003175 Stevens v. BBG et al., 18-cv-5391
DHHS
HHS-18-F-0210
https://deportationresearchclinic.org/

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS

Directive TECHNICAL AND PROCEDURAL UPDATE (TPU)

Age Determination Procedures for Custody Determination

Policy Number: ERO 11301.4
Issue Date: 12/11/2015
Superseded: Directive Technical and Procedural Update "Age Determination Procedures for Custody Determination," ERO 11301.3, dated Sept. 24, 2014.
Federal Enterprise Architecture Number: 301-112-002b

1. **Purpose/Background.** This TPU supersedes the Directive, "Age Determination Procedures for Custody Determination." This TPU updates policy and procedures for determining the age of individuals in ERO custody, including unaccompanied children (UC) to align with changes made by the Department of Health and Human Services (HHS).

1.2. Determining whether an individual in ERO custody is a minor or an adult often presents challenges, including one or more of the following:

1) Lack of documentation;

2) Contradictory or fraudulent identity documentation or statements;

3) Physical appearance of the alien;

4) Diminished capacity of the alien.

2. **Policy.** ERO determines the age of individuals in our custody consistent with HHS's Office of Refugee Resettlement (ORR), "ORR Policy Guide Children Entering the United States Unaccompanied, 1.6: Determining the Age of an Individual without Lawful Immigration Status," (August 28, 2015), attached.

2.1. This directive applies to age-determination procedures only.. It does not alter other policies regarding the care, feeding, and well-being of ERO detainees.

3. **Definitions.** The following definitions apply for the purpose of this directive only.

3.1. **Adult:** a person who is 18 years of age or older.

3.2. **Juvenile/Minor:** a person who is under the age of 18 years.

3.3. **Medical Payment Authorization Request:** a request for medical, dental, or mental health services payment.

3.4. Unaccompanied Child (UC): a child who:

1) Has no lawful immigration status in the United States;

2) Has not attained 18 years of age; and

3) With respect to whom:

- There is no parent or legal guardian in the United States; or
- No parent or legal guardian is available to provide care and physical custody.

4. Responsibilities.

4.1. The Custody Management Division (CMD) is the Office of Primary Interest and manages, administers, and ensures compliance with this directive.

4.2. Field Office Directors (FODs) establish local procedures that comply with the age-determination procedures in the HHS Instruction.

4.3 Field Office Juvenile Coordinators (FOJCs) implement age-determination procedures established by their respective FODs, in coordination with IHSC Managed Care Branch personnel.

4.4. ICE Health Service Corps (IHSC), the medical authority for ICE, develops procedures to assist ERO in completing age determinations as provided in the HHS Instruction. IHSC also maintains a list of medical and dental practitioners fully qualified in age-determination techniques.

4.5 IHSC Managed Care Branch provides assistance to ERO field staff by coordinating age-determination procedures for identifying minors.

5. Procedures.

5.1 FODs implement local procedures to determine the age of individuals in their custody in accordance with the ORR Policy Guide, following the steps outlined below. FOJCs evaluate the information collected and establish both that the documents are valid and that the individual in question is the rightful bearer of those documents (i.e., not an imposter).

Note:

- Information from each category is not required.

- Step 4 is used when age is indeterminable from steps 1 through 3, with arrangements coordinated by IHSC.

- Until the age determination is made, the individual in custody is entitled to all services provided to juveniles.

Officers follow the regulatory confidentiality protections afforded to asylum seekers and other protected classes when interacting with third parties, as provided in 8 C.F.R. §§ 208.6 and1208.6.

1) Acceptable documentation:

   a) Official government-issued documents, including birth certificates. If you question a document's authenticity or the alien possesses no documentation, verify the validity of the alien's claim by contacting government officials of the alien's home country.

   b) Other objective documentation (e.g. baptismal certificates, school records, medical records) that indicate the alien's date of birth.

2) Statements by individuals (including the one whose age is in question) asserting personal knowledge of the alien's age, and who ERO concludes can credibly attest to the person's age.

   a) Statements provided by the individual regarding his/her age or birth date. Generally, an alien's uncorroborated declaration regarding age is not used as the sole basis for an age determination.

   b) Statements from the alien's parent(s) or legal guardian(s), if such persons can be identified and contacted.

   c) Statements from other persons.

3) Information from another government agency (Federal, State, local, or foreign).

   a) State/local arrest records.

   b) Child welfare agency records.

   c) Consular records.

4) Age assessment procedures (e.g., dental and skeletal [bone] maturity assessments using x-rays or other medical techniques identified by the

medical community as appropriate) may be used as a last resort, when no conclusive information is available.

a) The examination will be performed by a medical professional experienced in age assessment method(s), taking into account the individual's ethnic and genetic background.

b) As no medical assessment method can determine an exact age, best practice relies on the estimated probability that an individual is 18 years or older.

5.2. Request assistance from IHSC by initiating a "Medical Payment Authorization Request" through the IHSC Managed Care Branch. IHSC will coordinate with a licensed and credentialed forensic practitioner.

5.3. IHSC will provide a written report to the case officer on the same day as the examination if all possible, detailing the forensic method used to determine age and the probability that the alien is a juvenile or an adult.

1) The examining doctor submits a written report indicating the probability percentage that the individual is a minor or an adult.

2) The FOD or designee (SDDO or above) reviews the medical report.

3) If the probability of an individual being 18 years old or older is 75 percent or greater, process the individual as an adult.

5.4. The FOD will promptly evaluate new information regarding the age of the individual in ERO custody if presented by the individual or his/her legal representative.

6. Recordkeeping. The FOJC maintains a record of results, especially radiographic (x-ray), in appropriate fields of the ENFORCE Custody Actions and Decisions Screen and maintains a copy in the alien's A-file. The FOJC documents all information relied upon to determine age (the information referenced, data systems used, individuals or agencies consulted, statements, and conclusions) in accordance with local procedure using Form I-213, Record of Inadmissible/Deportable Alien; Form G-166C, Memorandum of Investigation; or memorandum to file.

7. Authorities/References.

7.1. The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Pub. L. No. 110-457, 122 Stat. 5074 (December 23, 2008); 8 U.S.C. § 1232 (b) (4).

7.2. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR), "ORR Policy Guide, 1.6 Determining the Age of an Individual without Lawful Immigration Status," (August 28, 2015); http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.6

8. **No Private Right Statement.** This directive is an internal policy of ERO. It is not intended to, does not and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil or criminal matter.

(b)(6)

12/11/15

Date

Tae Johnson
Assistant Director for Custody Management
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

1.6 Determining the Age of an Individual without Lawful Immigration Status

The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). ***To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures in this section.***

Typically, DHS is the agency that apprehends individuals without lawful immigration status, including unaccompanied children (UC). , while HHS is the agency responsible for the care and custody of UC transferred to its care. HHS authority to provide care and custody applies only to individuals who have not attained 18 years of age.

