

001702

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

Minor was picked up from our facility on Saturday.

In regards to notifying you about future age re-determination. We followed up with ORR policy team and they gave us the go on letting you know via email.

As of now, all CM's have been informed to go about it that way.

Should you have any questions or concerns please feel free to contact me.

Have a wonderful day,

(b)(6)

(b)(6)

Southwest Key San Diego

Phone Number: 619-832-2350 Ext. (b)(6)

Fax Number: 619-828-2369

As you grow older, you will discover that you have two hands, one for helping yourself, the other for helping others. - Audrey Hepburn

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**From:** M Cannon <[mcannon@casacornelia.org](mailto:mcannon@casacornelia.org)>

**Sent:** Monday, August 8, 2016 10:33:24 AM

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

**Cc:** [smaciel@casacornelia.org](mailto:smaciel@casacornelia.org); Jesse Imbriano; Staples, Heidi (ACF)

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



(b)(6)@swkey.org> (b)(6)@swkey.org>, (b)(6)  
<(b)(6)@swkey.org> (b)(6)@swkey.org> (b)(6)  
<(b)(6)@swkey.org> (b)(6)@swkey.org> (b)(6)  
(b)(6)@swkey.org>, (b)(6)@swkey.org>, (b)(6)  
<(b)(6)@swkey.org>, (b)(6)@swkey.org>, (b)(6)  
<(b)(6)@swkey.org> (b)(6)@swkey.org>, (b)(6)  
(b)(6)@swkey.org>

Good Morning,

Please be advised that (b)(6) A#(b)(6) was released to ICE ERO, on 8/6/2016.

Complete Discharge Notification Form is attached.

Should you have any questions or concerns, please feel free to contact me.

(b)(6)

Case Manager

Southwest Key, San Diego

Phone: (b)(6)

Fax: (619)599-8038

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--

Matthew Elijio Cannon  
Children's Program Director  
**Casa Cornelia Law Center**  
2760 Fifth Ave. Ste. 200  
San Diego CA 92103  
Tel: (619) 231-7788, Ext. 323  
Fax: (619) 231-7784  
Email: [Mcannon@casacornelia.org](mailto:Mcannon@casacornelia.org)

*Please click [here](#) to support access to justice for victims of human and civil rights violations*

*Casa Cornelia Law Center is a public interest law firm providing quality pro bono legal services to victims of human and civil rights violations. The Center has a primary commitment to the indigent within the immigrant community in Southern California. Casa Cornelia strives to educate others regarding the impact of immigration law and policy on society and the public good.*

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***Save The Date! Casa Cornelia's 9th Annual La Mancha Awards will be held on October 13. Click [here](#) to learn about event sponsorship opportunities.***

--

Matthew Elijio Cannon  
Children's Program Director  
**Casa Cornelia Law Center**  
2760 Fifth Ave. Ste. 200  
San Diego CA 92103  
Tel: (619) 231-7788, Ext. 323  
Fax: (619) 231-7784  
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*Please click [here](#) to support access to justice for victims of human and civil rights violations*



*Casa Cornelia Law Center is a public interest law firm providing quality pro bono legal services to victims of human and civil rights violations. The Center has a primary commitment to the indigent within the immigrant community in Southern California. Casa Cornelia strives to educate others regarding the impact of immigration law and policy on society and the public good.*

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***Save The Date! Casa Cornelia's 9th Annual La Mancha Awards will be held on October 13. Click [here](#) to learn about event sponsorship opportunities.***

<b>Sender:</b>	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
<b>Recipient:</b>	"M Cannon <mcannon@casacornelia.org>"; (b)(6)@swkey.org>"; (b)(6):(b)(7)(F)@ice.dhs.gov>"; "smaciel@casacornelia.org"; "Jesse Imbriano <jimbriano@casacornelia.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Toscano, Patricia (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=29e6b504257d45f3bdc958416bed3bb5-Toscano, Pa>"
<b>Sent Date:</b>	2016/08/08 15:45:39
<b>Delivered Date:</b>	2016/08/08 15:45:00

Referred to DHS

Referred to DHS

---

**From:** Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]

**Sent:** Tuesday, December 06, 2016 10:11 AM

**To:** PHO, Juv Placement; juvenile.phoenix@dhs.gov

**Cc:** Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR); Sinkins, Katherine (ACF)

**Subject:** RE: Age Redetermination ADULT: (b)(6) SWK  
Casa Lighthouse

There are medical forensics on both of these UCs. This particular consulate's position would have one believe that no one ever uses anyone else's false documents, which we know is not the case.

The reason we do medical forensics is to show whether or not someone is an adult, and the agreed upon threshold is 75%.

Thank you.

Heidi J. Staples, MSW

Federal Field Specialist

Office of Refugee Resettlement

Division of Children's Services

San Diego, CA

[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

*"Vision is seeing the opportunity within the challenge."*

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Referred to DHS

Referred to DHS

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

**Sent:** Thursday, December 1, 2016 14:20

**To:** PHO, Juv Placement; [juvenile.phoenix@dhs.gov](mailto:juvenile.phoenix@dhs.gov)

**Cc:** Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)

**Subject:** Age Redetermination ADULT: (b)(6); SWK  
Casa Lighthouse

**Importance:** High

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Please review this information and pictures below of siblings, face sheet, dental forensic that indicates this UC is over 18 to a probability of 80.85%, probable age of 19.5. He has a 20 year old sibling. He and family continue to insist he is a minor. Note this UC also made escape comments. See memo and advise. see photos below also, scroll down.

Thank you.

Heidi J. Staples, MSW

Federal Field Specialist

Office of Refugee Resettlement

Division of Children's Services

San Diego, CA

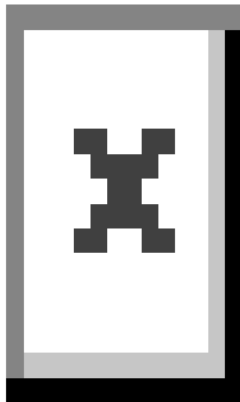
[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

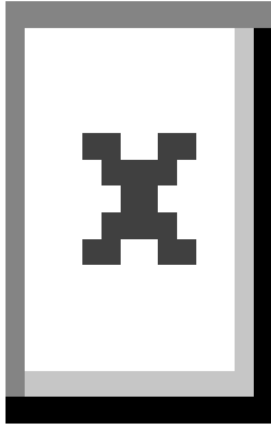
*"Vision is seeing the opportunity within the challenge."*

Also, these are the pics in (b)(6)'s and (b)(6)'s school documents:

(b)(6)



(b)(6)



<b>Sender:</b>	PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>
<b>Recipient:</b>	"Staples, Heidi (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6b76f6e1e284887a4d9e4da12a0252f-Staples, He>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Sinkins, Katherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f1d9a3d1d1784269b4b9bf43506452d8-Sinkins, Ka>"
<b>Sent Date:</b>	2016/12/06 12:15:43
<b>Delivered Date:</b>	2016/12/06 12:17:16





<b>From:</b>	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
<b>To:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov>; "ACF Orrducs_Intakes (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08af2351d38f4195b2a0966a29e06cf4-ACFOrrducs_>"
<b>CC:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"
<b>Subject:</b>	RE: Age Redetermination ADULT (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)
<b>Date:</b>	2016/12/03 01:01:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Yes it was a valid BC but forensics show this UC to be an adult to a certainty of 80%, with a probably age of 19.5. He has a 20 year old sibling. We had three other UCs picked up, one from Lighthouse and two from San Diego, all had valid BCs; the two from san Diego admitted they were 21 and 23 when they got into ICE custody. The ORR threshold is 75% or above.

Thank you.

Heidi J. Staples, MSW  
Federal Field Specialist  
Office of Refugee Resettlement  
Division of Children's Services  
San Diego, CA  
[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

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Referred to DHS

Referred to DHS

Referred to DHS

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**From:** German Banacek Alvarez Oviedo  
**Sent:** Friday, December 02, 2016 6:46:58 PM  
**To:** marcos contreras  
**Cc:** (b)(6);(b)(7)(F)  
**Subject:** solicitud

Estimado  
 Marcos Contreras

Respetuosamente me dirijo a usted, le man do los datos de lo conversado telefonicamente menor de edad (b)(6) (b)(6) (b)(6) nacio el (b)(6) de 1998, mi intencion es trasladarle al informacion de forma oportuna porque de acuerdo a su poliza no tienen menores de edad. ANEXO documentos oficial de nuestro pais que es menor de edad

Atentamente:

**Lic. German Banacek Alvarez Oviedo**

Cónsul General de El Salvador, Tucson Arizona.

Estados Unidos de Norte America

No esperes que te pidan ayuda, busca a quien ayudar.

Ministerio de Relaciones Exteriores de El Salvador

[gbalvarez@rree.gob.sv](mailto:gbalvarez@rree.gob.sv)

(b)(6) (520)-3180410.

FAX (520)-3180412

<b>Sender:</b>	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
<b>Recipient:</b>	"(b)(6);(b)(7)(F)@ice.dhs.gov"; "ACF Orrducs_Intakes (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08af2351d38f4195b2a0966a29e06cf4-ACFOrrducs_>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"

001719

<b>Sent Date:</b>	2016/12/03 01:01:49
<b>Delivered Date:</b>	2016/12/03 01:01:00

Referred to DHS

Referred to DHS

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**From:** Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]

**Sent:** Friday, November 11, 2016 11:20

**To:** PHO, Juv Placement; juvenile.phoenix@dhs.gov

**Cc:** Agredano-Lozano, Obed (ACF) (CTR)

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

(b)(6)

---

This person at SWK Lighthouse is an adult. Please advise.

Thank you.

Heidi J. Staples, MSW

Federal Field Specialist

Office of Refugee Resettlement

Division of Children's Services

San Diego, CA

[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)



(b)(6)

*"Vision is seeing the opportunity within the challenge."*

<b>Sender:</b>	PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>
<b>Recipient:</b>	"Staples, Heidi (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6b76f6e1e284887a4d9e4da12a0252f-Staples, He>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "juvenile.phoenix@dhs.gov"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"
<b>Sent Date:</b>	2016/11/11 13:31:43
<b>Delivered Date:</b>	2016/11/11 13:32:35

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

<b>From:</b>	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
<b>To:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "juvenile.phoenix@dhs.gov"; (b)(6);(b)(7)(F)@ice.dhs.gov"
<b>CC:</b>	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Sinkins, Katherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f1d9a3d1d1784269b4b9bf43506452d8-Sinkins, Ka>"; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"
<b>Subject:</b>	RE: ADULT - AGE REDETERMINATION; (b)(6) A#(b)(6)
<b>Date:</b>	2016/12/22 14:26:00
<b>Priority:</b>	Urgent
<b>Type:</b>	Note

The ORR policy is above 75% are considered adults. The consulate was able to verify that the BC was valid but not that it belongs to this individual. The consulate stated that he appeared older and verified the information only with the father in COO. The FFSS is in agreement with the FFS that this UC is an adult. I am elevating this to HQ so that the discussion between ICE and ORR can occur as to the policy on dental forensics.

Thank you.

Heidi J. Staples, MSW  
Federal Field Specialist  
Office of Refugee Resettlement  
Division of Children's Services  
San Diego, CA  
[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

*"Vision is seeing the opportunity within the challenge."*

Referred to DHS

Referred to DHS

**From:** Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]  
**Sent:** Thursday, December 22, 2016 11:01 AM  
**To:** PHO, Juv Placement; [juvenile.phoenix@dhs.gov](mailto:juvenile.phoenix@dhs.gov)  
**Cc:** Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)  
**Subject:** ADULT - AGE REDETERMINATION: (b)(6) A# (b)(6)  
**Importance:** High

Please advise about this identified adult at SWK Lighthouse in Phoenix.

Thank you.

