is (b)(6) 1995, making the client an adult. Please find the statement signed by the client attached to this email. This CM also verified the birth certificate provided with the Guatemalan Consulate on 08/29/2016 and the consulate verified the document on 08/30/2016 stating the client's documents coincide with their records--the client is an adult. Please find the document provided by the Guatemalan Consulate attached to this email.

(b)(6) Case Manager
 Southwest Key | Estrella Del Norte 923
 Unaccompanied Minors Program
 P: (b)(6) | F: 520.844.9246 | C: (b)(6)
 E: (b)(6)@swkey.org
www.swkey.org

Sender:	Laurie, Catherine (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=73E9BEC310144FF3ADD360755F8041BF-LAURIE, CAT>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Kraetz, Janett (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4053ec032bcf4c5085cfad2c4332c2fd-Kraetz, Jan>; (b)(6) <(b)(6)@swkey.org>"
Sent Date:	2016/08/30 15:51:00
Delivered Date:	2016/08/30 15:47:00

Declaración del cliente
Client Statement

Name on I-216: (b)(6)

Age: 21

DOB on I-216: (b)(6) 1999

Correct DOB: (b)(6) 1995

A# (b)(6)

Date of entrance to shelter: (b)(6) 2016

LOS in shelter: (b)(6)

CM Collecting Statement: (b)(6) CM

Yo (b)(6) declaro que mi fecha de nacimiento es el (b)(6) del 1995.

I (b)(6) state that my date of birth is (b)(6) 1995.

(b)(6)

(b)(6)

(b)(6)

08/29/2016



CASE FILE CHECK LIST

CLIENT NAME:

AKA: _____

ALIEN #:

DATE OF BIRTH: NTA: 1999 BC: _____

COUNTRY OF ORIGIN Guatemala

DATE OF ENTRY: 2016 Time of Arrival: 10:00PM

TERMINATION: _____

LENGTH OF STAY: _____

CASE MANAGER: CM

ASSESSMENTS ON ETO SOFTWARE/ORR UC PORTAL

✓ Please check all that apply:

- _____ CLIENT POSSESSIONS INVENTORY (ETO)
 - _____ SWKEY PROPERTY INVENTORY (ETO)
 - _____ UM CLIENT ITEMS RETAINED (ETO)
 - _____ UM INTAKE/MENTAL HEALTH AND RESTRAINT SCREENING
 - _____ UC INITIAL INTAKE ASSESSMENT (UC PORTAL)
 - _____ UM EMERGENCY ADMISSION ASSESSMENT (ETO)
 - _____ PREA ACKNOWLEDGEMENT (ETO)
 - _____ UM GRIEVANCE PROCEDURES (ETO)
 - _____ CLIENT ORIENTATION & HANDBOOK (ETO)
- ALLERGIES (list if any) _____

Released To: _____

Relationship: _____

Address: _____

Phone: _____



TREATMENT CHECK LIST

✓ Please check all that apply:

ASSESSMENTS ON ETO SOFTWARE

- _____ **UM PRELIMINARY SERVICE PLAN**
- _____ **UM CASE SUMMARY *30 DAY UPDATES* (If applicable)**
- _____ **UM INDIVIDUAL SERVICE PLAN *30 DAY UPDATES* (If applicable)**
- _____ **UM CLINICAL COUNSELING NOTES**
- _____ **UM CASE MANAGEMENT DEPARTMENT CASE NOTES**
- _____ **OTHER (If applicable)**
(Diagnostic Evaluation, External Specialized Services, Mental Health Intake, Psychiatric Evaluation Referral Form, Psychological Evaluation Referral Form, Risk Reduction Activities, UM Mental Health Admission Screening)

ASSESSMENTS ON UC PORTAL

- _____ **UC ASSESSMENT**
- _____ **UC ASSESSMENT FOR RISK**
- _____ **UC INDIVIDUAL SERVICE PLAN**
- _____ **UC CASE REVIEW (If applicable)**
- _____ **UC SPONSOR INFORMATION**
- _____ **UC SIGNIFICANT INCIDENT REPORT (If applicable)**

HARD COPY DOCUMENTS IN FILE

- _____ **PSYCHOLOGICAL/PSYCHIATRIC EVALUATION (If applicable)**
- _____ **RUN RISK ASSESSMENT (If applicable)**
- _____ **CPS/LICENSING REPORTS (If applicable)**
- _____ **PREVIOUS PLACEMENT DOCUMENTS: _____ (Name of program)**

Interview for New Arrival

Date of Entry:		Time:		Intake Date & Time:	
True Name:					
Date of Birth:		True DOB:		Age:	
COB (municipio/aldea)?					
Do you speak another language?					
What's your religion?					
When did you leave your country?					
When did you arrive in the USA?					
How many days were you in ICE detention?					
Is this your first time in the US?					
Family With whom did you live in COO? Name: Relationship: ADDRESS: Phone Number:					
Parent's whereabouts? MO Name: FA Name:					
How many Siblings do you have?					
How is your relationship with your family in COO?					
Reason for travel?					
Who did you come to live with in the USA? Family: Relation: Phone: Address: State:			Other Family IN USA: Name: Relation: Phone: State: Name: Tel.:		
When was the last time you spoke to sponsor? When was the last time you saw sponsor? How often do you speak over the phone?					
How many years of education do you have? Last attendance? Why did you discontinue you education? Do you read and write?					
Did you work in your country? What did you do?					
Any major childhood illnesses and/or hospitalizations?					
Any medical problems in the last 30 days? If yes, what medical problems?					

Are you currently taking any medication? If so, what is it, for what, prescribed by a doc, dosage, since when or last use?	
Allergies Food/Cloth:	
Tattoos or Scars:	
Alcohol, Tobacco, Marihuana and/or Drugs: What did you use: -How much/How often: -Since when: -When was the last time you used: -Any withdrawal symptoms:	
Tried to hurt yourself? Yes or No Had urges to beat, injure or harm someone? Yes No Thought of attempting suicide or hurting yourself? Yes No Attempted Suicide? Yes No Heard voices that others do not? Yes No Seen things or people that others do not see? Yes No Had trouble controlling anger or violent behavior? Yes No Are you having thoughts of harming yourself or someone else?	
Have you ever been incarcerated or do you have any criminal records?	
Do you feel safe now? Yes No Do you fear that someone will harm you? Yes No Explain any concerns:	
Tuberculosis?	
Seizures?	
Who paid for your journey? How much was it? How much is still owed? To who is it owed?	
Pregnant or has children: How many: Names: Age: Location: Partner:	
<u>IF YOU HAVE SIRs:</u> What happened: When? Who did it? When was the last time? How long did it last? Where did it happen? Who were involved?	