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

- Unavailable documentation;
- Contradictory or fraudulent identity documentation and/or statements;
- Physical appearance of the individual; and
- Diminished capacity of the individual.

The TVPRA requires the age determination procedures, at a minimum, to take into account multiple forms of evidence. Accordingly, under these procedures, each case must be evaluated carefully based on the totality of all available evidence, including the statement of the individual in question.

1.6.1 Unaccompanied Children in HHS Custody

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

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

There may be occasions when an unaccompanied child's age is questioned at the time of admission to an HHS funded care provider facility during the intakes process. In those cases, the case

manager does not complete the intakes process, but consults with the HHS FFS to make the age determination.

1.6.2 Instructions

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

Documentation:

- Official government-issued documents, including birth certificates. If the unaccompanied child in question is not in possession of original documentation, or if the authenticity of the original documentation is in question, government officials of the unaccompanied child's home country must be consulted in order to verify the validity of the documentation.
- Other reliable records (e.g., baptismal certificates, school records, medical records) that indicate the unaccompanied child's date of birth.

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

- Statements provided by the unaccompanied child regarding his/her age or birth date. (Generally, an unaccompanied child's uncorroborated declaration regarding age is not used as the sole basis for an age determination.)
- Statements from the unaccompanied child's parent(s) or legal guardian(s), if such persons can be identified and contacted.
- Statements from other persons.
- Information from another government agency (Federal, State, local or foreign):
- State/local arrest records.
- Child welfare agency records.

Medical age assessment procedures (i.e., dental and skeletal [bone] maturity assessments using radiographs) may be used to determine age, but only if other information is inconclusive.

Medical Assessments:

- A medical professional experienced in age assessment method(s) must perform the examination, taking into account the individual's ethnic and genetic background.
- As no medical assessment method can determine an exact age, best practice relies on the estimated probability that an individual is 18 or older. The examining doctor must submit a written report indicating the probability percentage that the individual is a minor or an adult.

ORR Response:

- The FFS supervisor must review the determination regarding the age submitted by the examining doctor.
- If an individual's estimated probability of being 18 or older is 75 percent or greater, ORR will refer the individual to DHS. This applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.
- The FFS compiles all pertinent information (e.g., the information referenced, individuals or agencies consulted, statements and conclusions) and documents it in a memorandum for review and approval by the FFS Supervisor.
- The FFS then will forward the memo to the care provider facility case manager to be included in the unaccompanied child's case file and to the ICE Detention and Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the unaccompanied child's A-file.

At any time, an unaccompanied child in ORR care or his/her designated legal representative may present new information or evidence that he/she is 18 or older for re-evaluation of an age determination. New information will be reviewed and evaluated by the FFS and if necessary, the FFS Supervisor, in a timely manner and shared with the DRO FOJC to determine if current placement is appropriate. If the new information or evidence indicates a presumed UC is actually an adult, then HHS will coordinate with the assigned FOJC to ensure an immediate transfer of custody to an adult DRO facility.

Updated 10/05/2015

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Footnotes

1. Other circumstances which would result in a longer stay, such as the child's country of origin is in a state of emergency, indicating that the child will likely not be repatriated for an extended period of time.

Last Reviewed: October 20, 2015

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

Memo of Age Determination
August 8, 2017

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

Through: SWK CAMPBELL

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

SUBJECT: Age Re-Determination of individual in ORR care

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

Ms. (b)(6) was transferred to and placed in HHS-ORR care at SWK Campbell on July 19, 2017 as a juvenile as a result of knowingly misreporting her date of birth as (b)(6), 2000 to officers who apprehended her.

Following placement in ORR care, Ms. (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Ms. (b)(6) could be overage. Case Manager received a copy of Ms. (b)(6)'s birth certificate from her family in Guatemala and submitted it for verification on July 21, 2017 to the Guatemalan Phoenix Consulate. On July 28, 2017 ORR received an email from the Guatemalan Consulate informing that the document returned as a no match and could not be verified in the RENAP archives.

On August 2, 2017 Ms. (b)(6) informed the Case Manager that her real name was (b)(6) and that she could not remember her correct date of birth. Case Manager then contacted Ms. (b)(6)'s family in Guatemala again and requested a copy of her birth certificate. On August 4, 2017 Ms. (b)(6)'s family sent a second birth certificate with a date of birth (b)(6), 2000 and name (b)(6). The document was sent for verification with the consulate and returned again as a no match.

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

On August 5, 201 Ms. (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine her chronological age. "**Dr. Arvanitis provided a report concluding that "The average empirical probability that this individual has reached his 18th birthday expressed as a percentage is 82.65%**."

Case Manager then informed Ms. (b)(6) the results of her dental exam and Ms. (b)(6) then admitted that her correct name is (b)(6) and that her correct date of birth is (b)(6), **1993** and admitted she initially provided a false date of birth. Case Manager then contacted her family again and they admitted that (b)(6) correct date of birth is (b)(6), 1993. The Guatemalan consulate was then able to provide a verification of the formal birth certificate of Ms. (b)(6) with a matching date of birth of (b)(6), **1993**.

In accordance with ORR policy I reviewed the medical age determination exam and the verified birth certificates and concur with the new information indicating that (b)(6) Us AKA: (b)(6) is 23 years old and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Along with this memo ORR provides:

- Fraudulent births certificates
- Consular verification of DOB and name
- TB Clearance
- Immunizations

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 9.8.2342.19200300.100.1.1=20014944?5, cn=Myriam B. Hillin -S
Date: 2017.08.08 16:20:35 -07'00'

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

From:	Laurie, Catherine (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=73E9BEC310144FF3ADD360755F8041BF-LAURIE, CAT>
To:	"Juv Placement PHO (JuvPlacement.PHO@ice.dhs.gov)"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov"
CC:	"Rowland-Dunn, Caroline (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e8bbc4d845ba413980c171020e6955b2-Rowland-Dun>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	FW: [WARNING : MESSAGE ENCRYPTED] Adult Age Out (b)(6) (VisionQuest LTFC)
Date:	2018/10/27 16:38:47
Priority:	Normal
Type:	Note

Good afternoon DHS,

Please find attached the ORR age out memo and the supporting documentation to show that this UAC will be turning 18 years of age at midnight tonight. He was transferred from ORR to the adult detention center after a forensic dental exam showed 92% chance this minor had already reached age 18. The legal service provider filed a TRO in Federal Court and DHS was ordered to transfer him back to ORR care. He was placed at Vision Quest-Tucson at 2:35am today.