Heidi J. Staples, MSW  
 Federal Field Specialist  
 Office of Refugee Resettlement  
 Division of Children's Services  
 San Diego, CA  
[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

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<b>Recipient:</b>	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>; "juvenile.phoenix@dhs.gov"; (b)(6)@ice.dhs.gov"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Sinkins, Katherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f1d9a3d1d1784269b4b9bf43506452d8-Sinkins, Ka>"; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"
<b>Sent Date:</b>	2016/12/22 14:26:36
<b>Delivered Date:</b>	2016/12/22 14:26:00





<b>From:</b>	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
<b>To:</b>	(b)(6);(b)(7)(F)@ice.dhs.gov"; "SND-STAGING <sndstaging@ice.dhs.gov>"; (b)(6);(b)(7)(F)@ice.dhs.gov"; (b)(6);(b)(7)(F)@ice.dhs.gov"; (b)(6);(b)(7)(F)@ice.dhs.gov"; (b)(6);(b)(7)(F)@ice.dhs.gov"; (b)(6);(b)(7)(F)@ice.dhs.gov";
<b>CC:</b>	(b)(6)@swkey.org"; (b)(6)@swkey.org"; (b)(6)@swkey.org"
<b>Subject:</b>	RE: Age Redetermination ADULT IN CARE: (b)(6);(b)(7)(F) AKA (b)(6);(b)(7)(F) (b)(6);(b)(7)(F) A# (b)(6);(b)(7)(F)
<b>Date:</b>	2017/03/17 12:59:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Hello please note attached corrected copy as subject's true age is 19, not 21. Also medical records attached.

Thank you.

Heidi J. Staples, MSW  
Federal Field Specialist  
Office of Refugee Resettlement  
Division of Unaccompanied Children Operations  
San Diego, CA  
[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

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Referred to DHS

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<b>Sender:</b>	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
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<b>Recipient:</b>	(b)(6):(b)(7)(F)@ice.dhs.gov>; "SND-STAGING <sndstaging@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6):(b)(7)(F)@ice.dhs.gov>; (b)(6)@swkey.org>; (b)(6)@swkey.org); (b)(6)@swkey.org)"
<b>Sent Date:</b>	2017/03/17 12:59:57
<b>Delivered Date:</b>	2017/03/17 12:59:00



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**

**March 16, 2017**

TO: ICE – DHS – SAN DIEGO, CA

FROM: Heidi Staples  
Federal Field Specialist  
ORR/Division of Children's Services

**SUBJECT:** ADULT – (b)(6) AKA (b)(6)  
(b)(6) A#(b)(6) Southwest Key San Diego, (b)(6)

This UC entered the facility on 3/11/17 as a minor named (b)(6) A#(b)(6) (b)(6) with a reported DOB of (b)(6) 2001, age 16. Today he admitted that his true name is (b)(6) and his true DOB is (b)(6) 1997, which makes him 19 years old. He said that he planned to run away from the facility and so is considered a run risk. The Honduran consulate has been contacted to try to obtain his BC as family members in COO have stopped responding to the program. The UC wrote an admission statement, which is attached along with the face sheet, medical records, and BC from the consulate.

He has been tested for TB and is not yet medically cleared as TB results are pending; he has been fully immunized.

He had no prospective sponsor.

I request that this person be transferred to ICE custody based on evidence that he is not a minor and therefore cannot be housed in SWK San Diego shelter at (b)(6) (b)(6). Thank you.

Respectfully,

Heidi Staples, MSW  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement  
(b)(6)

Initial Medical Exam - V 4

001734

Resident: (b)(6)

Effective Date: 03/11/2017 15:12

Location: (b)(6)

Initial Admission: (b)(6)

Admission: (b)(6) 2017

A#: (b)(6)

Date of Birth: (b)(6) 2001

Gender: M

Physician: Reder, Edward

A. General Information

1. Healthcare Provider:

a. Name and Designation:

(b)(6)

b. Telephone:

(b)(6)

2. Healthcare Provider Clinic/Address

East County Urgent Care 1625 E. Main Street # 100 El Cajon, CA 92021

3. Date of visit

03/13/2017

4. Name of program staff with child

(b)(6)

5. Program Name

Casa San Diego

B. History and Physical

1. Most Recent Temperature

Temperature: 36.3

Date: 03/14/2017 09:34

Route: Oral

5. Past Medical History

Tonsillectomy at 5 years old, no complications.

1a. Most Recent Pulse

Pulse: 97

Date: 03/14/2017 09:35

Pulse Type: Regular

6. Family History

None

1b. Most Recent Blood Pressure

Blood Pressure: 112/71

Date: 03/14/2017 09:35

Position: Sitting r/arm

Reproductive History

7. LMP

n/a

1c. Most Recent Respiration

Respiration: 16

Date: 03/14/2017 09:35

7a. Previous Pregnancy

n/a

1d. Most Recent Height

Height: 170

Date: 03/14/2017 09:35

Method: Standing

1e. Most Recent Weight

Weight: 78

Date: 03/14/2017 09:36

Scale: Standing Scale

2. Allergies

Penicillin

Vision

3. Corrected- Right eye, left eye, both eyes

NA

001735

Resident (b)(6)

3a. Uncorrected- Right eye, Left eye, Both eyes

20/20, 20/20, 20/20

Medical History

4. Concerns expressed by child or caregiver:

Minor states that for the past month he has had slight occasional cough, nasal congestion but no other symptoms (fever, body aches, nausea, diarrhea or sore throat). Minor states no improvement.

C. Review of Systems

1.  No abnormal Findings

21. Comments:

[Empty text box for comments]

D. Physical Examination

1. General Appearance

a. Normal

2. HEENT

a. Normal

3. Neck

a. Normal

4. Heart

a. Normal

5. Lungs

a. Normal

6. Abdomen

a. Normal

7. GU/GYN

c. Not evaluated

8. Extremities

a. Normal

9. Back/Spine

a. Normal

10. Neurologic

a. Normal

11. Skin (include tattoos)

a. Normal

12. Other

[Empty text box for other physical exam findings]

E. Psychosocial Risk

1. Mental Health (over last 3 months)

a. No concerns

1a. Describe concerns

[Empty text box for mental health concerns]

3. Sexual Activity/Abuse History

b. Consensual sexual activity (oral/vaginal/anal)

3b. Specify

Minor states he has had consensual sexual activity.

2. Physical Abuse History

a. Physical Abuse is denied

4. Substance Abuse

c. Alcohol

d. Tobacco

4a. Comments:

Minor states he occasionally drinks alcohol and smokes tobacco products since the age of 14.

F. Laboratory Testing

1. Select all laboratory testing that has been ordered:

- b. HIV
- e. Hepatitis B surface antigen
- g. Syphilis RPR/VRDL
- h. Chlamydia NAAT
- i. Gonorrhea NAAT

1e. Indicators:

Resident (b)(6)

a. Sexual activity/abuse

1g. Indicators:

a. Sexual activity/abuse

1h. Indicators:

a. Sexual activity/abuse

1i. Indicators:

a. Sexual activity/abuse

2b. Results:

b. Negative

2e. Results:

b. Negative

2g. Results:

b. Negative

2h. Results:

b. Negative

2i. Results:

b. Negative

**G. TB Screening**

1. Has child ever been in close contact to someone with active TB disease?

a. No

2. Has child ever been treated for active TB disease?

a. No

3. Has child ever been treated for latent TB infection?

a. No

4. TB screening method ordered:

b. IGRA

c. CXR

**H. Assessment and Plan**

1. Well Child (only if no other condition present)

b. Yes

15. Plan: Check all that apply

a. Return to clinic- PRN/As needed

f. Immunizations given/validated from foreign record (Please ensure that shelter staff receive a copy of the immunization record)

16. Additional Information

no f/u needed for nasal congestion unless symptoms persist or worsen

Signed By

Signed Date

(b)(6) [e-SIGNED]

03/16/2017

PHYSICS DEPARTMENT  
5720 S. UNIVERSITY AVE.  
CHICAGO, ILL. 60637

Dear \_\_\_\_\_  
I am pleased to hear from you and  
thank you for your letter of \_\_\_\_\_  
concerning \_\_\_\_\_  
I am sorry that I cannot give you  
a more definite answer at this time  
but I will be glad to discuss this  
with you if you wish to call on me  
at my office \_\_\_\_\_  
I am sure that we can reach an  
understanding \_\_\_\_\_  
Very truly yours,  
\_\_\_\_\_

Yours sincerely,  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Supplemental TB Screening

Resident: (b)(6)

Effective Date: 03/11/2017 15:11

Location: (b)(6)

Initial Admission: (b)(6) 2017

Admission: (b)(6) 2017

A#: (b)(6)

Date of Birth: (b)(6)/2001

Gender: M

Score: NA

Category: NA

Physician: Reder, Edward

## A. General Information

## 1. Healthcare Provider

a. Name and Designation:

(b)(6)

b. Telephone:

(b)(6)

## 2. Date of visit

(b)(6) /2017

## 3. Name of program staff with child

## 4. Program Name

Casa San Diego

## B. Medical Information

## PPD/Tuberculin skin test (TST)

## 1. Date Applied

## 2. Date Read

## 3. Result in mm

## 4. Interpretation

- a. Positive  
 b. Negative

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

## 5. Date Drawn

(b)(6) /2017

## 6. Test type

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

## 7. Results:

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

## Chest X-ray

## 8. Date

03/13/2017

## 9. Findings

- a. Normal  
 b. Abnormal

STATE OF NEW YORK

IN SENATE, January 11, 1911.

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE.

FOR THE YEAR ENDING DECEMBER 31, 1910.

ALBANY: JAMES BROWN PUBLISHING CO., 1911.

PRINTED BY THE STATE PRINTING OFFICE, ALBANY, N. Y.

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REPORT OF THE COMMISSIONERS OF THE LAND OFFICE.

FOR THE YEAR ENDING DECEMBER 31, 1910.

Resident: (b)(6)

10. TB Determination

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

11. Additional Information



# IMMUNIZATION RECORD

Comprobante de Inmunización

## East County Urgent Care

1826 East Main Street, Suite 100  
 El Cajon, CA, 92021  
 6194429896

PRINTED 03/16/2017  
 PAGE 1 OF 1



Name: (b)(6) Birthdate: (b)(6) 2001

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
HEP B Hep B-adol or ped 1	03/14/17	East County Urgent Care	
VARIC Varicella 1	03/14/17	East County Urgent Care	
HEP A Hep A, ped/adol, 2 dose 1	03/13/17	East County Urgent Care	
Influenza influenza, intradermal, (IIV4)	03/13/17	East County Urgent Care	
PNEUMO PneumoPPV PneumaPCV			
Meningococca MCV4P 1 HPV HPV9 1	03/13/17 03/13/17	East County Urgent Care East County Urgent Care	

Name (b)(6)  
 nombre

Birthdate (b)(6) 2001 Sex M  
 fecha de nacimiento sexo

Allergies  
 alergias

Vaccine Reactions  
 reacciones a la vacuna

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica	NEXT DOSE DUE próxima vacuna
POLIO IPV 1	03/14/17	East County Urgent Care	
DTP Tdap 1	03/13/17	East County Urgent Care	
MMR MMR 1	03/14/17	East County Urgent Care	
HIB			

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.  
 Padres: Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Mantenga este Comprobante: lo necesitará.

- DT/Td = Diphtheria, tetanus [difteria, tétano]
- DTaP/Tdap = Diphtheria, tetanus, and pertussis (whooping cough) [difteria, tétano, y tos ferina]
- DTP = Diphtheria, tetanus, pertussis (whooping cough) [difteria, tétano, y tos ferina]
- HEP A = Hepatitis A
- HEP B = Hepatitis B
- HIB = Hib meningitis (Haemophilus influenzae type b) [meningitis Hib]
- HPV = Human papillomavirus [virus del papiloma humano]
- INFV = Influenza [la gripe]
- MCV = Meningococcal conjugate vaccine [vacuna meningocócica conjugada]
- MMR = Measles, mumps, rubella [sarampión, paperas y rubéola (sarampión alemán)]
- MPV = Meningococcal polysaccharide vaccine [vacuna meningocócica polisacárida]
- PNEUMO = Pneumococcal vaccine [neumocócica]
- POLIO = Poliomyelitis [poliomielitis]
- RV = Rotavirus [rotavirus]
- VZV = Varicella (chickenpox) [varicela]

TB SKIN TESTS\* Pruebas de la Tuberculosis

Type**	Date given	Given by	Date read	Read by	mm/indur	Impression
QFT	03/13/17	(b)(6)		T-SPOT		Neg

\* A chest x-ray may be indicated if skin test is positive.  
 \*\* if required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY Film date: 03 / 13 / 2017 Interpretation:  normal  abnormal  
 [Radiografía] Person is free of communicable tuberculosis  yes  no  
 (Necessary if skin test positive.)

Signature/Agency: \_\_\_\_\_











FINAL Diagnostic Imaging Report

Facility: East County Urgent Care

Ordering Provider: (b)(6), N.P.