MEDICAL FILE CHECK LIST

✓ Please check all that apply:

- _____ Admission Data- Demographics and Picture
- _____ Authorization for Medical, Dental and Mental Health Care
- _____ Point Comfort Medical/Dental/RX Identification Document
- _____ Initial Medical Exam and TB supplemental (Point Click Care/PCC)
- _____ Electronic Medical Records EMR
- _____ TB: TST and CXR report
- _____ Lab/test if applicable
- _____ Immunization Card
- _____ Medications
- _____ Progress Notes(PCC)
- _____ File Audit Form
- _____ Discharge envelop (check list)

Medical Record- Information for Clients Discharge/Transfer Documents (Envelope) Checklist:	
Client Name	_____
Alien #	_____
Allergies:	_____
COPIES SENT WITH CLIENT (Check all that apply):	
_____	Medical History & Physical Exam (Original)
_____	Immunization Records/Card
_____	Current Medication list and instructions or Current MAR
_____	Hospital discharge summary
_____	Recent MD/NP/PA Orders
_____	Relevant Lab Results
_____	Results of TB test
_____	Results X-Rays (chest, other)
_____	Eye glasses prescription
_____	Eyeglasses _____ Hearing Aid _____
_____	Other (specify): _____
Signature of client/sponsor accepting envelope:	Date: _____

MISCELLANEOUS:

- Care Plan
- High Risk Form –Allergies/food intolerance(PCC)
- Zika Face Sheet
- Med Significant Incident Report SIR
- Medical Clearance
- Medical File Audit
- OTC Standing Orders signed by MP
- Physical Activity Restriction Form(PCC)
- Logs SV/T/BP/Sleep/food intake(PCC)

Prescribed Medications – MAR

- Referrals – Diagnosis Form
- SIR Addendum
- TARs
- TB Clearance
- Travel Clearance
- Hospital discharge summary
- Dental EMR
- Other: _____



Additional medical information can be found in the Point Click Care system



SOCIAL / ACADEMIC CHECK LIST

✓ Please check all that apply:

HARD COPY DOCUMENTS IN FILE

- _____ COPY OF PROGRAM SCHEDULE

ASSESSMENTS ON ETO SOFTWARE

- _____ UM EDUCATIONAL INTAKE
(Education Touchpoint, Initial Assessment)
- _____ UM EDUCATIONAL WEEKLY PERFORMANCE SUMMARIES
- _____ DAILY PROGRESS NOTES (1ST, 2ND, 3RD SHIFT)
- _____ UM YCW VOCATIONAL CLASS
- _____ UM INCIDENT REPORTS (If Applicable)
- _____ UM YCW WEEKLY EDUCATIONAL TOUCHPOINTS
(Acculturation, Religious, YCW led Group, Educational Field Trip, Life & Social Skills Class)
- _____ UM HIGH RISK CLIENT FORM (If applicable)
- _____ UM REMOVAL FROM HIGH RISK (If applicable)

ASSESSMENTS UPLOADED TO UC PORTAL

- _____ EDUCATIONAL INITIAL ASSESSMENT
- _____ WEEKLY ACADEMIC REPORTS



High Season SCHEDULE- Estrella Del Norte

(Above 120 Clients)

Group 1- A1, A2, B1, B2 Group 2- C1, C2, Gym Group 3- D1, D2, D3, E1, E2, E3, E4, Infants/Toddlers
Weekend: Group 1- Blue Group 2- Green and Yellow Group 3- Red and Orange

(When there is more than 1 group assigned to REC, will be held in Gym/Cafeteria)

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:50 am- 6:40 am	N/A	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	N/A
6:50am to 6:55am	N/A	Morning Announcements	Morning Announcements	Morning Announcements	Morning Announcements	Morning Announcements	N/A
7:00am to 7:30am	Wake Up	Breakfast/PE	Breakfast/PE	Breakfast/PE	Breakfast/PE	Breakfast/PE	Wake Up
7:30am to 8:00am	Breakfast Group 1 DEEP CLEANING 3 Large Muscle Group 2	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast Group 1 Large Muscle Group 2 & 3
8:00 am to 8:30am	Breakfast Group 2 DEEP CLEANING 3 Large Muscle Group 1	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast/PE/Class	Breakfast Group 2 Large Muscle Group 1 & 3
8:30 to 9:00am	Breakfast Group 3 DEEP CLEANING 2 Large Muscle Group 1	Class/PE	Class/PE	Class/PE	Class/PE	Class/PE	Breakfast Group 3 Large Muscle Group 1 & 2
9:00am- 9:15 am	Snack/Bathroom break	Snack	Snack	Snack	Snack	Snack	Snack/Bathroom break
9:00-11:00am	DEEP CLEANING (1&2) Large Muscle Group 3	Class/PE	Class/PE	Class/PE	Class/PE	Class/PE	CLUB
11:00am-11:30 am	Lunch Group 1 LEISURE Group 2 & 3	Class/Lunch	Class/Lunch	Class/Lunch	Class/Lunch	Class/Lunch	Lunch Group 3 Large Muscle Group 1 & 2
11:30am to 12:00pm	Lunch Group 2 LEISURE Group 1 & 3	Class/Lunch	Class/Lunch	Class/Lunch	Class/Lunch	Class/Lunch	Lunch Group 1 Large Muscle Group 2 YCW LED Group 3
12:00pm to 12:30	Lunch Group 3 LEISURE Group 1 & 2	Class/Lunch	Class/Lunch	Class/Lunch	Class/Lunch	Class/Lunch	Lunch Group 2 Large Muscle Group 1 YCW LED Group 3
12:30pm to 1:30	Movie	Class COMMUNITY MEETING at 1pm	Class (Girl Scouts 1-2)	Class Student Council 1-2	Class CLINICAL GROUP 1-2	Class	Large Muscle Group 3 YCW LED Group 2 YCW LED Group 1
1:30pm to 2:00pm	Movie	Class COMMUNITY MEETING at 1pm	Class (Girl Scouts 1-2)	Class Student Council 1-2	Class CLINICAL GROUP 1-2	Class	Preparation for Hygiene
2:00pm to 2:30pm	Bathroom Break and	Bathroom Break and	Bathroom Break and	Bathroom Break and	Bathroom Break and	Bathroom Break and	Bathroom Break and