Vision Quest has quarantined him as he was exposed to chicken pox while at the adult detention center. He was vaccinated for this but as a precaution the Tucson Medical Center did not medically clear him for another 3 days. He has no signs or symptoms.

Please accept this request to transfer back to DHS custody. He will be ready anytime after midnight tonight.

Thank you,
Catherine C Laurie
Federal Field Specialist
Office of Refugee Resettlement
Tucson Region
(b)(6)
Catherine.laurie@acf.hhs.gov

From: (b)(6) [mailto:(b)(6) @vq.com]
Sent: Saturday, October 27, 2018 10:41 AM
To: Laurie, Catherine (ACF)
Subject: [WARNING : MESSAGE ENCRYPTED] Adult Age Out (b)(6) (VisionQuest LTFC)

Hi Casey,

I attached ER visit, immunizations, TB and I-862. I also completed ICE memo for your review.

Thank you

--
(b)(6)
(b)(6) / VisionQuest
(b)(6)

http://vqarizona.com/-

Sender:	Laurie, Catherine (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=73E9BEC310144FF3ADD360755F8041BF-LAURIE, CAT>
Recipient:	"Juv Placement PHO (JuvPlacement.PHO@ice.dhs.gov)"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "(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"; "Rowland-Dunn, Caroline (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e8bbc4d845ba413980c171020e6955b2-Rowland-Dun>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2018/10/27 16:38:33
Delivered Date:	2018/10/27 16:38:47

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

June 30, 2016

TO: ICE – DHS – PHOENIX, AZ

Through: SWK Kokopelli

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

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

I reviewed the documentation gathered by SWK Kokopelli and the statements provided by AKA (b)(6) (b)(6) (hereinafter Mr. (b)(6), his family and it appears that Mr. (b)(6) who was placed in ORR care on *May 10, 2016, under the name of* (b)(6) (b)(6) *DOB Unknown (A#* (b)(6) has now been determined to be **an adult with unknown name and DOB.**

The individual in care at this time has identified himself (b)(6) (b)(6) Program Staff and ORR have until this time been unable to adequately identify the individual and for purposes of this memorandum he will be identified as Mr. (b)(6) Mr. (b)(6) arrived at Southwest Key Casa Kokopelli on May 10. 2016. Throughout his stay at Southwest Key Kokopelli, Mr. (b)(6) was being sponsored by his Aunt, (b)(6) (b)(6) who resides in New New Orleans, LA. Family renunciation was completed pending Mr. (b)(6) care plan identification.

Upon arrival to SWK Kokopelli Program Staff and ORR had suspicions that Mr. (b)(6) looked much older than his claimed age of 16. Further his behavior at the time of admission and throughout his admission have all raised suspicions that Mr. (b)(6) is an adult. That behavior has consisted of multiple episodes of self harming behavior, feigned illness in order to get out of the facility, escape statements, and multiple instances wherein Mr. (b)(6) attempted to hide contraband that could have been used to injure himself and others, i.e. razor blades. Based on his behaviors Program Staff requested that Mr. (b)(6) birth certificate be verified by the Guatemalan Consulate and further that at Dental Forensics Examination be completed on Mr. (b)(6)

On June 22, 2016, the Guatemalan Consulate verified Mr. (b)(6) birth certificate. Further, Mr. (b)(6) Dental Forensics Exam was received and it indicates that there is a 75% probability that Mr. (b)(6) is an adult with a final determination that there is a "**high probability"** that Mr. (b)(6) is an adult. (See Attached)

On June 23, 2016, Program Case Manager spoke with Mr. (b)(6) who appeared very nervous and anxious. Mr. (b)(6) was advised that there were suspicions that he was an adult and impersonating a minor. Mr. (b)(6) was asked for his age and he indicated he was 16 years of age. Program Case Manager confronted Mr. (b)(6) with the Dental Forensic Exam results which indicated that there was a high probability that Mr. (b)(6) was an adult and possibly between 20 and 22 years of age. Mr. (b)(6) became very nervous the interview, was fidgeting, and began to kick a chair in the office. He smiled but said nothing, staying quiet and not knowing what to say in response to the Dental Forensics Exam results. Mr. (b)(6) then claimed that he was not sure why but that the teeth on his right side were growing especially fast in an attempt to explain the results of the Dental Forensics Exam.

Program Case Manager then asked Mr. (b)(6) about his family. When asked about his siblings he made it a point of only naming a younger sibling, when asked about other siblings or older siblings, he stated that he could not remember their names and ages. Mr. (b)(6) claimed that although he had siblings he could not provide any demographic information for those siblings because he was not raised with those siblings. Mr. (b)(6) was then asked his biological father and step-father. Mr. (b)(6) again could not provide any information about his father or step father who he claims disappeared approximately five months ago. Mr. (b)(6) stated that he was close to his step father he showed no emotions when describing his step father's disappearance and he failed to mention this information at the time of initial assessment.

Program Case Manager then contacted Mr. (b)(6) alleged mother in Guatemala to discuss concerns that Mr. (b)(6) was impersonating a minor. Mr. (b)(6) mother however would not or could not speak to the Program Case Manager because Mr. (b)(6) mother kept hanging up the phone claiming that she could not hear the Program Case Manager on the phone. Program Case Manager tried multiple times to recall Mr. (b)(6) mother but she has yet to receive the phone calls and has not called back. No communication has been possible as of today.

Program Case Manage then contacted Mr. (b)(6) proposed sponsor in the United States. Program Case Manger asked Mr. (b)(6) proposed sponsor about Mr. (b)(6) age and Mr. (b)(6) sponsor admitted that she could neither confirm or deny Mr. (b)(6) age as she had no personally knowledge of his age. When pressed by the Program Case Manager to provide Mr. (b)(6) demographic information, the proposed sponsor remained quiet and did not say anything. Program Case Manager asked the proposed sponsor to contact Mr. (b)(6) mother, sponsor agreed. All efforts to follow up with the proposed sponsor have failed as she has also refused to accept any further communication from the Program and to date proposed sponsor has not returned any further Program phone calls.

ORR considered having Mr. (b)(6) interviewed by the Guatemalan Consulate. Unfortunately, due to Mr. (b)(6) erratic behavior, his multiple escape attempt comments, attempts to hide contraband which could injure himself and/or others and a more recent incident on June 30, 2016, wherein Mr. (b)(6) is alleged to have lead a conspiracy to effectuate the escape of 18 juveniles from SWK Kokopelli there is no manner in which to facilitate the interview. Further, based on all of the information and evidence that has been obtained there is more than sufficient

grounds to Re-determine Mr. (b)(6) as an adult for ORR and ICE purposes, pursuant to policy and TVPRA mandates. As such, ORR has determined that an interview is not mandated in this case.