Patient: (b)(6)

MRN: (b)(6)

M

Born: (b)(6) 2001 (Age 16 at exam)

Accession	Exam date	Exam time	Procedure
2933619	Mar 13 2017	01:02 pm	CR - CHEST 1 VIEW

Report

**CHEST X-RAY  
INDICATION:**

Evaluate for tuberculosis.

**VIEWS:1V**

**COMPARISON:** None.

**FINDINGS:**

LUNGS: .There are no significant pulmonary parenchymal abnormalities. No pleural effusion or pneumothorax.

VASCULAR: Normal.

CARDIAC: Normal size cardiac silhouette.

MEDIASTINUM: Normal.

BONES: Normal.

OTHER: Negative.

**CONCLUSION:**

Normal chest examination. No radiographic evidence for tuberculosis.

Reported by (b)(6) M.D. on Mar 14 2017 at 2:03 p.m

Electronically signed by (b)(6) M.D. on Mar 14 2017 at 2:03 p.m





**Oxford Diagnostic Laboratories®**  
5846 Distribution Drive  
Memphis, TN 38141  
1-877-598-2522

CLIA ID#: (b)(6)

Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6)  
Patient ID: (b)(6)  
Sex: M  
DOB: (b)(6)/2001  
Collection Date/Time: 03/13/2017 10:46AM EDT

Provider: (b)(6), DNP  
Location: East County Urgent Care  
Customer Number: (b)(6)  
Sample ID: (b)(6)  
Received Date/Time: 03/14/2017 4:00AM EDT  
Approval Date/Time: 03/15/2017 12:10PM EDT

### T-SPOT.TB

T-SPOT.TB Negative

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

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

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

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

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

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

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

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

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

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

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

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

TB-TRSNP-US-V1



# Laboratory Results

March 13, 2017

Printed Date: 3/16/2017

Printed By: (b)(6)

Patient Name: (b)(6)  
DOB: (b)(6)/2001  
Sex: M  
Patient ID: (b)(6)  
Race: Declined to specify

Order: (b)(6)  
Accession: (b)(6)  
Status: Final results  
Lab Acct:

Collected: 03/13/2017 12:45  
Received: 03/14/2017 00:00  
Reported: 03/14/2017 21:08  
Physician: (b)(6)

Test Name	In Range	Out of Range	Reference Range	Lab
<b>Chlamydia/GC Amplification</b>				
Chlamydia trachomatis, NAA	Negative		Negative	9
Final results	Urgency: Normal			
Neisseria gonorrhoeae, NAA	Negative		Negative	9
Final results	Urgency: Normal			
<b>Hep B Surface Ag</b>				
HBsAg Screen	Negative		Negative	9
Final results	Urgency: Normal			
<b>RPR</b>				
RPR	Non Reactive		Non Reactive	9
Final results	Urgency: Normal			

## Performing Laboratory Information

9 = LabCorp San Diego, 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108 Director: Galloway, Jenny R MD



# Aviso de salud: Zika



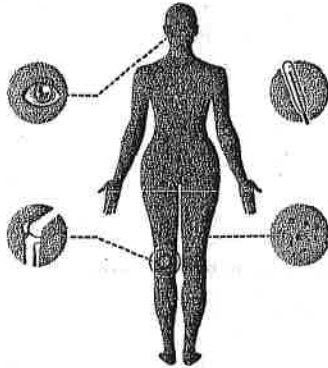
## Protégete del zika

- ◆ El zika es una enfermedad transmitida principalmente por los mosquitos.
- ◆ También se puede transmitir el zika a través de relaciones sexuales con una persona que tenga el virus.

## Los síntomas del zika

Los síntomas más comunes del zika son:

- ◆ fiebre
- ◆ sarpullido
- ◆ dolor en las articulaciones
- ◆ ojos enrojecidos

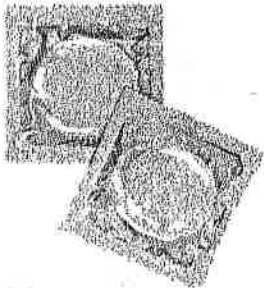


Muchas personas no tendrán síntomas o solo tendrán síntomas leves que pueden durar desde unos días hasta una semana.

Si tienes estos síntomas, visita a un médico y protégete de las picaduras de mosquitos para que no les pases la enfermedad a otros.

## El zika y el sexo

- ◆ Puedes enfermarte con zika al tener sexo con una persona que haya estado en un área con zika y que tenga el virus.
- ◆ La gente que no tiene síntomas podría pasar el virus al tener sexo.



## Cómo protegerte

- ◆ Los condones pueden reducir el riesgo de enfermarse con el virus del Zika si tienes sexo con una persona que haya estado en México, Centroamérica, Sudamérica o el Caribe.
- ◆ Evita las picaduras de mosquitos por 3 semanas después de haber estado en México, Centroamérica, Sudamérica o el Caribe. Usa repelente de insectos y camisas de manga larga y pantalones largos.



## El zika y el embarazo

El zika causa serios defectos de nacimiento.

Una persona que haya estado en México, Centroamérica, Sudamérica o el Caribe debe usar condones cada vez que tenga sexo con una mujer embarazada o no debe tener sexo con ella durante el embarazo.





Referred to DHS

Referred to DHS

---

**From:** Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]

**Sent:** Thursday, December 1, 2016 14:20

**To:** PHO, Juv Placement; juvenile.phoenix@dhs.gov

**Cc:** Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)

**Subject:** Age Redetermination ADULT: (b)(6); SWK  
Casa Lighthouse

**Importance:** High

---

Please review this information and pictures below of siblings, face sheet, dental forensic that indicates this UC is over 18 to a probability of 80.85%, probable age of 19.5. He has a 20 year old sibling. He and family continue to insist he is a minor. Note this UC also made escape comments. See memo and advise. see photos below also, scroll down.

Thank you.

Heidi J. Staples, MSW

001756

Federal Field Specialist

Office of Refugee Resettlement

Division of Children's Services

San Diego, CA

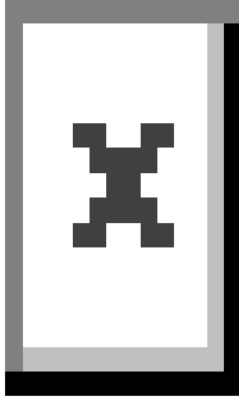
[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

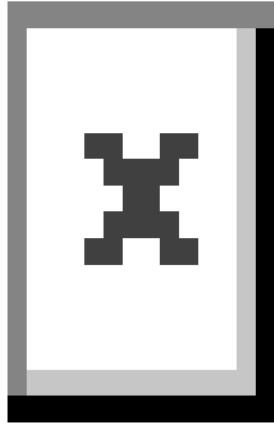
*"Vision is seeing the opportunity within the challenge."*

Also, these are the pics in (b)(6)'s and (b)(6)'s school documents:

(b)(6)



(b)(6)



Referred to DHS

(b)(6)

001759

(b)(6)

001760

Referred to DHS



Referred to DHS

---

**From:** Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]

**Sent:** Thursday, December 1, 2016 17:24

**To:** PHO, Juv Placement; juvenile.phoenix@dhs.gov

**Cc:** Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF)

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

**Importance:** High

---

Hello please review this information on this UC at Lighthouse. Dental forensics indicate he is an adult. Please advise.

Thank you.

Heidi J. Staples, MSW

Federal Field Specialist

Office of Refugee Resettlement

Division of Children's Services

San Diego, CA

001763

Heidi.Staples@acf.hhs.gov

(b)(6)

*"Vision is seeing the opportunity within the challenge."*

Referred to DHS

First Name:

(b)(6)

(b)(6)

Last Name:

(b)(6)

AKA:

Status: DISCHARGED

Date of Birth: (b)(6) 1999

Gender: M

A No.: (b)(6)

LOS: 11

Age: 17

Current Program: Southwest Key Lemon Grove

Country of Birth: Guatemala

Admitted Date: 7/26/2016

Discharge Notification

<b>Date of Discharge:</b>	8/6/2016	<b>Time of Discharge:</b>	02:30 PM
<b>Type Of Discharge:</b>	Age Redetermination	<b>Sponsor Name:</b>	
<b>Sponsor DOB:</b>		<b>Relationship to UAC:</b>	
<b>Prove of Relationship:</b>	Minor was determined to be an adult by the Guatemalan Consulate.		
<b>ORR Decision:</b>	<input type="radio"/> Pending <input checked="" type="radio"/> Approve <input type="radio"/> Disapprove <input type="radio"/> Remanded, please provide info as detailed in comments	<b>Date of Decision:</b>	8/6/2016
<b>Program Minor was Transferred to:</b>		<b>DHS Family Shelter:</b>	
<b>Local Law Enforcement:</b>			
<b>Specify, if Other is Selected:</b>			
<b>Address:</b>	880 Front Street		
<b>City:</b>	San Diego		
<b>State:</b>	California	<b>Zip Code:</b>	92101
<b>Phone:</b>	6195576117		
<b>Legal Status of Minor:</b>	NTA (in removal proceedings)		

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS



001770

Referred to DHS

Referred to DHS

Referred to DHS

On Mar 16, 2017, at 11:37 AM, Toscano, Patricia (ACF) (CTR)  
<[Patricia.Toscano@acf.hhs.gov](mailto:Patricia.Toscano@acf.hhs.gov)>  
wrote:

Good Morning Consul Tsai Yu,

Hope this email finds you well. I am reaching out to you on behalf of SWK San Diego to request your assistance in obtaining birth certificate for UC (b)(6) aka (b)(6) (b)(6) Today client (b)(6) A# (b)(6) disclosed to clinician that he was an adult and that his real name is (b)(6) (b)(6) and his real DOB is (b)(6) 1997. Attached is a copy of his picture and information. Thank you for your time and assistance.

Respectfully,

Patricia Toscano

**Patricia Toscano, MFTI**

Contract Field Specialist (CTR)

U.S. Department of Health & Human Services

Office of Refugee Resettlement

Division of Unaccompanied Children Operations (DUCO)

Los Angeles & San Diego Area

Mobile # (b)(6)

[Patricia.Toscano@acf.hhs.gov](mailto:Patricia.Toscano@acf.hhs.gov)

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---

**From:**

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

**Sent:** Thursday, March 16, 2017 10:42 AM

**To:** Staples, Heidi (ACF); Toscano, Patricia (ACF) (CTR)

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

**Subject:** ADULT IN CARE: (b)(6); A# (b)(6)

---

Good Afternoon,

Today client (b)(6) (b)(6) A# (b)(6) disclosed to clinician that he was an adult and that his real name is (b)(6) (b)(6) (b)(6) (b)(6) and his real DOB is (b)(6) 1997.

If CFS can provide us a RENAP to process client out, as family in COO and mother in Spain are not answering.

He has written a statement confessing. It is attached.

Here is the information:

**UAC name on NTA:** (b)(6)  
(b)(6)

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

**BC DOB:** (b)(6) 1997

**NTA DOB:** (b)(6) 2001

**Birth Certificate Name:** (b)(6)  
(b)(6)

**Entry to program:** 03/11/2017

**Medical:** Client is not medically cleared.

Attached is the Face Sheet.

Thanks,

(b)(6) | **Case Manager**

**Southwest Key Programs, San Diego**

**| 1253  
Broadway PMB 408 E  
Cajon CA 92021**

**OFFICE**

(b)(6) | CELL (b)(6)  
(b)(6) | FAX (619)  
599-8150

Disclaimer: This e-mail and any files transmitted with it are confidential and are intended solely for the use

of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering the e-mail to the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please delete that message and attachments and notify the sender immediately.