High Season SCHEDULE- Estrella Del Norte

(Above 120 Clients)

Group 1- A1, A2, B1, B2 Group 2- C1, C2, Gym Group 3- D1, D2, D3, E1, E2, E3, E4, Infants/Toddlers
Weekend: Group 1- Blue Group 2- Green and Yellow Group 3- Red and Orange

(When there is more than 1 group assigned to REC, will be held in Gym/Cafeteria)

	Snack	Snack	Snack	Snack	Snack	Snack	Snack
2:30pm to 4:00 pm	CLUB	VOCATIONAL	VOCATIONAL	VOCATIONAL	VOCATIONAL	VOCATIONAL	HYGIENE
4:00 pm to 4:30 pm	LEISURE Group 1 REC Group 2 REC Group 3	LEISURE Group 1 REC Group 2 REC Group 3	LEISURE Group 1 REC Group 2 REC Group 3	LEISURE Group 1 REC Group 2 REC Group 3	LEISURE Group 1 REC Group 2 REC Group 3	LEISURE Group 1 REC Group 2 REC Group 3	LEISURE Group 1 REC Group 2 REC Group 3
4:30 to 5:00pm	Dinner Group 1 REC Group 2 REC Group 3	Dinner Group 1 REC Group 2 REC Group 3	Dinner Group 1 REC Group 2 REC Group 3	Dinner Group 1 REC Group 2 REC Group 3	Dinner Group 1 REC Group 2 REC Group 3	Dinner Group 1 REC Group 2 REC Group 3	Dinner Group 1 REC Group 2 REC Group 3
5:00 to 5:30pm	Dinner Group 2 REC Group 2 LEISURE Group 3	Dinner Group 2 REC Group 2 LEISURE Group 3	Dinner Group 2 REC Group 2 LEISURE Group 3	Dinner Group 2 REC Group 2 LEISURE Group 3	Dinner Group 2 REC Group 2 LEISURE Group 3	Dinner Group 2 REC Group 2 LEISURE Group 3	Dinner Group 2 REC Group 2 LEISURE Group 3
5:30 to 6:00	Dinner Group 3 REC Group 1 REC Group 2	Dinner Group 3 REC Group 1 REC Group 2	Dinner Group 3 REC Group 1 REC Group 2	Dinner Group 3 REC Group 1 REC Group 2	Dinner Group 3 REC Group 1 REC Group 2	Dinner Group 3 REC Group 1 REC Group 2	Dinner Group 3 REC Group 1 REC Group 2
6:00-7:00pm	LEISURE Group 1 LEISURE Group 2 LEISURE Group 3	Large Muscle Group 1 LEISURE Group 2 LEISURE Group 3	Large Muscle Group 1 LEISURE Group 2 LEISURE Group 3	Large Muscle Group 1 LEISURE Group 2 LEISURE Group 3	Large Muscle Group 1 LEISURE Group 2 LEISURE Group 3	Large Muscle Group 1 LEISURE Group 2 LEISURE Group 3	Dance
7:00pm-7:30pm	Clean Up/Snack	Clean Up/Snack	Clean Up/Snack	Clean Up/Snack	Clean Up/Snack	Clean Up/Snack	Clean Up/Snack
7:00 to 7:45pm	Daily Affirmation (2 ⁿ)	Daily Affirmation (2 ⁿ)	Daily Affirmation (2 ⁿ)	Daily Affirmation (2 ⁿ)	Daily Affirmation (2 ⁿ)	Daily Affirmation (2 ⁿ)	Daily Affirmation (2 ⁿ)
7:55 to 8:30pm	Shower	Shower	Shower	Shower	Shower	Shower	Shower
9:00 pm	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out
KEY:	LEISURE	REC	CLUB	VOCATIONAL	COMMUNITY MEETING	CLINICAL GROUP	RELIGIOUS SERV.



LEGAL FORMS / ICE CHECK LIST

✓ Please check all that apply:

- _____ **ORR PLACEMENT AUTHORIZATION**
- _____ **ORR NOTIFICATION OF PLACEMENT IN SECURE AND STAFF SECURE (If applicable)**
- _____ **G-28 (If applicable)**
- _____ **NOTICE TO JUVENILE ALIENS IN FEDERAL FACILITIES FUNDED BY DHS OR HHS BY REASON OF THEIR IMMIGRATION STATUS (PEREZ-ORLANO)**
- _____ **ACKNOWLEDGMENT OF RECEIPT OF NOTICE TO JUVENILE ALIENS IN FEDERAL FACILITIES AND COPY OF LEGAL SERVICE PROVIDER LIST FOR ADMISSION STATE AND RELEASE STATE**
- _____ **ICE FILE CHECKLIST**
 - _____ **FORM I 862 (Notice to Appear)**
 - _____ **I-216**
 - _____ **Voluntary Departure**
 - _____ **Order of Removal**
 - _____ **Court Documents**
 - _____ **Other (Police Records, etc.)**
- _____ **KNOW YOUR RIGHTS ACKNOWLEDGMENT**
- _____ **CLIENT RIGHTS**
- _____ **ORR PREA BROCHURE**

EN EL TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS
PARA EL DISTRITO CENTRAL DE CALIFORNIA

LUIS JAVIER PEREZ-OLANO, CASA) Causa nro. CV 05-3604 DDP (RZx)
LIBRE YOUTH SHELTER, FREDDY)
GARRIDO-MARTINEZ, MANUEL) NOTIFICACIÓN EN VIRTUD DEL
GOMEZ, YAN JUN LI, LUIS MIGUEL) ACUERDO EXTRAJUDICIAL ¶ 48.
MORALES, MICHAEL YUBAN)
OBANDO, MAEJEAN ROBINSON,) (Español)
LUCIA UREY,)

Demandantes)

contra)

ERIC H. HOLDER, JR., procurador)
general de justicia de los Estados Unidos,)
JANET NAPOLITANO, secretaria del)
Departamento de Seguridad Nacional de)
los Estados Unidos y la OFICINA)
DE REUBICACION DE)
REFUGIADOS,)
Demandados.)