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

Respectfully,

/s/ Wilfred Calero
Wilfred Calero, BA, JD
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
wilfred.calero@acf.hhs.gov

/s/ Ivonne Velazquez
Ivonne Velazquez, BSW, MSW, LCSW
Federal Field Specialist Supervisor
Division of Children's Services
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ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 www.acf.hhs.gov

Memo of Age Determination
July 20, 2017

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

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with SWK Casa Phoenix on July 12, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) (b)(6) Itzep misreporting his date of birth as (b)(6) 2002 to his apprehending authorities.

Following placement in ORR care Mr. (b)(6) (b)(6) (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) (b)(6) (b)(6) birth certificate from his brother Mr. (b)(6) On July 17, 2017 Mr. (b)(6) faxed a copy of his brother's (b)(6) s birth certificate to the Case Manager who proceeded to verify the document with the Guatemalan RENAP website.

On July 18, 2017 Case Manager retrieved a copy of the verified birth certificate from the RENAP website which returned with a date of birth of (b)(6) **, 1997**, the document contains a picture matching the identity of the individual in ORR care. Furthermore, after reviewing the document in the RENAP website Case Manager requested that the verified RENAP be verified by the Phoenix Guatemalan Consulate.

On July 19, 2017 ORR received from Consular Assistant, Ms. (b)(6) from the Guatemalan Phoenix Consulate a second verification of the birth certificate corroborating that the document presented by Mr. (b)(6) (b)(6) (b)(6) (b)(6) brother is an altered document. The Consulate verified that the correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) **1997**.

Case Manager then spoke with Mr. (b)(6) (b)(6) brother and mother who both informed not knowing anything about the birth certificate being altered.

Case Manager met with Mr. (b)(6) (b)(6) (b)(6) (b)(6) who stated that he was not aware that his birth certificate was altered. Moreover, he claimed that he grew up believing that he was born in the year of 2002.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Fraudulent BC
- Photograph
- Immunizations
- TB Clearance

- Consular verification of DOB

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6 is 20 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

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

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

Memo of Age Determination
July 14, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care at SWK Casa Phoenix on July 6, 2017 as a juvenile as a result of knowingly misreporting her date of birth as (b)(6), 2000 to apprehension authorities.

Following placement in ORR care Ms. (b)(6) (b)(6) immediately admitted to her assigned Case Manager, (b)(6) (b)(6) that her smuggler advised her to misreport her date of birth. Ms. (b)(6) (b)(6) then informed that her correct date of birth is (b)(6) **1997**.

Case Manager requested a copy of Ms. (b)(6) (b)(6) birth certificate from her mother in Guatemala who faxed to the Case Manager an altered document with date of birth (b)(6) 2000. Case Manager proceeded to send the document for verification with the Phoenix Guatemala Consulate. Case Manager then requested that the family provided the correct document and they faxed a new birth certificate matching with the consular verification.

On July 14, 2017 ORR received a copy of the verified birth certificate of the individual in ORR care. According to the verification provided by the Guatemala Consulate, the document provided by the mother of Ms. (b)(6) (b)(6) is an altered document. The correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) **1997**.

Along with this memo ORR is providing:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.14 13:58:05 -07'00'

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Myriam Hillin, MA-MSPC
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Division of Children's Services
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Myriam.Hilin@acf.hhs.gov

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

Memo of Age Determination
July 27, 2017

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

Through: SWK Casa Sol

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with SWK Casa Sol on July 17, 2017 as a juvenile as a result of knowingly misreporting his date of birth as (b)(6) 2000 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it was not apparent that he could be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, Ms. (b)(6) (b)(6) (b)(6) On July 27, 2017 Ms. (b)(6) (b)(6) provided a copy of her son's birth certificate to the Case Manager with DOB (b)(6) **1999**.

On July 27, 2017 the Mexican consulate met with Mr. (b)(6) (b)(6) and he admitted to the consulate staff that he lied about his date of birth and that his correct DOB is (b)(6) 1999. The Mexican consulate verified that the DOB in the birth certificate provided by Ms. (b)(6) (b)(6) is the correct date of birth of Mr. (b)(6) (b)(6)

Along with this Memo ORR is submitting the following documents:

- Verified Birth Certificate
- Photograph
- TB Clearance
- Immunization Records

In accordance with ORR policy and in view of the new information demonstrating that (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,
Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
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ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 31, 2017

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

Through: SWK Casa Lighthouse

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with SWK Casa Lighthouse on July 30, 2017 as a juvenile as a result of Mr. (b) (b)(6) (b)(6) misreporting his date of birth as (b)(6) 2001 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b) (b)(6) (b)(6) was interviewed by Youth Care Worker, Mr. (b)(6) (b)(6), to whom Mr. (b) (b)(6) (b)(6) disclosed that his name is not (b)(6) (b)(6) but (b)(6) (b)(6) (b) (b)(6) (b)(6) and that his correct date of birth is (b)(6) **1999**. Mr. (b) (b)(6) (b)(6) informed that he initially provided a different name and date of birth because his travel guide informed him that if he reported that he was a minor his release will be faster and he will not have any problems being released. Mr. (b) (b)(6) (b)(6) stated that not only did he misreport his name and date of birth, but that he also misreported his father's name as (b)(6)

Assigned Case Manager, (b)(6), then contacted Mr. (b) (b)(6) (b)(6) sister, Ms. (b)(6) (b) (b)(6) in Guatemala and requested a copy of the birth certificate of Mr. (b) (b)(6) (b)(6) When asked about her brother's date of birth she responded she did not know, but that she will make an effort to send a copy of the formal document. On July 31, 2017 Ms. (b) (b)(6) sent a copy of her brother's birth certificate to the Case Manager who proceeded to send the document to the Phoenix Guatemala Consulate for verification. On July 31, 2017 the Guatemalan Consulate was able to provide the verification of the birth certificate detailing that Mr. (b) (b)(6) (b)(6) correct date of birth is (b)(6) **1999**.

Along with this Memo ORR is submitting the following documents:

- Verified Birth Certificate
- Photograph
- TB Clearance
- Immunization Records
- Consular verification of Birth Certificate

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully.

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.31 20:02:10 -07'00'

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

Memo of Age Determination
July 13, 2017

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

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination of an individual in ORR care
RE: (b)(6) (b)(6) (b)((b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)((b)(6) was transferred to and placed in HHS ORR care on July 1, 2017 as a juvenile as a result of Mr. (b)((b)(6) knowingly misreporting his date of birth as (b)(6), 2000 following his apprehension by immigration authorities.