<Central brief Standard Form 3-1-17 (1).docx>







(b)(6)

<b>Name:</b> (b)(6)	<b>AKA Name:</b> (b)(6)
<b>A#:</b> (b)(6)	
<b>DOB:</b> (b)(6)/2001	<b>BC DOB:</b> (b)(6)/1997
<b>Country of Origin:</b> Honduras	
<b>Entry Date:</b> 3/11/2017	
<b>Height:</b> 65 Inches	<b>Weight:</b> 160 Lbs
<b>Case Manager:</b> (b)(6)	<b>Clinician:</b> (b)(6)
<b>Known Allergies and/or Diagnosis:</b> Penicillin	
<b>Tattoos, Scars, or Birth Marks:</b> Minor has a tattoo on his left hand. The tattoo is an "E" and a heart drawing	

Title	Name	Contact Number
<b>Emergency</b>	(b)(6)	(b)(6)
<b>Program Director</b>		
<b>Assistant Program Director</b>		
<b>Lead Clinician</b>		
<b>Shift Supervisor</b>		
<b>Lead Case Manager</b>		
<b>Assistant Lead Case Manager</b>		
<b>Lead Medical Coordinator</b>		
<b>ORR/DUCS (Hot Line)</b>		1-800-203-7001
<b>DHS/ICE Juvenile Coordinator: (Runaway Only)</b>	(b)(6);(b)(7)(F)	(b)(6);(b)(7)(F)
<b>Federal Field Specialist</b>	Heidi Staples	202-577-8083



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**

**March 16, 2017**

TO: ICE – DHS – SAN DIEGO, CA

FROM: Heidi Staples  
Federal Field Specialist  
ORR/Division of Children's Services

**SUBJECT:** ADULT – (b)(6) AKA (b)(6)  
(b)(6) (b)(6) Southwest Key San Diego, 1160 Broadway, El Cajon, CA 92021

This UC entered the facility on 3/11/17 as a minor named (b)(6) A# (b)(6) (b)(6) with a reported DOB of (b)(6)/2001, age 16. Today he admitted that his true name is (b)(6) and his true DOB is (b)(6)/1997, which makes him 21 years old. He said that he planned to run away from the facility and so is considered a run risk. The Honduran consulate has been contacted to try to obtain his BC as family members in COO have stopped responding to the program. The UC wrote an admission statement, which is attached along with the face sheet, medical records, and BC from the consulate.

He has been tested for TB and is not yet medically cleared as TB results are pending; he has been fully immunized.

He had no prospective sponsor.

I request that this person be transferred to ICE custody based on evidence that he is not a minor and therefore cannot be housed in SWK San Diego shelter at (b)(6)

(b)(6) Thank you.

Respectfully,

Heidi Staples, MSW  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement

(b)(6)

**Transfer Date:** 3/17/17

**RECORD OF PERSON(S) AND PROPERTY TRANSFERRED**

**FROM:** SWK **VIA (1)** ICE **TO:** SND/ICE **MODE:** VAN  
**ORIGIN FO:** San Diego Field Office **VIA (2)** **DEST FO:** San Diego Field Office **OTHER:**

File No.	Name of Person		DOB	Nationality	Status	Sex	Convictions	Gang Membership	Class Level	Detainee Money	Property I-77 #	Fins#	Subject ID #
	Last	First											
(b)(6)	(b)(6)	(b)(6)	(b)(6) 1997	Hondu	NTA-Transfer	Male		No	1	On Person			

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

**I certify compliance with all ICE Detention and Transfer Standards and JPATS Boarding Requirements for this JPATS/Charter movement.**  
 Name and Title: \_\_\_\_\_ Office: OMD/CCA San Diego FO Contact Number(s): (619) 661-3846

(1)- Show whether transfer or removal. For transfers show whether NTA or Final.

(2)-Show medical conditions, high risk, flight risk, epileptic, insane, etc.

Use a separate line for each person transferred.  
 This form is to be executed in sufficient number of copies to allow the receiving officer to retain one copy of his/her personal expense voucher and two additional copies for the station of final delivery.

Received the above listed persons, property, and baggage che

Signature: \_\_\_\_\_

Title & Star: \_\_\_\_\_

Place & Date: \_\_\_\_\_

To: (Name and Title of Person in Charge of Facility) <b>Warden or Officer in Charge</b>	<b>Name of Facility: Otay Detention Facility San Diego / CCA</b>	
Please DETAIN / RELEASE the alien(s) listed below		<b>Date and Time of admission / release: 3/17/2017</b>
Special Note: Name		

	Last	First	A- Number	Nationality	Status	Sex	Convictions	Class Level	DOB	FINS #	Detainee Funds	I-77	Subject ID#
1	(b)(6)	(b)(6)	(b)(6)	Hondu	NTA-Transfer	Male		1	(b)(6) 97		see I-216		
2											see I-216		
3											see I-216		
4											see I-216		
5											see I-216		
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15											see I-216		
16											see I-216		
17											see I-216		
18											see I-216		
19											see I-216		
20											see I-216		

\* Cite Basis for Detention / Release (e.g., NTA, Reinstatement, Administrative Removal, Expedited Removal, Room & Board, Bond, IJ order, Order of Supervision, Order of Recognizance, etc.)

Printed Name and Signature of Receiving Officer	Printed Name and Signature of Officer Directing Action (b)(6);(b)(7)(	Date 3/17/2017
Title, Office and Telephone Number	Title, Office and Telephone Number (b)(6);(b)(7)(F)	



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PARAG  
PERU  
PHIL  
POLAN  
PORTU  
PUERT  
QATAR  
RALIA  
ROMAN  
RUSSI  
RWAND  
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SENEG  
SEIRR  
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SWEDE  
SWITZ  
SYRIA  
TAIWA  
TAJIK  
TANZA  
THAIL  
TOGO  
TRINI  
TUNIS  
TURKE  
TURKM  
TURKS  
UAE  
UGAND  
UK  
UKRAI  
URUGU  
UZBEK  
VENEZ  
VIETN  
VIRGI  
WESTE  
WSAHA  
YEMEN  
YUGOS  
ZAIRE  
ZAMBI  
ZIMBA

(b)(6)  
From: SWK  
(b)(6)  
(b)(6)/97

(b)(6)  
To: SND/ICE  
Male  
Hondu

(b)(6)  
From: SWK  
(b)(6)  
(b)(6)/97

(b)(6)  
To: SND/ICE  
Male  
Hondu

(b)(6)  
From: SWK  
(b)(6)  
(b)(6)/97

(b)(6)  
To: SND/ICE  
Male  
Hondu

From: SWK

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To SND/ICE

New Facility Name Entered in Highlighted Area

Name	
Address	
City State Zip	

New Facility Phone Number Entered in Highlighted Area

Phone #	
---------	--















**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance Yes No  
 1) PPD Completed:  Yes  No  
 Date \_\_\_\_\_  
 2 CXR Completed: \_\_\_\_\_  
 Date \_\_\_\_\_  
 3) Health Authority Clearance: \_\_\_\_\_  
 Sign \_\_\_\_\_ Date \_\_\_\_\_  
 Note:  
 Dates listed above must be Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** (b)(6) **Prisoner/Alien Reg#** (b)(6) **D.O.B** (b)(6) 1997

**Departed From:** SWK **Date Departed:** 03/17/17  
 San Diego Field Office

**Destination:** SND/ICE **Reason for Transfer:**

**Dist. Name:** San Diego Field Office **Dist. #** **Date in Custody:**

<b>II. Current</b>	1	4
<b>Medical Problems</b>	2	5
	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
 Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
 Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?  
 Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:  
 Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?  
 Sign & Print Name Certifying Health Authority: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date Signed: \_\_\_\_\_  
 Prisoner File \_\_\_\_\_

Form USM-553

(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance Yes No  
 1) PPD Completed: \_\_\_\_\_  
 Date \_\_\_\_\_  
 2 CXR Completed: \_\_\_\_\_  
 Date \_\_\_\_\_  
 3) Health Authority Clearance: \_\_\_\_\_  
 Sign \_\_\_\_\_ Date \_\_\_\_\_  
 Note:  
 Dates listed above must be Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** 0 **Prisoner/Alien Reg#** 0 **D.O.B** December 31, 1899

**Departed From:** SWK **Date Departed:** 03/17/17  
 San Diego Field Office

**Destination:** SND/ICE **Reason for Transfer:**

**Dist. Name:** San Diego Field Office **Dist. #** **Date in Custody:**

<b>II. Current</b>	1	4
<b>Medical</b>	2	5

Medication Required For Care En Route				
Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
	<input type="checkbox"/>	<input type="checkbox"/>	JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
 Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
 Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?  
 Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:  
 Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?  
 Sign & Print Name Certifying Health Authority: Phone Number Date Signed:

Prisoner File

Form USM-553

(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

U.S. Department of Justice

TB Clearance Yes No 1) PPD Completed: Date 2 CXR Completed: Date 3) Health Authority Clearance: Sign Date Note: Dates listed above must be Within one year of this transfer.	<b>I. PRISONER/ALIEN</b>		
	<b>Name:</b>	<b>Prisoner/Alien Reg#</b>	<b>D.O.B</b>
	0	0	(b)(6) 1899
	0		
	<b>Departed From:</b>	<b>Date Departed:</b>	
	SWK	03/17/17	
	San Diego Field Office		
	<b>Destination:</b>	<b>Reason for Transfer:</b>	
	SND/ICE		
	<b>Dist. Name:</b>	<b>Dist. #</b>	<b>Date in Custody:</b>
	San Diego Field Office		
	<b>II. Current</b>	1	4
	<b>Medical</b>	2	5
	<b>Problems</b>	3	6

Medication Required Care En Route				
Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
 Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
 Is prisoner medically able to stay overnight at another facility en route to destination?   Yes No If no, Why not?  
 Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:

Does prisoner require any medical equipment while in

Transport status?

Yes

No

If yes, What equipment?

Sign & Print Name Certifying Health Authority:

Phone Number

Date Signed:

Prisoner File

### MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT

U.S. Department of Justice

TB Clearance Yes No

1) PPD Completed: Date

2 CXR Completed: Date

3) Health Authority Clearance: Date

Sign Date

Note:  
Dates listed above must be  
Within one year of this transfer.

#### I. PRISONER/ALIEN

**Name:** 00000000 **Prisoner/Alien Reg#** 0 **D.O.B** (b)(6) 1899

**Departed From:** SWK **Date Departed:** 03/17/17

**San Diego Field Office**

**Destination:** SND/ICE **Reason for Transfer:**

**Dist. Name:** San Diego Field Office **Dist. #** **Date in Custody:**

<b>II. Current</b>	1	4
<b>Medical</b>	2	5
<b>Problems</b>	3	6

#### Medication Required For Care En Route

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments:

#### III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?

Is prisoner medically able to travel by airplane? Yes No If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?

Sign & Print Name Certifying Health Authority: Phone Number Date Signed:

Prisoner File

### MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT

U.S. Department of Justice

TB Clearance Yes No

1) PPD Completed: Date

2 CXR Completed: Date

3) Health Authority

#### I. PRISONER/ALIEN

**Name:** 00000000 **Prisoner/Alien Reg#** 0 **D.O.B** (b)(6) 1899

**Departed From:** SWK **Date Departed:** 03/17/17

**San Diego Field Office**

001797

Clearance: \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Note: \_\_\_\_\_

Dates listed above must be  
Within one year of this transfer.

**Destination:**  
SND/ICE

**Reason for Transfer:**

**Dist. Name:                      Dist. #                      Date in Custody:**  
San Diego Field Office

<b>II.            Current</b>	1	4
<b>                  Medical</b>	2	5
<b>                  Problems</b>	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments: \_\_\_\_\_

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR?                      Yes                      No                      If no, Why not?

Is prisoner medically able to travel by airplane?                      Yes                      No                      If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination?                      Yes                      No                      If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status?                      Yes                      No                      If yes, state reason:

Does prisoner require any medical equipment while in Transport status?                      Yes                      No                      If yes, What equipment?