NOTIFICACIÓN PARA JÓVENES EXTRANJEROS EN ESTABLECIMIENTOS
FEDERALES FINANCIADOS POR EL DEPARTAMENTO DE SERVICIOS
HUMANOS (DEPARTMENT OF HUMAN SERVICES, DHS) O EL SERVICIO
DE SALUD HUMANA (HUMAN HEALTH SERVICE, HHS) EN RAZÓN DE SU
SITUACIÓN MIGRATORIA:

La ley federal, 8 U.S.C. §§ 1101(a)(27)(J) y 1255 les brinda la posibilidad de
solicitar la condición de residentes legales en los Estados Unidos a ciertos jóvenes que
han sido abusados, abandonados o descuidados. A este beneficio se lo conoce como la
condición de inmigrante juvenil especial.

1 Si has sido abusado, abandonado o descuidado, tanto en los Estados Unidos como
2 en el extranjero, es posible que reúnas los requisitos para permanecer legalmente en los
3 Estados Unidos como inmigrante juvenil especial. Los inmigrantes juveniles especiales
4 también pueden reunir los requisitos como para recibir asistencia del gobierno, incluidos
5 el cuidado tutelar y la asistencia de vivienda transitoria.
6

7 Además de esta notificación, has recibido una lista de personas y organizaciones
8 de tu área que ofrecen asistencia legal gratuita para los inmigrantes detenidos. Puedes
9 ponerte en contacto con uno de estos proveedores de servicios legales para obtener más
10 información acerca de si puedes solicitar la condición de inmigrante juvenil especial.
11 Estos grupos de servicios legales también pueden ayudarte a obtener las órdenes
12 necesarias de los tribunales estatales, a postularte para la condición de inmigrante juvenil
13 especial y a recibir otros beneficios.
14
15

16 Si crees que podrías reunir los requisitos para solicitar la condición de inmigrante
17 juvenil especial, pero no has recibido una lista de las organizaciones que brindan
18 asistencia legal gratuita en tu zona o si no puedes comunicarte con ellos por teléfono,
19 también puedes llamar al Centro para los Derechos Humanos y Legislación
20 Constitucional (Center for Human Rights and Constitutional Law) al (213) 388-8693, ext.
21 302. Si tienes acceso al correo electrónico, puedes enviar un mensaje con tus preguntas a
22 pschey@centerforhumanrights.org and crholguin@centerforhumanrights.org
23
24
25

26
27 Acuerdo extrajudicial Perez -Olano
28



Departamento de Salud y Servicios Humanos de los EE. UU.

Oficina de Reubicación de Refugiados
Guía de Recursos Legales – Lista de proveedores de servicios legales para UAC, Rev. 02/09/2015

OFICINA DE REUBICACIÓN DE REFUGIADOS
División de Servicios de Niños
GUÍA DE RECURSOS LEGALES – LISTA DE PROVEEDORES DE SERVICIOS LEGALES PARA MENORES EXTRANJEROS NO ACOMPAÑADOS (UNACCOMPANIED ALIEN CHILDREN, UAC) BAJO EL CUIDADO DE LA ORR

PARTE I: GENERALIDADES

Usted tiene derecho a conservar cualquier abogado que elija, sin costo alguno para el gobierno, y no está limitado a seleccionar los proveedores de servicios legales y abogados que constan en esta lista.

Servicios legales para UAC en custodia y bajo el cuidado de la ORR

La Oficina de Reubicación de Refugiados (Office of Refugee Resettlement, ORR) financia las organizaciones que se enumeran bajo el subtítulo “Proveedores de servicios legales financiados por la ORR” para brindarle asistencia legal gratuita, incluidas la instrucción acerca del tribunal de inmigración y de sus derechos legales, y la realización de entrevistas para evaluar su elegibilidad para recibir ayuda migratoria a fin de permanecer en los Estados Unidos. Los proveedores de servicios legales pueden ayudar a coordinar una remisión a un abogado que lo representará legalmente en forma gratuita (no le cobrará). Usted no está obligado a utilizar únicamente los proveedores de servicios legales financiados por la ORR. También puede ponerse en contacto con cualquiera de las organizaciones enumeradas bajo el subtítulo “Otros proveedores de servicios legales y abogados que lo representarán en forma gratuita”, o con cualquier otro proveedor de servicios legales o abogado que usted o su familia elijan.

Servicios legales para UAC luego de haber sido liberados de la custodia y del cuidado de la ORR

Los proveedores de servicios legales de la ORR pueden ayudar a coordinar una remisión a un abogado que le brindará servicios legales en forma gratuita (no le cobrará). También puede ponerse en contacto con el Centro Nacional para Niños Refugiados e Inmigrantes si visita:

<http://www.refugees.org/our-work/child-migrants/>

Asimismo, las siguientes dos fuentes enumeran los proveedores de servicios legales que lo representarán en forma gratuita (no le cobrarán) por estado:

Guía de recursos de remisión a asesores gratuitos del Instituto de Justicia Vera:

http://www.vera.org/files/ducs-legal-access-project-pro-bono-referral-resource-guide_0.pdf

Lista de proveedores de servicios legales gratuitos por estado del Departamento de Justicia de los Estados Unidos:
<http://www.justice.gov/eoir/probono/states.htm>

PARTE II: PÁGINA DE FIRMA DEL UAC AL MOMENTO DE LA ADMISIÓN

Al momento de la admisión, recibí una copia de los siguientes documentos (colocar iniciales en cada uno):

_____ *Lista de proveedores de servicios legales para UAC bajo el cuidado de la ORR Parte I, Generalidades*

_____ *Proveedores de servicio Legales y abogados para la inmigración hacen la corte al cual debo ir*

_____ *Notificación para jóvenes extranjeros en establecimientos federales financiados por el Departamento de Servicios Humanos (Department of Human Services, DHS) o el Servicio de Salud Humana (Human Health Service, HHS) en razón de su situación migratoria*

Firma del UAC

Fecha

Personal/Testigo del proveedor de asistencia y nombre/cargo

Fecha

PARTE III: PÁGINA DE FIRMA DEL UAC AL MOMENTO DE LA LIBERACIÓN

Al momento de la liberación del programa, recibí una copia de los siguientes documentos (colocar iniciales en cada uno):