Following placement in ORR care Mr. (b)((b)(6) was immediately interviewed by his assigned Case Manager, (b)(6), to whom it became immediately apparent that Mr. (b)((b)(6) appeared to be overage.

Case Manager requested a copy of Mr. (b)((b)(6) birth certificate from his uncle, who resides in Portland, Oregon, Mr. (b)(6). On July 13, 2017 Mr. (b)(6) faxed a copy of Mr. (b)((b)(6) unaltered birth certificate with a picture of Mr. (b)((b)(6) to the Case Manager who proceeded to verify the document with the Guatemalan RENAP Website. The document returned as a match and included a picture matching the identity of the individual in ORR care. The date of birth in the document is (b)(6) **1998**.

Case manager then spoke with Mr. (b)((b)(6) sponsor and mother who both stated to be unaware that Mr. (b)((b)(6) has provided a different date of birth following his apprehension.

Case manager then met with Mr. (b)((b)(6) who stated that he was instructed by his smuggler to misreport his age as a minor as he was not sure how old he truly was. He stated that the smuggler told him it would be an easier process. Mr. (b)((b)(6) stated that he was not charged anything extra for this information and does not know the identity of this smuggler. He also stated that the smuggler did not provide him with any altered documents.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Photograph
- Immunizations
- TB Clearance
- Statement

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)((b)(6) is

18 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

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

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

Memo of Age Determination
July 19, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care at SWK Casa Phoenix on July 12, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 2000 to apprehension authorities.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. During the interview, Mr. (b)(6) (b)(6) mentioned he brought his birth certificate from his country. Shortly after the interview Case Manager reviewed the document and requested that the document be verified by the Guatemalan consulate. According to the verification provided by the Consular Assistant, Ms. (b)(6) from the Guatemalan Phoenix Consulate, the document presented by Mr. (b)(6) (b)(6) is an altered document. The correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6), **1998**.

Case Manager then spoke with Mr. (b)(6) (b)(6) father, who informed not knowing anything about the birth certificate being an altered document.

Case Manager then met with Mr. (b)(6) (b)(6) who stated that his parents were the ones who gave him the altered document and told him to memorize the date of birth of (b)(6) 2000. Mr. (b)(6) (b)(6) also informed Case Manager that he does not know his actual date of birth.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verification consular of DOB
- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.19 07:47:39 -07'00'

Respectfully,

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

Memo of Age Determination
July 19, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care at SWK Casa Phoenix on July 12, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6) 2000 to apprehension authorities.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. During the interview, Mr. (b)(6) (b)(6) mentioned he brought his birth certificate from his country. Shortly after the interview Case Manager reviewed the document and requested that the document be verified by the Guatemalan consulate. According to the verification provided by the Consular Assistant, Ms. (b)(6) from the Guatemalan Phoenix Consulate, the document presented by Mr. (b)(6) (b)(6) is an altered document. The correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) **, 1998**.

Case Manager then spoke with Mr. (b)(6) (b)(6) father, who informed not knowing anything about the birth certificate being an altered document.

Case Manager then met with Mr. (b)(6) (b)(6) who stated that his parents were the ones who gave him the altered document and told him to memorize the date of birth of (b)(6), 2000. Mr. (b)(6) (b)(6) also informed Case Manager that he does not know his actual date of birth.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verification consular of DOB
- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
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ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 6, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care at SWK Casa Phoenix on June 24, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 2000 to apprehension authorities.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his sister in Guatemala. On July 2, 2017 she faxed a copy of her brother's birth certificate to the Case Manager who proceeded to send the document for verification with the Phoenix Guatemalan Consulate.

On July 5, 2017 ORR received a copy of the verified birth certificate. According to the verification provided by the Consular Assistant, the document provided in Mr. (b)(6) (b)(6) behalf is an altered document. The correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) **1998**.

Case Manager then provided an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified document and the copy provided by his sister. Mr. (b)(6) (b)(6) explained that he paid 2,000 Quetzals to an individual who knew a second individual who will alter his birth certificate. He then left the document with his sister to provide in case he was apprehended. Mr. (b)(6) (b)(6) sister denied being aware of the alteration.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC

- Verified Consular ID and BC
- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy and in view of the new information demonstrating that (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

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

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

Memo of Age Determination
July 5, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care at SWK Casa Phoenix on June 29, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 2000 to apprehension authorities.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his aunt Mrs. (b)(6). On June 30, 2017 Mrs. (b)(6) faxed a copy of her nephew's birth certificate to the Case Manager who proceeded to send the document for verification with the Honduran Consulate in Dallas.

On July 5, 2017 ORR received a copy of the verified birth certificate and an additional picture ID matching the individual in ORR care. According to the verification provided by the Consular Assistant, Ms. (b)(6) (b)(6) from the Dallas Honduran Consulate, the document provided the family of Mr. (b)(6) (b)(6) is an altered document. The correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) **1996**.

Case Manager then spoke with Mr. (b)(6) (b)(6) aunt and mother and both of them declined knowing anything about the birth certificate being an altered document.

Case Manager then met with Mr. (b)(6) (b)(6) who stated that he was the one who altered his birth certificate when he was in Honduras. He claimed that he had recommended altering his date of birth as it was an easier process to come as a minor. He stated that he did not know the identity of the individual from whom he bought the altered birth certificate. He stated that he paid approximately 2000 Lempiras for his altered birth certificate. Mr. (b)(6) (b)(6) also stated that his mother and aunt were unaware that he had altered his birth certificate.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verified Consular ID and BC
- Photograph
- Immunizations
- TB Clearance
- Personal Statement

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.05 16:29:06 -07'00'

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Federal Field Specialist
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Office of Refugee Resettlement
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Myriam.Hilin@acf.hhs.gov

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

Memo of Age Determination
July 3, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
AKA: (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR with SWK Casa Phoenix on January 31, 2017 as juvenile as a result of knowingly providing a fraudulent identity (b)(6) (b)(6) (b)(6) (b)(6) with DOB: (b)(6) /2000) upon apprehension by immigration officials.

While in ORR care he was transferred twice before arriving to SWKEY Casa Phoenix; he was initially placed at SWK Estrella on November 1, 2016 and transferred to Ft. Bliss, Santa Ana on December 16, 2016. Upon initial assessment and interview conducted by assigned Case Manager (b)(6) at SWK Casa Phoenix Mr. (b)((b)(6) continued to report his identity and date of birth as reported to immigration officials. The case was recently reassigned to Case Manager (b)(6) who while reviewing Mr. Luis (b)(6) file noticed Mr. (b)(6) b)(6) could be impersonating a younger brother. Case Manager proceeded to send the birth certificates that Mr. (b)(6) (b)(6) family provided on his behalf and that of his younger brother to the Dallas Honduran Consulate for verification. The Case Manager also requested the Dallas Honduran Consulate to verify the birth certificates and provide identification form for both (b)(6) (b)(6) (b)(6) and (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

On July 3, 2017 ORR received verification of the formal documents from Consular Assistant (b)(6) from the Dallas Honduran Consulate informing that the document sent by the family in Honduras were verified and they provided a picture ID for (b)(6) b)(6) (b)(6) who they suspected is the person in ORR care. The picture ID for (b)(6) b)(6) (b)(6) with a real date of birth of (b)(6) **1998** matches the identity of the person in ORR care.