Sign & Print Name Certifying Health Authority:                      Phone Number                      Date Signed:

Prisoner File

Form USM-553

(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance    Yes    No

1) PPD Completed:                      Date \_\_\_\_\_

2 CXR Completed:                      Date \_\_\_\_\_

3) Health Authority Clearance:                      Date \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Note: \_\_\_\_\_

Dates listed above must be  
Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** \_\_\_\_\_ **Prisoner/Alien Reg#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_  
0 \_\_\_\_\_ 0 (b)(6) \_\_\_\_\_, 1899

**Departed From:** \_\_\_\_\_ **Date Departed:** \_\_\_\_\_  
SWK 03/17/17

San Diego Field Office  
**Destination:** \_\_\_\_\_ **Reason for Transfer:** \_\_\_\_\_  
SND/ICE

**Dist. Name:                      Dist. #                      Date in Custody:**  
San Diego Field Office

<b>II.            Current</b>	<input type="checkbox"/>	<input type="checkbox"/>	4
<b>                  Medical</b>	2		5
<b>                  Problems</b>	<input type="checkbox"/>	<input type="checkbox"/>	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments: \_\_\_\_\_

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
 Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
 Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?  
 Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:  
 Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?  
 Sign & Print Name Certifying Health Authority: Phone Number Date Signed:  
 Prisoner File

Form USM-553  
(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance Yes No  
 1) PPD Completed: Date  
 2 CXR Completed: Date  
 3) Health Authority Clearance: Sign Date  
 Note:  
 Dates listed above must be Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** Prisoner/Alien Reg# **D.O.B**  
 0 0 (b)(6) 1899  
 0  
**Departed From:** **Date Departed:**  
 SWK 03/17/17  
 San Diego Field Office  
**Destination:** **Reason for Transfer:**  
 SND/ICE  
**Dist. Name:** **Dist. #** **Date in Custody:**  
 San Diego Field Office

<b>II. Current</b>	1	4
<b>Medical Problems</b>	2	5
	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
 Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
 Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?  
 Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:  
 Does prisoner require any medical equipment while in Transport status? Yes  No  If yes, What equipment?  
 Sign & Print Name Certifying Health Authority: Phone Number   Date Signed:  
 Prisoner File

Form USM-553  
(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance Yes No

**I. PRISONER/ALIEN**

001799

1) PPD Completed: \_\_\_\_\_ Date

2 CXR Completed: \_\_\_\_\_ Date

3) Health Authority Clearance: \_\_\_\_\_ Date

Sign \_\_\_\_\_ Date

Note: \_\_\_\_\_

Dates listed above must be Within one year of this  insf

**Name:** \_\_\_\_\_ **Prisoner/Alien Reg#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

0 \_\_\_\_\_ 0 \_\_\_\_\_ (b)(6) \_\_\_\_\_ 1899

0

**Departed From:** \_\_\_\_\_ **Date Departed:** \_\_\_\_\_

SWK \_\_\_\_\_ 03/17/17

San Diego Field Office

**Destination:** \_\_\_\_\_ **Reason for Transfer:** \_\_\_\_\_

SND/ICE

**Dist. Name:** \_\_\_\_\_ **Dist. #** \_\_\_\_\_ **Date in Custody:** \_\_\_\_\_

San Diego Field Office

<b>II.</b>	<b>Current</b>	1	4
	<b>Medical</b>	2	5
	<b>Problems</b>	3	6

Medication Required For Care En Route				
Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments: \_\_\_\_\_

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?

Is prisoner medically able to travel by airplane? Yes No If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?

Sign & Print Name Certifying Health Authority: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date Signed: \_\_\_\_\_

Prisoner File

Form USM-553 (Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance Yes No

1) PPD Completed: \_\_\_\_\_ Date

2 CXR Completed: \_\_\_\_\_ Date

3) Health Authority Clearance: \_\_\_\_\_ Date

Sign \_\_\_\_\_ Date

Note: \_\_\_\_\_

Dates listed above must be Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** \_\_\_\_\_ **Prisoner/Alien Reg#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

0 \_\_\_\_\_ 0 \_\_\_\_\_ (b)(6) \_\_\_\_\_ 1899

0

**Departed From:** \_\_\_\_\_ **Date Departed:** \_\_\_\_\_

SWK \_\_\_\_\_ 03/17/17

San Diego Field Office

**Destination:** \_\_\_\_\_ **Reason for Transfer:** \_\_\_\_\_

SND/ICE

**Dist. Name:** \_\_\_\_\_ **Dist. #** \_\_\_\_\_ **Date in Custody:** \_\_\_\_\_

San Diego Field Office

<b>II.</b>	<b>Current</b>	1	4
	<b>Medical</b>	2	5
	<b>Problems</b>	<input type="checkbox"/> <input type="checkbox"/>	6

Medication Required For Care En Route				
---------------------------------------	--	--	--	--

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
 Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
 Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?  
 Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:  
 Does prisoner require any medical equipment while in Transport status?  Yes  No If yes, What equipment?  
 Sign & Print Name Certifying Health Authority: Phone Number Date Signed:  
 Prisoner File

Form USM-553  
(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance Yes No  
 1) PPD Completed: Date  
 2 CXR Completed: Date  
 3) Health Authority Clearance: Date  
 Sign Date  
 Note:  
 Dates listed above must be Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** Prisoner/Alien Reg# **D.O.B**  
 0 0 (b)(6) 1899  
**Departed From:** **Date Departed:**  
 SWK 03/17/17  
 San Diego Field Office  
**Destination:** **Reason for Transfer:**  
 SND/ICE  
**Dist. Name:** **Dist. #** **Date in Custody:**  
 San Diego Field Office

II.	Current	1	4
	<b>Medical</b>	2	5
	<b>Problems</b>	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
 Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
 Is prisoner medically able to stay overnight at another facility en route to destination? Yes  No  If no, Why not?  
 Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes  No  If yes, state reason:  
 Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?

Sign & Print Name Certifying Health Authority:  
Prisoner File

Phone Number

Date Signed:

### MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice

TB Clearance	Yes	No
1) PPD Completed:	Date	
2 CXR Completed:	Date	
3) Health Authority Clearance:	Date	
Sign	<input type="checkbox"/>	<input type="checkbox"/>
Note:	Dates listed above must be Within one year of this transfer.	

**I. PRISONER/ALIEN**

---

**Name:** 0 0 **Prisoner/Alien Reg#** 0 **D.O.B** (b)(6) 1899

**Departed From:** SWK **Date Departed:** 03/17/17

San Diego Field Office

**Destination:** SND/ICE **Reason for Transfer:**

**Dist. Name:** San Diego Field Office **Dist. #** **Date in Custody:**

<b>II. Current</b>	1	4
<b>Medical</b>	2	5
<b>Problems</b>	3	6

#### Medication Required For Care En Route

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments:

### III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR?	Yes	No	If no, Why not?
Is prisoner medically able to travel by airplane?	Yes	No	If no, Why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	Yes	No	If no, Why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	Yes	No	If yes, state reason:
Does prisoner require any medical equipment while in Transport status?	Yes	No	If yes, What equipment?

Sign & Print Name Certifying Health Authority:  
Prisoner File

Phone Number

Date Signed:

### MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice

TB Clearance	Yes	No
1) PPD Completed:	Date	
2 CXR Completed:	Date	
3) Health Authority Clearance:	Date	

**I. PRISONER/ALIEN**

---

**Name:** 0 0 **Prisoner/Alien Reg#** 0 **D.O.B** (b)(6) 1899

**Departed From:** SWK **Date Departed:** 03/17/17

San Diego Field Office

**Destination:** SND/ICE **Reason for Transfer:**



001802

Sign \_\_\_\_\_ Date \_\_\_\_\_  
Note:  
Dates listed above must be  
Within one year of this transfer.

**Dist. Name:** San Diego Field Office **Dist. #**  **Date in Custody:**   
**II. Current** 1 4  
**Medical** 2 5  
**Problems**   6

Medication Required For Care En Route				
Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			*DETAINEE IN ICE CUSTODY <input type="checkbox"/> LESS TH <input type="checkbox"/> 72 HOURS*	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes  No  If no, Why not?  
Is prisoner medically able to travel by airplane? Yes  No  If no, Why not?  
Is prisoner medically able to stay overnight at another facility en route to destination? Yes  No  If no, Why not?  
Is there any medical req  for  tricting the length of time prisoner can be in travel status? Yes  No  If yes, state reason:  
Does prisoner require any medical equipment while in Transport status? Yes  No  If yes, What equipment?  
Sign & Print Name Certifying Health Authority: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Prisoner File \_\_\_\_\_

Form USM-553  
(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**  
**U.S. Department of Justice**

TB Clearance Yes  No   
1) PPD Completed: \_\_\_\_\_ Date \_\_\_\_\_  
2 CXR Completed: \_\_\_\_\_ Date \_\_\_\_\_  
3) Health Authority Clearance: \_\_\_\_\_ Date \_\_\_\_\_  
Sign \_\_\_\_\_ Date \_\_\_\_\_  
Note:  
Dates listed above must be  
Within one year of this transfer.

**I. PRISONER/ALIEN**  
**Name:** \_\_\_\_\_ **Prisoner/Alien Reg#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_  
0 \_\_\_\_\_ 0 \_\_\_\_\_ (b)(6) \_\_\_\_\_ 1899  
0 \_\_\_\_\_  
**Departed From:** SWK **Date Departed:** 03/17/17  
San Diego Field Office  
**Destination:** SND/ICE **Reason for Transfer:** \_\_\_\_\_  
**Dist. Name:** San Diego Field Office **Dist. #** \_\_\_\_\_ **Date in Custody:** \_\_\_\_\_

**II. Current** 1 4  
**Medical** 2 5  
**Problems** 3 6

Medication Required For Care En Route				
Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes  No  If no, Why not?

001803

Is prisoner medically able to travel by airplane? Yes  No  If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes  No  If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes  No  If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes  No  If yes, What equipment?

Sign & Print Name Certifying Health Authority: Phone Number  Date Signed:

Prisoner File

Form USM-553  
(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**  
**U.S. Department of Justice**

TB Clearance Yes  No

1) PPD Completed: Date

2 CXR Completed: Date

3) Health Authority Clearance:

Sign Date

Note:  
Dates listed above must be  
Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** 0  
**Prisoner/Alien Reg#** 0  
**D.O.B** (b)(6) 1899

**Departed From:** SWK  
San Diego Field Office  
**Date Departed:** 03/17/17

**Destination:** SND/ICE  
**Reason for Transfer:**

**Dist. Name:** San Diego Field Office  
**Dist. #**  
**Date in Custody:**

<b>II. Current</b>	1	4
<b>Medical</b>	2	5
<b>Problems</b>	3	6

Medication Required For Care En Route				
Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes  No  If no, Why not?

Is prisoner medically able to travel by airplane? Yes  No  If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes  No  If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes  No  If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes  No  If yes, What equipment?

Sign & Print Name Certifying Health Authority: Phone Number Date Signed:

Prisoner File

Form USM-553  
(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**  
**U.S. Department of Justice**

TB Clearance Yes  No

1) PPD Completed: Date

**I. PRISONER/ALIEN**

**Name:** 0  
**Prisoner/Alien Reg#** 0  
**D.O.B** (b)(6) 1899

001804

2 CXR Completed: Date  
3) Health Authority Clearance: Sign Date

Note:  
Dates listed above must be Within one year of this transfer.

0

Departed From: SWK San Diego Field Office  
Destination: SND/ICE

Date Departed: 03/17/17  
Reason for Transfer:

Dist. Name: San Diego Field Office  
Dist. #  
Date in Custody:

II. Current 1 4  
Medical 2 5  
Problems 3 6

Medication Required For Care En Route

Table with 5 columns: Medication, Dose, Route, Instructions for Use, Stop. Content includes: \*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS\*, DETAINEE TRANSFER MEETS REQUIREMENTS PER JPATS CABIN CREW POLICIES & PROCEDURES MANUAL, "Medical Regulations, Section D 4.(a), page 33, regarding TB clearance.

ADDITIONAL Comments:

III. SPECIAL NEEDS AFFECTING TRANSPORTATION

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?  
Is prisoner medically able to travel by airplane? Yes No If no, Why not?  
Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?  
Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:  
Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?  
Sign & Print Name Certifying Health Authority: Phone Number Date Signed:  
Prisoner File

Form USM-553 (Est 6/98)

MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT U.S. Department of Justice

TB Clearance Yes No  
1) PPD Completed: Date  
2 CXR Completed: Date  
3) Health Authority Clearance: Sign Date  
Note:  
Dates listed above must be Within one year of this transfer.

I. PRISONER/ALIEN

Name: Prisoner/Alien Reg# D.O.B  
0 0 (b)(6) 1899  
0  
Departed From: SWK San Diego Field Office  
Date Departed: 03/17/17  
Destination: SND/ICE  
Reason for Transfer:  
Dist. Name: San Diego Field Office  
Dist. #  
Date in Custody:

II. Current 1 4  
Medical 2 5  
Problems 3 6

Medication Required For Care En Route

Table with 5 columns: Medication, Dose, Route, Instructions for Use, Stop. Content includes: \*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS\*

DETAINEE TRANSFER MEETS REQUIREMENTS PER	<input type="checkbox"/>	<input type="checkbox"/>
JPATS CABIN CREW POLICIES & PROCEDURES MANUAL		
"Medical Regulations, Section D 4.(a), page 33, regarding TB		
clearance.	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION** 

Is prisoner medically able to travel by BUS, VAN or CAR? Yes  No  If no, Why not?