_____ *Lista de proveedores de servicios legales para UAC bajo el cuidado de la ORR Parte I, Generalidades*

_____ *Proveedores de servicio Legales y abogados para la inmigración hacen la corte al cual debo ir*

Firma del UAC

Fecha

Personal/Testigo del proveedor de asistencia y nombre/cargo

Fecha

PART IV: STATE BY STATE LISTING OF LEGAL SERVICE PROVIDERS AND ATTORNEYS FOR UAC IN ORR CARE

ARIZONA

PHOENIX IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS

LEGAL SERVICE PROVIDERS		
Legal Service	Contact	Contact
Florence Immigrant and Refugee Rights Project (FIRRP) *Long term foster care and continued post-release representation available	Children’s Program	Address: 1430 E Indian School Road, Suite 100 Phoenix, AZ 85014 Email: kids@firrp.org Phone: (602) 307-1008

POST-RELEASE LEGAL SERVICE PROVIDERS

LEGAL SERVICE PROVIDERS FUNDED BY ORR

Legal Service	Contact	Contact
Florence Immigrant and Refugee Rights Project (FIRRP)	N/A	Address: P.O. Box 654 Florence, AZ 85132 Phone: (520) 868-0191

OTHER LEGAL SERVICE PROVIDERS AND PRO BONO

Legal Service	Contact	Contact
Arizona State University Immigration Law and Policy Clinic * Arizona long term foster care only	Ana Moore	Address: 1100 S. McAllister Avenue, Tempe, AZ 85287 Email: ana.b.moore@asu.edu Phone: (480) 727-9272

TUCSON IMMIGRATION COURT

IN-CARE LEGAL SERVICE PROVIDERS		
LEGAL SERVICE PROVIDERS FUNDED BY ORR		
Legal Service Provider	Contact Name	Contact Information
Florence Immigrant and Refugee Rights Project (FIRRP) *Long term foster care and continued post-release representation available	Children's Program	Address: 1430 E Indian School Road, Suite 100 Phoenix, AZ 85014 Email: kids@firrp.org Phone: (602) 307-1008



**Consentimiento y Formulario de Autorización para
Southwest Key Programs en tomar
Fotografía, Video Producción**

Durante el tiempo que estés en el programa de *Southwest Key* notarás que los trabajadores y trabajadoras toman video y fotos de los clientes cuando participan en diferentes actividades e eventos. Estas fotos y videos son estrictamente para el albergue y no serán utilizadas para ningún otro propósito.

Al firmar este documento, le doy permiso al programa para que me puedan tomar fotos y video en las dichas actividades e eventos durante el tiempo que este en el programa de *Southwest Key*.

Yo, _____, doy mi consentimiento a *Southwest Key Programs* para que tomen y reproduzcan fotografías y videos con propósito de usar este material dentro del albergue.

He leído y entiendo este documento de consentimiento y estoy de acuerdo con su contenido.

***Southwest Key Programs* cumplirá con todas las leyes cuando se utilice este material.**

Fecha

Nombre/Firma de Cliente



REUNIFICATION/EXIT CHECK LIST

✓ Please check all that apply:

ASSESSMENTS ON UC PORTAL

- _____ **ORR APPROVED RELEASE REQUEST WORKSHEET (If applicable)**
- _____ **ORR APPROVED TRANSFER REQUEST (If applicable)**

HARD COPY DOCUMENTS IN FILE

- _____ **VERIFICATION OF RELEASE FORM (If applicable)**
- _____ **HOME STUDY REPORT (If applicable)**
- _____ **LONG TERM FOSTER CARE ACCEPTANCE/PLACEMENT MEMO (If applicable)**
- _____ **AGE OUT/ AGE REDETERMINATION DOCUMENTS (If applicable)**
- _____ **CARE PROVIDER REUNIFICATION CHECKLIST (If applicable)**
- _____ **FAMILY REUNIFICATION PACKET (If applicable)**
- _____ **CA/N CHECK WAIVERS (If applicable)**
- _____ **TELEPHONE LOG**
- _____ **EXIT PACKET**
- _____ **SOUTHWEST KEY DISCHARGE PACKET (ETO)**
- _____ **DISCHARGE NOTIFICATION (UC PORTAL)**
- _____ **EXIT CHECKLIST**
- _____ **COVER LETTER**
- _____ **OUTAKE VALUABLES TRACKING LOG (If applicable)**
- _____ **TRANSFER OF CUSTODY SIGNED (If applicable)**
- _____ **FLIGHT ITINERARIES (If applicable)**
- _____ **PRO SE CHANGE OF VENUE (If applicable)**
- _____ **CHANGE OF ADDRESS FORM (If applicable)**
- _____ **30 Day Follow Up Call (ETO)**



CLIENT NAME:	(b)(6)	DOB:	(b)(6) 1999
A #:	(b)(6)	POB:	Guatemala

CLIENT CONTACT LIST

Name	Relationship	comments	Phone Number
(b)(6)	Parents	Clear (Guatemala)	(b)(6)
(b)(6)		Clear	(b)(6)

Not Approved Contacts

Name	Relationship	Address	Phone Number



Client:

A#:

Sponsor: _____

Relationship: _____

Make sure that every item mentioned above is placed in the yellow envelope, if you are missing an item please follow up with assigned case manager. After completing above list item, make necessary copies for case file and provide to case manager.

- | | |
|--|---|
| <i>Verification of Release (VRF)</i> | <input type="checkbox"/> |
| <i>Immigration Documents (NTA)</i> | <input type="checkbox"/> |
| <i>Immunization/TB Screening Results, Physical, Medication with instructions, and Zika Fact Sheet</i> | <input type="checkbox"/> |
| <i>Academic Assessment/Report Card (UAC Portal)</i> | <input type="checkbox"/> |
| <i>Copy of Birth Certificates, POA, and Sponsor ID</i> | <input type="checkbox"/> |
| <i>Legal List Services (Program State List and State of Residence)</i> | <input type="checkbox"/> |
| <i>Instruction for Change of Address and Venue EOIR COA Form (EOIR-33/IC)</i> | <input type="checkbox"/> |
| <i>Perez Olano Case/Admission/Release</i> | <input type="checkbox"/> |
| <i>Sponsor's Manual</i> | <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> USPS |
| <i>Legal Orientation: (KYR Handout, Legal Resource Guide, ORR National Call Center Flyer, ORR National Call Center Wallet Size Card)</i> | <input type="checkbox"/> |
| <i>Outake Valuables Tracking Form(Signed)</i> | <input type="checkbox"/> |
| <i>California Service Provider List (If Applicable)</i> | <input type="checkbox"/> |
| <i>PREA Brochure</i> | <input type="checkbox"/> |
| <i>Transfer of Custody (Signed)</i> | <input type="checkbox"/> |
| <i>Safety Plan, Care Plan, Sponsor Care Agreement, G-28 (If Applicable)</i> | <input type="checkbox"/> |

Yo afirmo que he recibido todos los documentos y pertinencias. I affirm that I have received all the documents mentioned as well as my personal belongings.