Case Manager then proceeded to interview again Mr. (b)(6) (b)(6) on July 3, 2017 who admitted to the Case Manager that his correct name is (b)(6) b)(6) (b)(6) and his date of birth is (b)(6) **1998.** He stated that a male individual who accompanied him in his journey to the United States told him that it would be better if he entered the US as a minor. Mr. (b)((b)(6) reported to have alerted his family in Honduras of his plans to pretend to be his younger brother so as to ensure his identity would be protected when the program contacted his family.

Case Manager then Interviewed Mr. (b)(6) (b)(6) mother (b)(6) who confirmed that the information provided by Mr. (b)((b)(6) was correct and that she had no additional information other than his son in ORR care was utilizing the identity of a younger sibling.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by Honduran consulate and agrees that Mr. (b)(6) b)(6) (b)(6) AKA (b)(6) (b)(6) (b)((b)(6) is an adult with a date of birth (b)(6) **1998**.

Along with this Memo ORR is submitting the following documents:

- Fraudulent identity BC (b)(6) (b)(6) (b)(6) (b)(6)
- True identity Consular picture ID
- True BC (b)(6) (b)(6) (b)(6)
- Photograph
- TB Clearance
- Immunizations

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.03 14:06:42 -07'00'

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

Memo of Age Determination
June 19, 2017

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

Through: SWK Casa Kokopelli

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

SUBJECT: Age Re-Determination of an UAC in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR with SWK Kokopelli on June 15, 2017 as juvenile as a result of knowingly providing a false date of birth of (b)(6), 1999.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), who immediately requested a copy of Mr. (b)(6) s birth certificate. Case Manager proceeded to verify the document with the RENAP site. The RENAP site provided a birth certificate with name (b)(6) (b)(6) (b)(6) that included the picture of the individual in ORR care with that name and with a verified date of birth (b)(6), **1997**.

Mr. (b)(6) s family in Guatemala and Mr. (b)(6) himself later admitted that initially an altered document was provided wherein the year of birth was changed from 1997 to 1999 so Mr. (b)(6) could pass as a minor.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) (b)(6) is 19 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S
Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.06.19 17:36:47 -07'00'

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

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

Memo of Age Determination
June 22, 2017

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

Through: SWK Casa Kokopelli

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR with SWK Kokopelli on June 10, 2017 as juvenile as a result of knowingly providing a false date of birth of (b)(6) 2000.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) who immediately requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father in Guatemala.

On June 14, 2017 the Case Manager received a copy of the birth certificate and proceeded to verify the document in the RENAP website. The verification resulted as a no match so the Case Manager sent the document to be verified by the Phoenix Guatemalan Consulate.

On June 21, 2017 ORR received a copy of the verified document. The Guatemalan Consulate confirmed that the document submitted by the family is a fraudulent birth certificate and that the correct date of birth for the individual in ORR care, (b)(6) (b)(6) (b)(6) is (b)(6) **1998**.

The consular verification provided by the Guatemalan consulate for the document indicated for gender feminine. After consulting with the Guatemalan consulate about this discrepancy, the Guatemalan Consulate provided a copy of what they informed is an official RENAP copy of Mr. (b)(6) (b)(6) (b)(6) birth certificate and informed that the gender indicating feminine is a typo error and that they requested an amendment of the document, but the date of birth and other information in the document are all correct.

When Mr. (b)(6) (b)(6) and his father were questioned about the discrepancy they could not account for the discrepancy in the date of birth in the documents.

ORR sent the Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) (b)(6) is 18 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.06.22 19:16:41 -07'00'

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

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

Memo of Age Determination
June 21, 2017

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

Through: SWK Casa Kokopelli

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

SUBJECT: Age Re-Determination of an individual placed in ORR care

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

(b)(6) (b)(6) was transferred to and placed in HHS ORR custody with SWK Casa Kokopelli on June 15, 2017 as juvenile as a result of misreporting his date of birth as (b)(6) 1999.

Following placement in ORR care Mr.(b)(6) was interviewed by his Case Manager, (b)(6) who while reviewing his file identified a copy of Mr. (b)(6) s birth certificate. The Case Manager then attempted to verify the provided RENAP birth certificate on the RENAP website, however, it returned as no match.

Mr(b)(6) entered ORR care with a younger brother named (b)(6) (A#(b)(6) and date of birth (b)(6) 2001. The Case Manager was unable to verify the birth certificate for Mr.(b)(6) s brother as well and noticed that both documents have the exact correlative and ID numbers which is not possible as every document should have a distinct correlative and identification number.

Both birth certificates were submitted to the Guatemalan Phoenix Consulate for verification. On June 21, 2017 ORR received confirmation from the Guatemalan Consulate that both birth certificates were altered and that the correct date of birth for (b)(6) (b)(6) is (b)(6) **1997**. The correct date of birth for the sibling (b)(6) is (b)(6) 1999 and not 2001.

The Case Manager asked the father of the (b)(6) brothers to explain the discrepancies on the documents and the father could not account for the discrepancies with the consulate verifications. Mr. (b)(6) (b)(6) reported that his father provided him and his younger brother with copies of their respective birth certificates and Mr. (b)(6) (b)(6) stated that he was not aware of how his father obtained the documents.

Along with this Memo ORR is submitting the following documents:

- BC
- Consular Verification
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) is 20 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

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

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

Memo of Age Determination
June 21, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of an UAC in ORR care

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

(b)(6) (b)(6) was transferred to and placed in HHS ORR custody with SWK Casa Phoenix on June 17, 2017 as juvenile as a result of misreporting his date of birth as (b)(6) 2001.

Following placement in ORR care Mr. (b)(6) was interviewed by his Case Manager, (b)(6) who immediately requested a copy of Mr. (b)(6) birth certificate from his mother in Guatemala. The mother informed the Case Manager that her son provided an incorrect date of birth as he was afraid and immediately faxed a copy of his son's birth certificate showing (b)(6) was born (b)(6) **1998**.

The Guatemalan Consulate in Phoenix provided verification of the formal document that was sent by Mr. (b)(6) mother. .