Is prisoner medically able to travel by airplane? Yes  No  If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes  No  If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes  No  If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes  No  If yes, What equipment?

Sign & Print Name Certifying Health Authority: Phone Number  Date Signed:

Prisoner File

Form USM-553

(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT****U.S. Department of Justice**

TB Clearance	Yes	No
1) PPD Completed:		Date <input type="checkbox"/>
2 CXR Completed:		<input type="checkbox"/> Date <input type="checkbox"/>
3) Health Authority Clearance:		Date <input type="checkbox"/>
Sign		Date <input type="checkbox"/>
Note:		
Dates listed above must be		
Within one year of this transfer.		

**I. PRISONER/ALIEN**

<b>Name:</b>	<b>Prisoner/Alien Reg#</b>	<b>D.O.B</b>
0	0	(b)(6) 1899
0		

**Departed From:** SWK  
San Diego Field Office

**Date Departed:** 03/17/17

**Destination:** SND/ICE

**Reason for Transfer:**

<b>Dist. Name:</b>	<b>Dist. #</b>	<b>Date in Custody:</b>
San Diego Field Office		

<b>II. Current</b>	1	4
<b>Medical</b>	2	5
<b>Problems</b>	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes  No  If no, Why not?

Is prisoner medically able to travel by airplane? Yes  No  If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes  No  If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes  No  If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes  No  If yes, What equipment?

Sign & Print Name Certifying Health Authority: Phone Number  Date Signed:

Prisoner File

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

U.S. Department of Justice

TB Clearance	Yes	No	<b>I. PRISONER/ALIEN</b>		
1) PPD Completed:			<b>Name:</b>	<input type="checkbox"/> Prisoner <input type="checkbox"/> Alien	<b>Reg#</b>
	Date		0	0	<b>D.O.B</b>
			0		(b)(6) 1899
2 CXR Completed:			<b>Departed From:</b>	<b>Date Departed:</b>	
	Date		SWK	<input type="checkbox"/> 03/17/1	<input type="checkbox"/>
3) Health Authority Clearance:			San Diego Field Office	<b>Destination:</b>	<b>Reason for Transfer:</b>
Sign	Date		SND/ICE	<input type="checkbox"/>	<input type="checkbox"/>
Note:			<b>Dist. Name:</b>	<b>Dist. #</b>	<b>Date in Custody:</b>
Dates listed above must be			San Diego Field Office	<input type="checkbox"/>	<input type="checkbox"/>
Within one year of this transfer.			<b>II.</b>		
			<b>Current</b>	1	4
			<b>Medical</b>	2	5
			<b>Problems</b>	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments  **III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes No If no, Why not?

Is prisoner medically able to travel by airplane? Yes No If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes No If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes No If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes No If yes, What equipment?

Sign & Print Name Certifying Health Authority: Phone Number Date Signed:

Prisoner File

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

U.S. Department of Justice

TB Clearance	Yes	No	<b>I. PRISONER/ALIEN</b>		
1) PPD Completed:			<b>Name:</b>	<b>Prisoner/Alien Reg#</b>	<b>D.O.B</b>
	Date		0	0	(b)(6) 1899
			0		
2 CXR Completed:			<b>Departed From:</b>	<b>Date Departed:</b>	
	Date		SWK	03/17/17	
3) Health Authority Clearance:			San Diego Field Office	<b>Destination:</b>	<b>Reason for Transfer:</b>
Sign	Date		SND/ICE	<input type="checkbox"/>	<input type="checkbox"/>
			<b>Dist. Name:</b>	<b>Dist. #</b>	<b>Date in Custody:</b>

001807  
Note:

Dates listed above must be  
Within one year of this transfer.

San Diego Field Office

<b>II. Current</b>	1	4
<b>Medical</b>	2	5
<b>Problems</b>	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes  No  If no, Why not?

Is prisoner medically able to travel by airplane? Yes  No  If no, Why not?

Is prisoner medically able to stay overnight at another facility en route to destination? Yes  No  If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status? Yes  No  If yes, state reason:

Does prisoner require any medical equipment while in Transport status? Yes  No  If yes, What equipment?

Sign & Print Name Certifying Health Authority: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date Signed: \_\_\_\_\_

Prisoner File

Form USM-553

(Est 6/98)

**MEDICAL SUMMARY OF FEDERAL PRISONER / ALIEN IN TRANSIT**

**U.S. Department of Justice**

TB Clearance Yes  No

1) PPD Completed:  Date

2) CXR Completed: \_\_\_\_\_ Date \_\_\_\_\_

3) Health Authority Clearance: \_\_\_\_\_ Date \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

Note:  
Dates listed above must be  
Within one year of this transfer.

**I. PRISONER/ALIEN**

**Name:** \_\_\_\_\_ **Prisoner/Alien Reg#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

0 \_\_\_\_\_ 0 \_\_\_\_\_ (b)(6) \_\_\_\_\_ 1899

**Departed From:** SWK **Date Departed:** 03/17/17

San Diego Field Office

**Destination:** SND/ICE **Reason for Transfer:** \_\_\_\_\_

**Dist. Name:** \_\_\_\_\_ **Dist. #** \_\_\_\_\_ **Date in Custody:** \_\_\_\_\_

San Diego Field Office

<b>II. Current</b>	1	4
<b>Medical</b>	2	5
<b>Problems</b>	3	6

**Medication Required For Care En Route**

Medication	Dose	Route	Instructions for Use (Include proper time for Administering)	Stop
			<b>*DETAINEE IN ICE CUSTODY LESS THAN 72 HOURS*</b>	
			DETAINEE TRANSFER MEETS REQUIREMENTS PER	
			JPATS CABIN CREW POLICIES & PROCEDURES MANUAL	
			"Medical Regulations, Section D 4.(a), page 33, regarding TB	
			clearance.	

ADDITIONAL Comments:

**III. SPECIAL NEEDS AFFECTING TRANSPORTATION**

Is prisoner medically able to travel by BUS, VAN or CAR? Yes  No  If no, Why not?

Is prisoner medically able to travel by airplane? Yes  No  If no, Why not?

Is prisoner medically able to stay overnight at another

001808

facility en route to destination?

Yes

No

If no, Why not?

Is there any medical reason for restricting the length of time prisoner can be in travel status?

Yes

No

If yes, state reason:

Does prisoner require any medical equipment while in Transport status?

Yes

No

If yes, What equipment?

Sign & Print Name Certifying Health Authority:

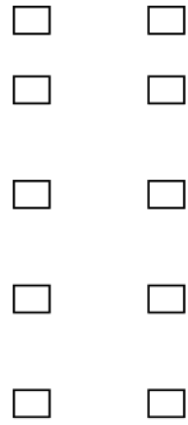
Phone Number

Date Signed:

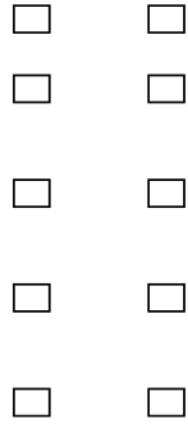
Prisoner File

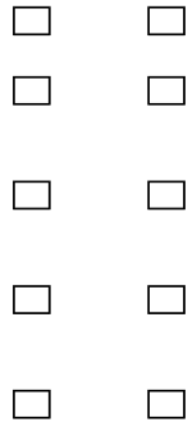
Form USM-553

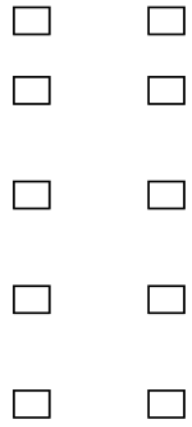
(Est 6/98)

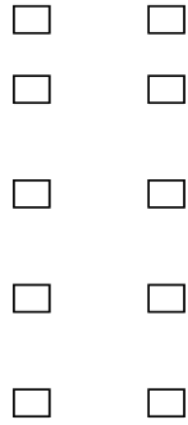


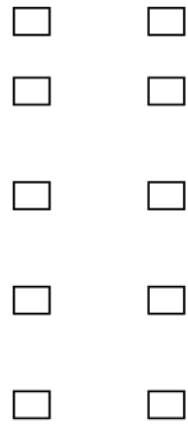












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Start Time	End Time	#	Hearing Location	Alien Name	A-Number	Hearing & Case Type	T/V ADJ	Custody	Nationality	Language	FINS #	Subject ID#	FBI
1:00	1:30	1				ARMV		2 Detained	MX	SP			
1:00	1:30	2				ARMV		2 Detained	MX	ENG			
1:00	1:30	3				ARMV		1 Detained	ER	TIG			
1:00	1:30	4				ARMV		5 Detained	MX	SP			
1:00	1:30	5				IRMV	NA	Detained	MX	SP			
1:00	1:30	6				IRMV	NA	Detained	ES	SP			
1:00	1:30	7				ARMV		2 Detained	MX	SP			
1:00	1:30	8				ARMV		1 Detained	MX	SP			

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M P  
M P  
M P



To: (Name and Title of Person in Charge of Facility) <b>Warden or Officer in Charge</b>	<b>Name of Facility: Otay Detention Facility San Diego / CCA</b>	
Please DETAIN / RELEASE the alien(s) listed below		<b>Date and Time of admission / release: 03/22/09 1400</b>
Special Note:		

Name		A- Number	Nationality	Status	Sex	Convictions	Class Level	DOB	FINS #	Detainee Funds	I-77	Subject ID#
Last	First											
1										SEE I-216		
2										SEE I-216		
3										SEE I-216		
4										SEE I-216		
5										SEE I-216		
6										SEE I-216		
7										SEE I-216		
8										SEE I-216		
9										SEE I-216		
10										SEE I-216		
11										SEE I-216		
12										SEE I-216		
13										SEE I-216		
14										SEE I-216		
15										SEE I-216		
16										SEE I-216		
17										SEE I-216		
18										SEE I-216		
19										SEE I-216		
20										SEE I-216		

\* Cite Basis for Detention / Release (e.g., NTA, Reinstatement, Administrative Removal, Expedited Removal, Room & Board, Bond, IJ order, Order of Supervision, Order of Recognizance, etc.)

Printed Name and Signature of Receiving Officer	Printed Name and Signature of Officer Directing Action	Date
		3/2/2011
Title, Office and Telephone Number	Title, Office and Telephone Number	







ICE A-Number: 0 Date/time of the call: \_\_\_\_\_  
Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)  
Name of the person called: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of the call: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_ Signature of Officer: \_\_\_\_\_

This form will be placed on the right side of the ICE A-file  
**Detainee Free Admission Telephone Call**

Detainee Name: 0 0  
Last Name First Name  
ICE A-Number: 0 Date/time of the call: \_\_\_\_\_  
Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)  
Name of the person called: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of the call: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_ Signature of Officer: \_\_\_\_\_

**Detainee Free Release Telephone Call**

Detainee Name: 1899 0  
Last Name First Name  
ICE A-Number: 0 Date/time of the call: \_\_\_\_\_  
Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)  
Name of the person called: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of the call: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_ Signature of Officer: \_\_\_\_\_

This form will be placed on the right side of the ICE A-file

ICE A-Number: 0 Date/time of the call: \_\_\_\_\_  
Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)  
Name of the person called: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of the call: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_ Signature of Officer: \_\_\_\_\_

This form will be placed on the right side of the ICE A-file  
**Detainee Free Admission Telephone Call**

Detainee Name: 0 0  
Last Name First Name  
ICE A-Number: 0 Date/time of the call: \_\_\_\_\_  
Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)  
Name of the person called: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of the call: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_ Signature of Officer: \_\_\_\_\_

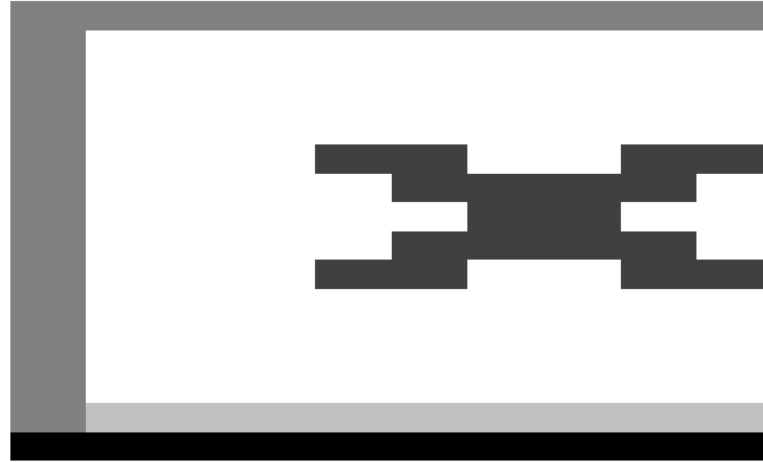
**Detainee Free Release Telephone Call**