Case Manager's Signature

Client's Signature

Datos de Pago

No. Oficina Renap Solicitud:

(b)(6)

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) 1995

País, departamento y municipio de nacimiento:

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

Libro:

(b)(6)

Folio:

(b)(6)

Partida:

(b)(6)

Estado civil:

(b)(6)

Teléfono casa:

Teléfono celular:

(b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción:

(b)(6)

Comunidad Lingüística:

Dirección:

(b)(6)

Código Postal:

(b)(6)

Datos Padres

Nombre de la madre:

(b)(6)

Fecha nacimiento de la madre:

Nombre del padre:

(b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA ARIZONA TUCSON

Entrega de documento (Courier/consulado):

CONSULADO: TUCSON, 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



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

Memo of Age Determination

August 30 2016

TO: ICE – DHS – PHOENIX, AZ
(b)(6);(b)(7)(F)@ice.dhs.gov

Through: SWK Estrella

FROM: Catherine Laurie
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Determination of an Adult

RE: (b)(6)

I reviewed the documentation gathered by SWK Estrella and the verified RENAP birth certificate of (b)(6) (b)(6). The birth certificate supplied by her family in COO, indicates she was born (b)(6) 1995. The Guatemalan consulate verify this birth certificate as correct with the (b)(6) 1995.

The UC claims to not know why the I-216 had the year 1999 and that she is an adult. I agree that this person is 21 years old.

This person entered ORR care on August 28, 2016. She has had her medical screening and is cleared to travel.

Please refer this case to DHS ICE Juvenile Coordinator (b)(6);(b)(7)(F) to arrange for transfer to ICE adult custody.

Respectfully,

Catherine Laurie
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
catherine.laurie@acf.hhs.gov

001281

Referred to DHS

From: Laurie, Catherine (ACF) [mailto:Catherine.Laurie@acf.hhs.gov]

Sent: Sunday, December 11, 2016 09:32

To: PHO, Juv Placement; Barton, James L

Cc: (b)(6); (b)(6); (b)(6); Kraetz, Janett (ACF) (CTR)

Subject: FW: Age-Redetermination (ADULT); (b)(6) A# (b)(6)

Good Morning,

Please find attached the ORR age redetermination memo indicating that this UC is an adult. Also attached is the verified birth certificate and immunization records indicating the minor is cleared to travel.

Please accept this email as a request to transfer to ICE custody.

Thank you,

Catherine C. Laurie

Federal Field Program Specialist

U.S. Dept. of Health and Human Services

Office of Refugee Resettlement

001283

Division of Children's Services

Tucson Arizona

(b)(6)

catherine.laurie@acf.hhs.gov

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

Sent: Saturday, December 10, 2016 9:15 AM

To: Laurie, Catherine (ACF)

Cc: 923 LCM

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

Hello Casey,

Please be advised that the client's correct name and AKA as per birth certificate is as follows:

Name on BC: (b)(6)

DOB on BC: (b)(6) 1996

Age:

20

Name on I-216: (b)(6)

Age: 15

AKA DOB: (b)(6) /2001

A# (b)(6)

Date of entrance to shelter: (b)(6) /2016

LOS in shelter: (b)(6)

CM received verification of BC client arrived with from CFS on 11/10/2016 (BC was valid); however, Guatemalan consulate interviewed client on 12/6/16 and client confessed that he was using a different identity and that he was an adult (see email below). CM confronted family in country of origin and they admitted that the client is an adult and that they lied because they wanted their son to be reunified. This CM received a RENAP BC on 12/10/16 stating client's correct DOB is (b)(6) 1996, making client an adult. The client's BC as well as a signed confession from the client have been attached to this email.

From: (b)(6) <(b)(6)@gmail.com>

Sent: Thursday, December 8, 2016 11:31 AM

To: (b)(6)

Subject: RE: Lista de Entrevistas

Buenos días

Adjunto el resumen de las entrevistas, perdón por la tardanza.

(b)(6) A#(b)(6)
Admitió ser adulto, en nombre es (b)(6) el acta que proporciono es de su primo. El acta se presenta con los apellidos (b)(6)

Referred to DHS

From:	Laurie, Catherine (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=73E9BEC310144FF3ADD360755F8041BF-LAURIE, CAT>
To:	"Branch2LNO (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f574e677750c45c4b0096c0eedfec499-Branch2LNO>"; (b)(6):(b)(7)(F)@ice.dhs.gov>; "EPC-Juvenile-Group@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>;
CC:	"Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; "Corrales, Omar (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a3eee2a773c42c9b47ce54c4857a7f9-Corrales, O>"; "Martinez Berrios, Diana (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a184d9ccce4478ea0e2d242a87f3da7-Soto, Diana>"
Subject:	RE: ORR Age Redetermination at BCFS Tornillo 12.05.2018
Date:	2018/12/05 17:51:00
Priority:	Normal
Type:	Note

Good Morning DHS,

Please find attached the ORR Age Redetermination memo and supporting documentation to show that this UAC is actually is 18 years of age. She is awaiting transfer to DHS custody.

In accordance with ORR policy and the documentation received, Mr (b)(6) does not meet the criteria of an Unaccompanied Alien Minor (UAC) 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. Please be aware that Mr (b)(6) has been medically cleared by the shelter.