Along with this Memo ORR is submitting the following documents:

- BC
- Consular Verification
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) AKA (b)(6) is 18 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696473, cn=Myriam B. Hillin -S
Date: 2017.06.21 13:03:45 -07'00'

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

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
July, 14 2016

TO: ICE – DHS – PORTLAND, OREGON
Jamie.S.Burns@ice.dhs.gov;
Rodrick.H.Quinn@ica.dhs.gov

Through: Morrison Downtown Shelter

FROM: Maria Riedel
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

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

I reviewed the documentation gathered by Morrison Downtown Shelter and I agree that Mr. (b)(6) (b)(6) (b)(6) A# (b)(6) who was placed in ORR care on 5/16/2016 with an AKA DOB (b)(6) 1999, has now been determined to be **19 years old** with a DOB: (b)(6) ***1997*** and thereby he is an adult.

At placement Mr. (b) (b)(6) provided a birth certificate with a discrepancy referencing the gender that read 'female'. Due to this discrepancy, the care provider requested a BC from the Guatemalan RENAP using the ID information from the BC provided. The BC received by RENAP confirms the BC belongs to a female. Based on this information it is reasonably believed the BC provided to Morrison by Mr. (b) (b)(6) was altered.

The care provider was able to obtain a BC from the Guatemalan RENAP with Mc. (b) (b)(6) information. This BC matches Mr. (b) (b)(6) name and his identity has been confirmed by the picture ID on this document. This BC reads DOB of (b)(6) 16.

Mr. (b) (b)(6) however states to be 16 years old and further alleges that he and his father, Mr. (b)(6) (b) (b)(6) had gone to the RENAP office in their village and asked to alter Mr. (b) (b)(6) age to reflect an older age in order to work. This information cannot be verified by ORR.

ORR has made an age determination based on the official document provided by the Guatemalan RENAP on 7/14/2016 certifying DOB is (b)(6) 1997 with a determination he is 19 years old.

Along with this Memo, ORR is submitting the following documents:

- Birth Certificate with DOB (b)(6) /1997
- Birth Certificate showing picture ID that matches this individual
- Original Birth Certificate provided to ORR with a discrepancy

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

Respectfully,

Maria Riedel, MA
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Maria.Riedel@acf.hhs.gov

Approved by:
Ivonne Velazquez
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

003217

UAC Medical Information

UAC Basic Information

First Name: (b)(6)

Last Name: (b)(6)

(b)(6)

AKA:

Status:	DISCHARGED		
Date of Birth:	(b)(6) 1998	**Gender:**	M
A No.:	(b)(6)	**LOS:**	7
Age:	17	**Current Program:**	Southwest Key Las Palmas
Country of Birth:	Guatemala	**Admitted Date:**	1/17/2016

Medical Screening

Initial Medical Exam

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

Exam Date: 1/18/2016

Pregnant? ○ Yes ◉ No

Clinic or primary care provider providing medical exam: Kids Kare Pediatrics

Initial Dental Exam

Within 60-90 days of admission

Initial Exam Date:

TB Screening

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

TST Date applied: 1/18/2016 **Result:** ○ Positive (generally, if >10 mm) ◉ Negative
Specify mm: 0

IGRA Date drawn: **Type:** ○ QFT ○ T-Spot

Result: ○ Positive ○ Negative ○ Indetermediate, Borderline, or Equivocal

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

TST Date applied: 1/19/2016 **Findings:** ◉ Normal ○ Abnormal, Specify
○ Can suggest TB ◉ Not suggestive of TB

Specify (if Abnormal)

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

SmearsResults: ○ Positive (if any) ○ Negative (if all)

↓ [proceed regardless of results]

Nucleic acid amplification Results: ○ Positive for TB ○ Negative ○ No Done

↓ [proceed regardless of results]

Culture Results: ○ Positive for TB ○ Negative ○ Mycobacteria other than TB

↓ [only proceed if culture is positive]

Drug Susceptibility Test Results: ○ Pan-sensitive ○ MDR ○ Other

Specifiy (if Other)

Communicable Disease

Diagnosis:

Specifiy (if Other)

Disease Classification: Select an Item

Actions taken: ☐ Intakes interrupted ☐ Release of minor delayed ☐ Quarantine ☐ LTBI treatment started
→if "Quarantine" checked, # minors quarantined
→if "LTBI treatment started" checked, 3 month regimen? ○ Yes ○ No

Visits to ER, Hospital/ Surgery

Date of Visit:

Type of Visit: ○ ER ○ Admission to hospital ○ Inpatient surgery ○ Outpatient surgery

Reason For Visit:
- Chronic condition, uncontrolled or worsening
- Injury
- Pain
- Pregnancy-related
- Psychiatric issue
- Scheduled surgery
- Other

If Other, specify

Diagnosis:
- Fracture (broken bone)
- Gastroenteritis (diarrhea/vomiting)
- Injury (other than fracture)
- Pregnancy
- SeizureEpilepsy
- Other

If Other, specify

Summary of outcome, treatment:

Office Visits

Date of Visit:

Type of Visit:
- Primary Care
- Cardiology
- Dental
- Ear, Nose, Throat
- Neurology
- Optometrist/Opthalmology
- OB/GYN
- Orthopedic
- Psychology
- Psychiatry
- Other

- Chronic condition
- Injury

003218

Reason For Visit:

Pain
Pregnancy-related
Psychiatric Issue
Other

If Other, specify

Diagnosis:

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

If Other, specify
Summary of outcome, treatment:
Diagnosis List

Medication List

Drug Name:
Dose:
Directions:
Date Started:
Psychotropic med? ○ Yes ◉ No
Reason for Drug:

Comments & Additional Reports

Comment:

Immunizations

NOTE: Not all vaccines or doses are indicated

Diphtheria, Tetanus, Pertussis (DTap)					
	Dose 1	Dose 2	Dose 3	Dose 4 Dose 5	
Tetanus, Diphtheria, Pertussis (Tdap)/Tetanus, Diphtheria (Td)					
	Dose 1	Dose 2	Dose 3	Dose 4 Dose 5	
	1/18/2016				
Hepatitis A					
	Dose 1	Dose 2			
1/18/2016					
Hepatitis B					
	Dose 1	Dose 2	Dose 3		
1/18/2016					
Poliovirus (IPV)					
	Dose 1	Dose 2	Dose 3		Dose 4
1/18/2016					
Measles, Mumps, and Rubella (MMR)					
	Dose 1	Dose 2			
1/18/2016					
Varicella					
	Dose 1	Dose 2			
1/18/2016					
Meningococcal					
	Dose 1	Dose 2			
1/18/2016					
Human Papillomavirus					
	Dose 1	Dose 2	Dose 3		
1/18/2016					
Influenza					
	Dose 1	Dose 2			
1/18/2016					
Rotavirus					
	Dose 1	Dose 2	Dose 3		
Homophiles influenza type b (Hib)					
	Dose 1	Dose 2	Dose 3		Dose 4
Pneumococcal					
	Dose 1	Dose 2	Dose 3		Dose 4

003219

Referred to DHS

003220

Referred to DHS

Referred to DHS

From: Velazquez, Ivonne (ACF)

Sent: Thursday, July 21, 2016 7:41:18 PM

To: Calero, Wilfred (ACF); (b)(6);(b)(7)(F)

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

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

Jessica,

Please let me know if we can work something out. We have the hospital discharge him to the program and ICE can take him in to custody in the parking lot.