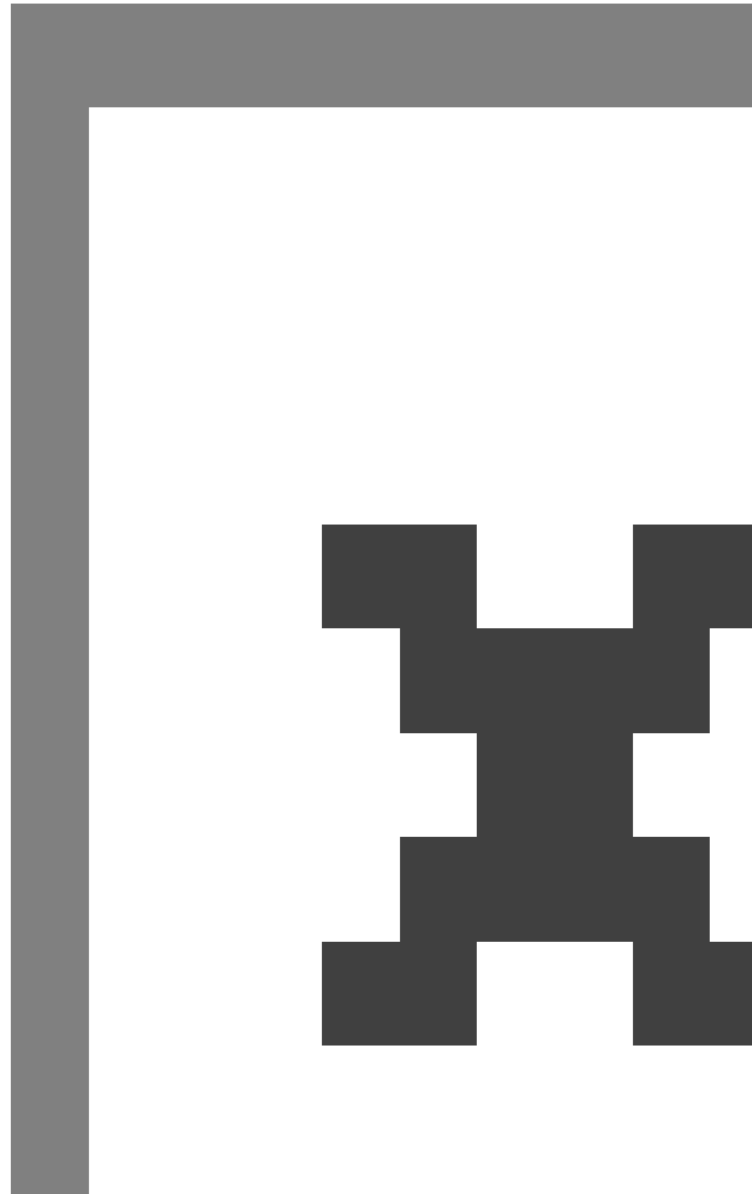
Detainee Name: 899 0  
Last Name First Name  
ICE A-Number: 0 Date/time of the call: \_\_\_\_\_  
Telephone call completed successfully: Yes or No (Circle One)

If the call was not completed, state reason: Declined or Other (Circle One)  
Name of the person called: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of the call: \_\_\_\_\_  
Name of Officer: \_\_\_\_\_ Signature of Officer: \_\_\_\_\_

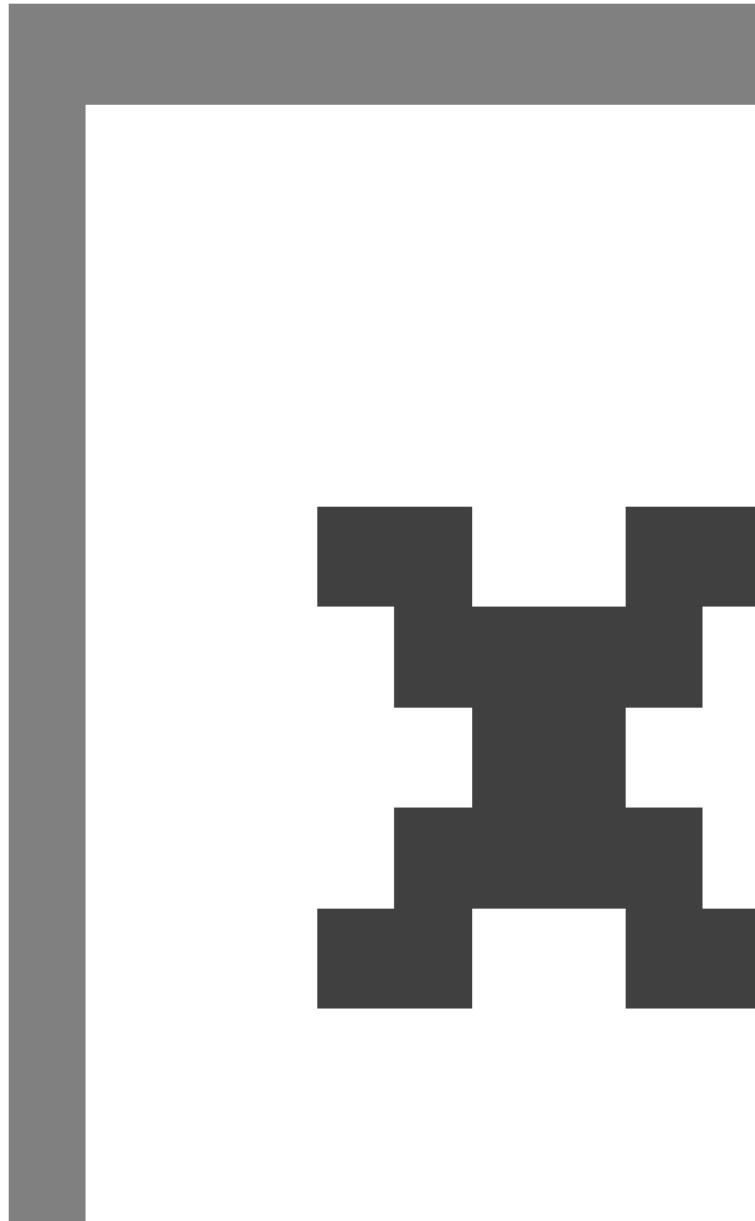
This form will be placed on the right side of the ICE A-file

	New Facility Name Entered in Highlighted Area
Name	<b>Theo Lacy Facility</b>
Address	<b>501 The City Drive South</b>
City State Zip	<b>Orange, CA 92868</b>
	New Facility Phone Number Entered in Highlighted Area
Phone #	
	New Facility Name Entered in Highlighted Area
Name	<b>MESA VERDE DETENTION FACILITY</b>
Address	<b>425 GOLDEN STATE AVE.</b>
City State Zip	<b>BAKERSFIELD, CA 93301</b>
	New Facility Phone Number Entered in Highlighted Area
Phone #	<b>661-859-1028</b>
	New Facility Name Entered in Highlighted Area
Name	<b>LaSalle Detention Center</b>
Address	<b>830 Pinehill Rd.</b>
City State Zip	<b>Jena, LA 71342</b>
	New Facility Phone Number Entered in Highlighted Area
Phone #	<b>(318) 992-7800</b>
	New Facility Name Entered in Highlighted Area
Name	<b>Orange County Jail (IRC)</b>
Address	<b>550 N. Flowers St.</b>
City State Zip	<b>Santa Ana, Ca. 92703</b>
	New Facility Phone Number Entered in Highlighted Area
Phone #	<b>(714) 647-4666</b>
	New Facility Name Entered in Highlighted Area
Name	<b>Adelanto Detention Facility</b>
Address	<b>10400 Rancho Road</b>
City State Zip	<b>Adelanto, CA 92301</b>
	New Facility Phone Number Entered in Highlighted Area
Phone #	<b>760-561-6300</b>
	New Facility Name Entered in Highlighted Area
Name	<b>Imperial Regional Detention Facility</b>
Address	<b>1572 Gateway Road</b>
City State Zip	<b>Calexico, CA 92231</b>
	New Facility Phone Number Entered in Highlighted Area
Phone #	<b>(760)336-4600</b>
	New Facility Name Entered in Highlighted Area
Name	
Address	
City State Zip	
	New Facility Phone Number Entered in Highlighted Area
Phone #	











On Mar 16, 2017, at 11:37 AM, Toscano, Patricia (ACF) (CTR)  
<Patricia.Toscano@acf.hhs.gov> wrote:

Good Morning Consul Tsai Yu,

Hope this email finds you well. I am reaching out to you on behalf of SWK San Diego to request your assistance in obtaining birth certificate for UC (b)(6) (b)(6). Today client (b)(6) A# (b)(6) disclosed to clinician that he was an adult and that his real name is (b)(6) and his real DOB is (b)(6) 1997. Attached is a copy of his picture and information. Thank you for your time and assistance.

Respectfully,

Patricia Toscano

**Patricia Toscano, MFTI**

Contract Field Specialist (CTR)  
U.S. Department of Health & Human Services  
Office of Refugee Resettlement  
Division of Unaccompanied Children Operations (DUCCO)  
Los Angeles & San Diego Area  
Mobile # (b)(6)  
[Patricia.Toscano@acf.hhs.gov](mailto:Patricia.Toscano@acf.hhs.gov)

Confidentiality Note: The information contained in this email message constitutes legally privileged and confidential information, intended only for the use of the individual or entity to whom it is addressed. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this message is strictly prohibited.

---

**From:** (b)(6) (b)(6)  
**Sent:** Thursday, March 16, 2017 10:42 AM  
**To:** Staples, Heidi (ACF); Toscano, Patricia (ACF) (CTR)  
**Cc:** (b)(6); (b)(6); (b)(6); (b)(6); (b)(6)  
(b)(6)  
**Subject:** ADULT IN CARE: (b)(6) A# (b)(6)

Good Afternoon,

Today client (b)(6) A# (b)(6) disclosed to clinician that he was an adult and that his real name is (b)(6) and his real DOB is (b)(6) 1997.

If CFS can provide us a RENAP to process client out, as family in COO and mother in Spain are not answering.

He has written a statement confessing. It is attached.

Here is the information:

**UAC name on NTA:** (b)(6)

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

**BC DOB:** (b)(6) 1997

**NTA DOB:** (b)(6) 2001

**Birth Certificate Name:** (b)(6)

**Entry to program:** 03/11/2017

**Medical:** Client is not medically cleared.

Attached is the Face Sheet.

Thanks,

(b)(6) | **Case Manager**  
**Southwest Key Programs, San Diego**  
**| 1253 Broadway PMB 408 El Cajon CA 92021**  
**OFFICE** (b)(6) | **CELL** (b)(6) | **FAX** (619) 599-8150

Disclaimer: This e-mail and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering the e-mail to the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing, or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please delete that message and attachments and notify the sender immediately.

<Central brief Standard Form 3-1-17 (1).docx>

ciento treinta y seis



ALCALDIA MUNICIPAL DE SANTIAGO DE LA FRONTERA

REGISTRO CIVIL

PARTIDA NUMERO, ciento treinta y seis

(b)(6), varón, nació a las dieciocho horas

del día (b)(6) corriente

, en el Cantón Chilamates de esta jurisdicción,

siendo hijo de (b)(6) y de (b)(6)

(b)(6) al primer de veintisiete años de edad,

pequeño agricultor, originari de esta población y

de este domicilio; la segunda de veintiseis años de edad, de oficio

domésticos, originari de esta población y de este domici-

lio; ambos de nacionalidad salvadoreña.- Dió estos datos el padre del

recién nacido y exhibió su cédula de identidad perso-

nal número (b)(6) expe-

dida por las autoridades municipales de esta población y

no firma por no saber, dejando como constancia la impresión

digital de su pulgar derecho.-

ALCALDIA MUNICIPAL: Santiago de la Frontera, quince  
de diciembre de mil novecientos noventa y ocho

(b)(6)

Alcalde Municipal.



(b)(6)

Secretario Municipal.