Thank you,

Catherine C Laurie
Federal Field Specialist
Office of Refugee Resettlement
Tucson Region

(b)(6)

Catherine.laurie@acf.hhs.gov

Sender:	Laurie, Catherine (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=73E9BEC310144FF3ADD360755F8041BF-LAURIE, CAT>
Recipient:	"Branch2LNO (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f574e677750c45c4b0096c0eedfec499-Branch2LNO>"; (b)(6):(b)(7)(F)@ice.dhs.gov"; "EPC-Juvenile-Group@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; (b)(6):(b)(7)(F)@ice.dhs.gov"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; "Corrales, Omar (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a3eee2a773c42c9b47ce54c4857a7f9-Corrales, O>"; "Martinez Berrios, Diana (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4a184d9ccce4478ea0e2d242a87f3da7-Soto, Diana>"
Sent Date:	2018/12/05 17:51:20
Delivered Date:	2018/12/05 17:51:00



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

Memo of Age Determination

December 5, 2018

TO: ICE – DHS – El Paso, Texas
(b)(6);(b)(7)(F)@ice.dhs.gov

Through: BCFS Tornillo

FROM: Catherine Laurie
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Determination of an Adult

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

I reviewed the documentation gathered by BCFS Tornillo, the Guatemalan Consulate verified birth certificate, I agree that this person in ORR custody is an adult. The birth certificate verifies that she is 18 years old with a date of birth (b)(6)/2000(18). The fraudulent/altered DOB and the one that appears on the I-216 indicates a date of birth (b)(6) 2000 (17).

I agree that this person is 18 years old.

This person entered ORR care on (b)(6) 2018, and was transferred to Tornillo on 08/31/2018. She has had her medical screening including immunizations. She is medically cleared to travel.

Please refer this case to DHS ICE Juvenile Coordinator to arrange for transfer to ICE adult custody.

Respectfully,

Catherine Laurie
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)
catherine.laurie@acf.hhs.gov

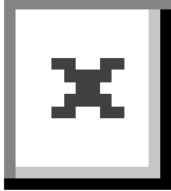
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UAC Basic Information

	First Name:	(b)(6)	Status:
	Last Name:		AKA:
	Date of Birth:		Gender:
	A No.:		LOS:
	Age:		Current Program:
	Child's Country of Birth:	Guatemala	Admitted Date:

Discharge Notification

Date of Discharge: 2/14/2016

Type Of Discharge: Reunified (Individual Sponsor)*

Sponsor DOB: (b)(6)

Prove of Relationship: Sponsor and UC submitted birth certificate and identification to prove aunt and uncle, (b)(6)

ORR Decision:

- Pending
- Approve
- Disapprove
- Remanded, please provide info as detailed in comments

Program Minor was Transferred to: Select a Program

Local Law Enforcement:

Address: (b)(6) Grand Rapids, Michigan

State: Michigan

Phone:	<input type="text" value="(b)(6)"/>	
Legal Status of Minor:		Select Legal Status
		[> Save] [> Reset]

Facility #: 001291

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: —

Date: Aug 7, 2018

Immunization Report

User: (b)(6)

Time: 09:17:03 MT

Resident: (b)(6) Consent Status: All Date Range: 08/01/2018 - 08/31/2018

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningococcal, 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) - Zone D 317 1 - DOB: (b)(6)/2001 - Sex F

Type of Immunization	Consent Status	Administered Info	Results
Meningococcal	Consented	Left Deltoid - 08/06/2018	
Hepatitis B	Consented	Left Deltoid - 08/06/2018	
Varicella (chicken pox)	Consented	Right Deltoid - 08/06/2018	
HPV	Consented	Right Deltoid - 08/06/2018	
Hepatitis A	Consented	Left Deltoid - 08/06/2018	
IPV	Consented	Right Deltoid - 08/06/2018	
Tdap	Consented	Right Deltoid - 08/06/2018	
MMR	Consented	Left Deltoid - 08/06/2018	
TB 1 Step Mantoux (PPD)	Consented	Left Forearm - 08/06/2018	



BCFS HEALTH AND HUMAN SERVICES
EMERGENCY MANAGEMENT

9BCFS HHS TORNILLO
1400 LOWER ISLAND RD
TORNILLO, TX 79838

NAME: DATE OF BIRTH: 2001

A#:

VACCINE ADMINISTERED: INFLUENZA VACCINE

VACCINE MANUFACTURER: FLULAVAL QUADRIVALENT LOT #: 54G45 EXP: 06/30/2019

EDITION DATE OF VIS: 08/07/2015 DATE VIS PROVIDED 10/24/2018

DATE VACCINE ADMINISTERED: 10/24/2018

NAME / TITLE OF PERSON ADMINISTERING VACCINE: JENNIFER GIFFEN R

SITE OF IMMUNIZATION: Left Deltoid

CONSENT OBTAINED: YES NO

Texas Vaccines for Children Program Patient Eligibility Screening Record

A record of all children 18 years of age or younger who receive immunizations through the Texas Vaccines for Children (TVFC) Program must be kept in the health care provider's office for a minimum of five (5) years. The record may be completed by the parent, guardian, individual of record, or by the health care provider. TVFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure eligibility status for the program. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccines under the TVFC Program.

1. Child's Name: (b)(6) Last Name (b)(6) First Name MI
2. Child's Date of Birth: (b)(6) / 2001
3. Parent, Guardian, or Individual of Record: US HHS ACF Last Name First Name MI
4. Primary Provider's Name: (b)(6) Last Name (b)(6) First Name MI

5. To determine if a child (0 through 18 years of age) is eligible to receive federal vaccine through the TVFC Program, at each immunization encounter or visit, enter the date and mark the appropriate eligibility category. If Column A - F is marked, the child is eligible for the TVFC Program. If column G is marked the child is not eligible for federal VFC vaccine.

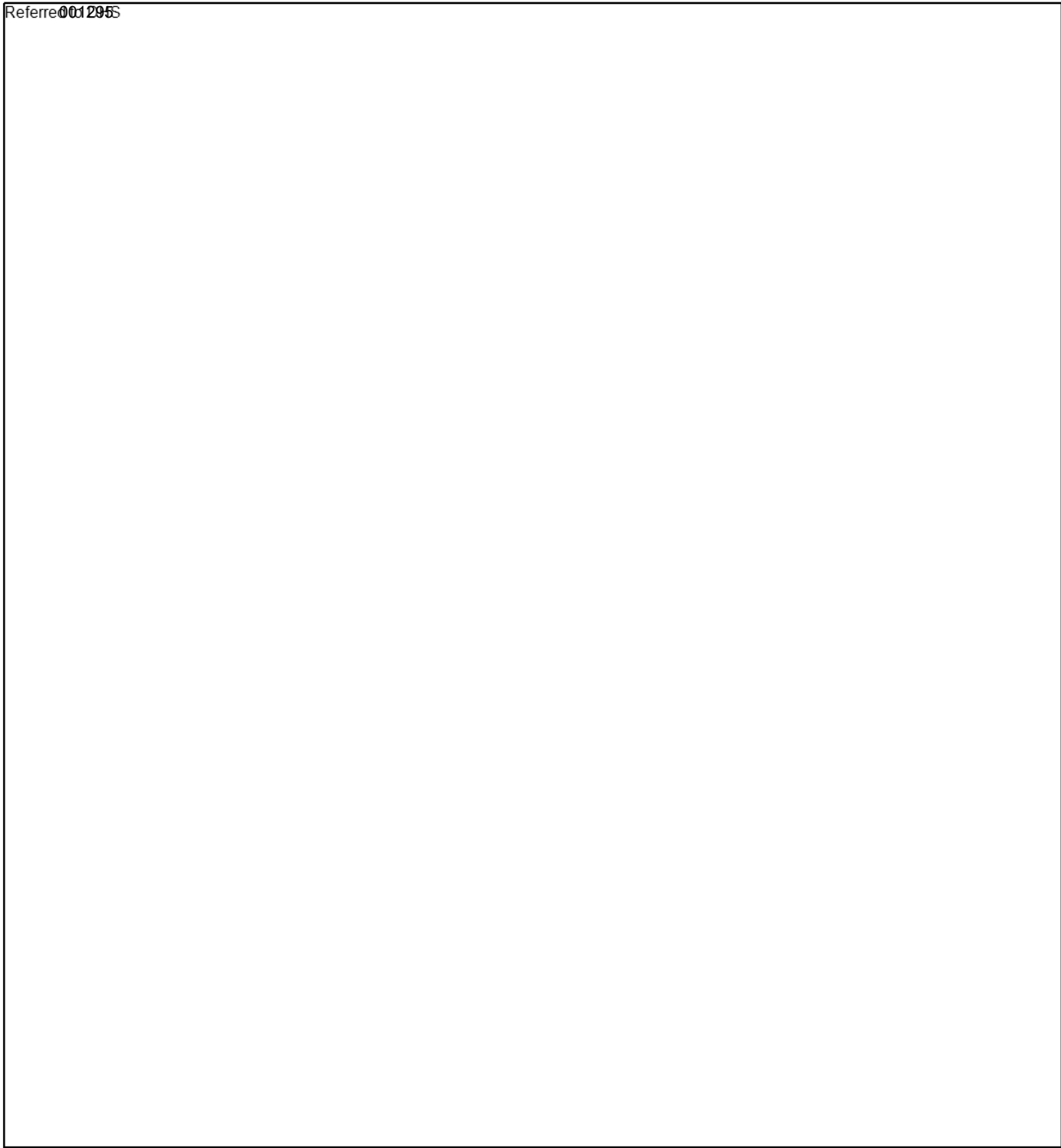
Date	Eligible for VFC Vaccine				State Eligible		Not Eligible
	A	B	C	D	E	F	G
	Medicaid Enrolled	No Health Insurance	American Indian or Alaskan Native	*Underinsured served by FQHC, RHC, or deputized provider	** Other underinsured	*** Enrolled in CHIP	Has health insurance that covers vaccines
<u>10/24/18</u>		X					

*Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC), a Rural Health Clinic (RHC), or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC or an RHC and the state, local, or territorial immunization program in order to vaccinate underinsured children.

** Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the TVFC Program because the provider or facility is not an FQHC or an RHC, or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-TVFC eligible children.

*** Children enrolled in separate state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC Program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.





From: Laurie, Catherine (ACF) [mailto:Catherine.Laurie@acf.hhs.gov]

Sent: Saturday, July 7, 2018 1:45 PM

To: PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>; (b)(6);(b)(7)(F) [redacted]
(b)(6);(b)(7)(F) [redacted]@ice.dhs.gov>; (b)(6);(b)(7)(F) [redacted]@ice.dhs.gov>;
(b)(6);(b)(7)(F) [redacted]@ice.dhs.gov>; (b)(6);(b)(7)(F) [redacted]

[redacted]@ice.dhs.gov>

Cc: Espitia, Wendy (ACF) (CTR) <Wendy.Espitia@acf.hhs.gov>; [redacted]
<[redacted]@rop.com>; [redacted] <[redacted]@rop.com>

Subject: [WARNING: MESSAGE ENCRYPTED]Fwd: ROP-SCA Age Re-determination of an ADULT

Hello,

This adult came to ROP yesterday. When we reached out to home country for information, his mother stated he was 20 years old. When the UAC was asked he was straightforward and stated he was in fact 20 YOA. He signed a confession stating that also.

Please transfer to ICE custody.

Thanks Casey

From: '(b)(6)' <(b)(6)@rop.com>

Subject: [WARNING : MESSAGE ENCRYPTED] Fwd: ROP-SCA Age-Re-determination of an Adult

Date: 07 July 2018 16:39

To: "Laurie, Catherine (ACF)" <Catherine.Laurie@acf.hhs.gov>

(b)(6) (UC Shelter)

Sycamore Canyon Academy

PO Box 33

Oracle, Az 85623

(b)(6)

Begin forwarded message:

From: (b)(6) <(b)(6)@rop.com>

Date: July 7, 2018 at 1:16:54 PM GMT-7

To: (b)(6) <(b)(6)@rop.com>

Cc: (b)(6) <(b)(6)@rop.com>

Subject: ROP-SCA Age-Re-determination of an Adult

Good Afternoon,

Please find attached the ORR age re-termination memo indicating that this UC was found to be an adult on 7/7/2018. Also attached is the signed confession. Minor is not medically cleared.

(b)(6)

ORR Shelter - (b)(6)

Sycamore Canyon Academy

Office Hours: Tuesday-Saturday / 8 AM-4 PM

Phone: (520) 896-9391 ext. (b)(6)

Fax: (520) 896-2393

Referred to DHS