001830

Quedan exentas de papel Sellado y Timbres todas las Certificaciones de Partidas del Registro, según D. No. 384, Tomo 305 No. 232, Artículo 12, Lit. J. Lcy del Papel Sellado y Timbres.

La infrascrita Jefe del Registro del Estado Familiar, CERTIFICA: Que la original de la presente fotocopia se encuentra en el Libro de **Partidas de nacimiento**

Folio(s) (b)(6) año (b)(6)

Se expide para **Efectos Legales**

Según D.L. N° 1872, del 24-07-55, D.O. 119 Tomo 167, del 28 de junio del mismo año.

Alcaldía Municipal Santiago de la Frontera, 02 de 12 de 2016

(b)(6)

Claudia Elizabeth Lineros Lineros  
JEFE DEL REGISTRO DEL ESTADO FAMILIAR



<b>From:</b>	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
<b>To:</b>	(b)(6) (b)(6)@swkey.org"; "Staples, Heidi (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6b76f6e1e284887a4d9e4da12a0252f-Staples, He>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>CC:</b>	"Laurie, Catherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73e9bec310144ff3add360755f8041bf-Laurie, Cat>"; "(b)(6)@swkey.org"; "(b)(6)@swkey.org"; "Valdes, Carlos (CMS/OHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa7b6a876dcb4afcbe5d1241c04a407a-V2D2>"
<b>Subject:</b>	Age Redetermination (ADULT)-(b)(6) A# (b)(6)
<b>Date:</b>	2016/08/12 20:23:23
<b>Priority:</b>	Normal
<b>Type:</b>	Note

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) 1997 Age: 19  
 Name on I-216: (b)(6) Age: 17  
 AKA DOB: (b)(6) 1999  
 A# (b)(6)

Date of entrance to shelter: 08/05/2016

LOS in shelter: 15

**Please contact the program for pickup**

**Southwest Key, Estrella del Norte**

**Phone:** (b)(6)

CM sent verification of original BC to CFS on 08/12/16 and shelter received verification of BC on 08/12/16 stating that the correct DOB was 1997. ( see email below) CM confronted sponsor (father) and he admitted that the client is an adult and that he lied because he wanted her to be reunified . Parent was able to send a copy of the original BC to this CM which is attached to this email. The assigned CM does believe this client is an adult for her physical appearance.

**Ivonne Velazquez, LCSW**

Federal Field Specialist Supervisor  
 United States Department of Health and Human Services  
 Administration of Children and Families  
 Office of Refugee Resettlement  
 Division of Children's Services  
 Cell: (b)(6)

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



[Get answers about the Health Insurance Marketplace & Obamacare](#)



[Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.](#)

(b)(6)

**Case Manager (RM)** (b)(6)

**Southwest Key, Estrella del Norte  
Unaccompanied Minor Program**

**Phone:** (b)(6)

**Fax: (520) 844 - 8042**

**Kraetz, Janett (ACF) (CTR) <[Janett.Kraetz@acf.hhs.gov](mailto:Janett.Kraetz@acf.hhs.gov)>**

**Reply all |  
Fri 8/12/2016 2:41 PM**

**To:**

(b)(6)

**Catherine Laurie**

**Cc:**

(b)(6)

(b)(6)

(b)(6)

**Carlos Valdes**

[48.pdf](#) 127 KB

**Download  
Save to OneDrive - Southwest Key Programs**

Hi (b)(6)

Per the Consulate, (b)(6) s date of birth is (b)(6) 1997. The UC is an adult. Please contact FFS Casey Laurie .

Thank you

**Janett Kraetz**  
**Contract Field Specialist**  
**U.S. Department of Health & Human Services**  
**Division of Children Services**  
**Office of Refugee Resettlement**  
**Tucson, Arizona**  
**Cell: (b)(6)**  
**Janett.Kraetz@acf.hhs.gov**

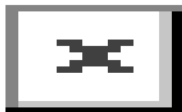
---

**From:** (b)(6) [mailto:(b)(6)@gmail.com]  
**Sent:** Friday, August 12, 2016 2:25 PM  
**To:** Kraetz, Janett (ACF) (CTR)  
**Subject:** RE: Verificación de Acta De Nacimiento

Buenas Tardes,

La fecha de nacimiento de (b)(6) es el (b)(6) de 1997, adjunto la hora de verificación,

(b)(6)  
**Consulado de Guatemala**  
**Tucson, Arizona**



cid:image003.png@01D1F4A5.52A10300

<b>Sender:</b>	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
<b>Recipient:</b>	"(b)(6)@swkey.org"; "Staples, Heidi (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6b76f6e1e284887a4d9e4da12a0252f-Staples, He>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Laurie, Catherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73e9bec310144ff3add360755f8041bf-Laurie, Cat>";



	(b)(6)@swkey.org"; (b)(6)@swkey.org"; "Valdes, Carlos (CMS/OHC) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fa7b6a876dcb4afcbe5d1241c04a407a-V2D2>"
<b>Sent Date:</b>	2016/08/12 20:23:20
<b>Delivered Date:</b>	2016/08/12 20:23:23

Constancia de Datos Biográficos

Fecha de emisión: 2016-08-12

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:

(b)(6)

Segundo Nombre:

(b)(6)

Tercer Nombre:

Primer Apellido:

García

Segundo Apellido:

Pérez

Apellido Casada:

CUI:

(b)(6)

ID Partida:

(b)(6)

Sexo:

FEMENINO

Fecha de Nacimiento:

(b)(6)/1997

País, departamento y municipio de nacimiento:

GUATEMALA

HUEHUETENANGO

(b)(6)

Libro:

(b)(6)

Folio:

(b)(6)

Partida:

(b)(6)

Estado civil:

SOLTERO

Teléfono casa:

Teléfono celular:

(b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción:

1120

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



Facility #: ---

Date: Aug 2, 2016

Time: 17:17:55 MT

Estrella del Norte - Tucson, AZ - ALF

Immunization Report

Facility Code: ---

User: (b)(6)

001837

Resident: (b)(6) (1112) Date Range: 1/1/2016 - 08/31/2016

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

(b)(6) (1112) - Building 6- Intake Building 212 B - DOB: (b)(6) Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	-	-
Varicella (chicken pox)	Consented	08/01/2016	-
Tdap	Consented	08/01/2016	-
IPV	Consented	08/01/2016	-
MMR	Consented	08/01/2016	-
Meningococcal	Consented	08/01/2016	-
HPV	Consented	08/01/2016	-
Hepatitis A	Consented	08/01/2016	-

001838

(b)(6)



**Registro Nacional de las Personas**  
**República de Guatemala**  
**Santiago Chimaltenango, Huehuetenango**  
**Registro Civil de las Personas**  
**Certificado de Nacimiento**

El infrascrito Registrador Civil del Registro Nacional de las Personas de Santiago Chimaltenango  
**CERTIFICA**  
 que con fecha once de junio de mil novecientos noventa y nueve la partida (b)(6) del folio (b)(6)  
 y libro 06, fue inscrito el nacimiento de:

(b)(6)

Nombres y Apellidos del Inscrito

(b)(6)

noventa y nueve

Fecha de Nacimiento

Guatemala, Huehuetenango, Santiago Chimaltenango, (b)(6)

Sexo

Lugar de Nacimiento

**Datos de la Madre**

(b)(6)

Nombres y Apellidos de la Madre

(b)(6)

Lugar de Origen

**Datos del Padre**

(b)(6)

Nombres y Apellidos del Padre

(b)(6)

Lugar de Origen

Extendida en el municipio de Santiago Chimaltenango, departamento de Huehuetenango, el día  
 ocho de enero de dos mil nueve ante el Registrador Civil, la cual es auténtica por ser una copia  
 fiel de su original.

Doy fe

(b)(6)

Registrador Civil



(b)(6)

(b)(6)



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

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

**Memo of Age Determination**  
**August 12, 2016**

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

Through: SWK CASA PHOENIX

FROM: Ivonne Velazquez FFS Supervisor  
 Federal Field Specialist  
 Division of Children's Services

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

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

Mr. (b)(6) # (b)(6) was transferred and placed in HHS-ORR care on 08/05/2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as (b)(6) 1997 to apprehending officers at the time of his apprehension.

Upon placement in ORR it was immediately apparent to assigned Case that Mr. (b)(6) could be overage. Case Manager received from Mr. (b)(6), a copy of his son's birth certificate stating (b)(6) 1997. CM sent verification BC to the consulate, the shelter received verification of BC on 08/12/16 stating that the correct DOB was (b)(6) /1999. Parent was able to send a copy of the original BC (b)(6) /1999 which is attached to this email.

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

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified BC

- TB clearance

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

Respectfully,

**Ivonne Velasquez, LCSW**  
Federal Field Specialist Supervisor  
United States Department of Health and Human Services  
Administration of Children and Families  
Office of Refugee Resettlement Division of Children's Services  
(b)(6) – Velazquez, Ivonne (ACF)  
[Ivonne.Velazquez@ACF.hhs.gov](mailto:Ivonne.Velazquez@ACF.hhs.gov)

Referred to DHS



Referred to DHS

Referred to DHS

Referred to DHS

---

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

**Sent:** Tuesday, March 20, 2018 12:07 PM

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

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

**Subject:** [WARNING: MESSAGE ENCRYPTED][WARNING: MESSAGE ENCRYPTED]AGE OUT ADDENDUM **\*\*URGENTE\*\*** Age Redetermination: (b)(6)  
(b)(6) A#\*\*-\*\* (b)(6)

---

Please see attached BC verification from Consulate obtained today via interview on Age out for tomorrow.

Standard password.

Thank you.

Heidi J. Staples, MSW

Federal Field Specialist

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

San Diego, CA

[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

*"Vision is seeing the opportunity within the challenge."*



<b>From:</b>	LaGrow, Debra (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D4D6D720C8F54D4AAEE225E329DB7907-LAGROW, DEB>
<b>To:</b>	(b)(6)@ice.dhs.gov"; "Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; "Staples, Heidi (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6b76f6e1e284887a4d9e4da12a0252f-Staples, He>"; "Laurie, Catherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73e9bec310144ff3add360755f8041bf-Laurie, Cat>"; "Zapata, Richard (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fe5f35855edc43ebbc6926ff5a6d6590-Zapata, Ric>"
<b>CC:</b>	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Subject:</b>	RE: Phoenix Field Office Juvenile Coordinators
<b>Date:</b>	2016/04/20 18:55:48
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Yes, I will follow your guidance who you want the memo addressed to and to only submit it to the email address below.

Respectfully,

Debra LaGrow, BSW, MPA  
Federal Field Specialist  
Division of Children's Services  
Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

Referred to DHS

Referred to DHS

<b>Sender:</b>	LaGrow, Debra (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D4D6D720C8F54D4AAEE225E329DB7907-LAGROW, DEB>
<b>Recipient:</b>	<p>(b)(6)@ice.dhs.gov";</p> <p>"Mortuiccio, Beth E (ACF) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,&gt;";</p> <p>"Hillin, Myriam (ACF) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr&gt;";</p> <p>"Calero, Wilfred (ACF) &lt;/o=ExchangeLabs/ou=Exchange Administrative Group</p>

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; "Staples, Heidi (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b6b76f6e1e284887a4d9e4da12a0252f-Staples, He>"; "Laurie, Catherine (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73e9bec310144ff3add360755f8041bf-Laurie, Cat>"; "Zapata, Richard (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fe5f35855edc43ebbc6926ff5a6d6590-Zapata, Ric>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
<b>Sent Date:</b>	2016/04/20 18:55:46
<b>Delivered Date:</b>	2016/04/20 18:55:48



Referred to DHS

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**From:** Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]

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

**To:** (b)(6);(b)(7)(F); Mortuiccio, Beth E (ACF); Hillin, Myriam (ACF); Calero, Wilfred (ACF); Laurie, Catherine (ACF); LaGrow, Debra (ACF); Zapata, Richard (ACF)

**Cc:** Velazquez, Ivonne (ACF); PHO, Juv Placement

**Subject:** RE: Phoenix Field Office Juvenile Coordinators

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Will do but just to be clear that the memos from the FFS not from the programs directly.

Thank you.

Heidi J. Staples, MSW

Federal Field Specialist

Office of Refugee Resettlement

Division of Children's Services

San Diego, CA

[Heidi.Staples@acf.hhs.gov](mailto:Heidi.Staples@acf.hhs.gov)

(b)(6)

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Referred to DHS

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