Thanks, Ivonne

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

Cell: (b)(6)

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

Get answers about the Health Insurance Marketplace & Obamacare

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

From: Calero, Wilfred (ACF)

Sent: Thursday, July 21, 2016 4:10 PM

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

Cc: PHO, Juv Placement; (b)(6);(b)(7)(F); Velazquez, Ivonne (ACF)

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

Officers,

I spoke to my supervisor in regards to Mr. (b)(6) and the possibility of having the program pick Mr. (b)(6) up from the hospital and then transfer custody to ICE at the program itself. She advised that the program has no ability to pick up and transport Mr. (b)(6) now that he has been identified as an adult due to liability and licensing concerns. As such, we cannot set up arrangements to have the program pick up Mr. (b)(6) at the hospital.

I have been advised by my supervisor, Ivonne Velazquez, to request that the officer assigned or supervisor reach out to her directly this afternoon to determine if there is alternative that is agreeable to all parties in order to avoid the concerns presented by the hospital and ICE in regards to having ICE Transport Team picking Mr. (b)(6) up at the hospital at the time of his discharge.

Her number is:

Ivonne Velazquez

(b)(6)

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

Referred to DHS

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

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

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

Cc: PHO, Juv Placement

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

Would you like a call back or are we set.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

Referred to DHS

Please see his discharge time and a phone number to coordinate his pick up. We will pick this individual up from you so please let us know when he is in your
custody.

Referred to DHS

003227

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

003232

Referred to DHS

Referred to DHS

Referred to DHS

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

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

To: PHO, Juv Placement

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

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

Please see attached and note:

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

Of further note, is that the individual participated in the planning and attempted effectuation of an escape plan that included four other Honduran Nationals who all have been identified as potential adults in care. His presence in the ORR Shelter presents a significant danger threat to the safety, care, and well being of the UACs in care as such ORR is requesting that he be picked up and placed in adult custody.

The individual is currently under psychiatric care at the (b)(6) (b)(6) Scottsdale, AZ 85281 and his expected discharge date is Friday 7/22/2016.

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

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

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

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

To: Calero, Wilfred (ACF)

Cc: Centeno, Raquel (ACF) (CTR); (b)(6) (b)(6) Nilda Watkins; Francisco Claudio

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

Hello

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

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

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

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

7/18/2016 - Client was admitted in the hospital because of delays on the psychiatric evaluation and also for the behavior displayed by the client. Client has several IRs due to abuse, gang threats and attempted suicide in COO.

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

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

Sincerely,

(b)(6)

(b)(6)

Southwest Key Programs

Casa Kokopelli

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

Cell: (b)(6)

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

-Ruth Gordon

Referred to DHS

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

Memo of Age Determination

July 29, 2017

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

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on July 16, 2017 as a juvenile as a result of Mrs. (b)(6) (b)(6) misreporting her date of birth as (b)(6) 2000 following her apprehension by immigration authorities.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) appeared to be overage. Case manager then requested a copy of her birth certificate from her mother (b)(6) (b)(6) (b)(6) (b)(6) who resides in Guatemala.

On July 17, 2017 Case Manager received a copy of the birth certificate of Ms. (b)(6) (b)(6) with date of birth of (b)(6), 2000. Case manager then sent the birth certificate to be verified by the Phoenix Guatemalan Consulate. The birth certificate was verified by Consular Assistant (b)(6) from the Phoenix Guatemalan Consulate which informed that the document provided by the family was an altered document and that the correct date of birth for the birth certificate of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6), **1995**.

Case Manager then met with Ms. (b)(6) (b)(6) who stated that she had her birth certificate altered by the smuggler. She stated that the smuggler suggested to her changing her date of birth to show she is a minor and that he would charge her less money for smuggling her. The smuggler never revealed his identity and he charged her 1,500 quetzals for the altered document and 2,000 quetzals for the trip all for a total of 3,500 quetzals. Ms. (b)(6) (b)(6) stated that she was informed of this plan by her smuggler during the journey and her mother did not know she was traveling to the US until she arrived at the shelter.

Case Manager then spoke with mother (b)(6) (b)(6) (b)(6) (b)(6) who confirmed her daughter's date of birth was indeed (b)(6) **1995.** She stated that she was unaware of her daughter's plans to travel to the US and did not know any information about the altered birth certificate.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by Guatemalan consulate and agrees that Ms. (b)(6) (b)(6) is an adult with a date of birth (b)(6) **1995**.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Photograph
- Immunizations
- TB
- Consulate Verification of DOB

- Statement

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 22 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.29 08:58:38 -07'00'

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

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

Memo of Age Determination
August 16, 2017

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

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination of an Individual in ORR care

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

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was placed in ORR care on July 17, 2017 as a juvenile at Southwest Key Program Casa Kokopelli as a result of Ms. (b)(6) (b)(6) misreporting her date of birth as (b)(6), 1999 following her apprehension by immigration authorities. Ms. (b)(6) (b)(6) was transferred to Southwest Key Programs Casa Phoenix on August 4, 2017.

Following placement at SWK Casa Phoenix Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) appeared to be overage. During initial intake Ms. (b)(6) (b)(6) reported to case manager that her family in Guatemala sent her birth certificate. Case manager proceeded to verify the birth certificate on the Guatemalan RENAP website and the verification established that the document exists, but under the name of (b)(6) (b)(6) (b)(6) (b)(6) **with date of birth (b)(6), 1999**.

On August 12, 2017, Case Manager met with Ms. (b)(6) (b)(6) to discuss the fraudulent document provided by her family. Ms. (b)(6) (b)(6) reported that she and her family made arrangements for her birth certificate to be altered to reflect she is a minor in order enter the United States as a minor. Ms. (b)(6) (b)(6) reported that the birth certificate was altered by a foot guide before she departed Guatemala. Ms. (b)(6) (b)(6) and family cannot recall the fee they paid or how and where the document was altered. Ms. (b)(6) (b)(6) admitted that her true name is (b)(6) (b)(6) (b)(6) (b)(6) that she was born on January 14, 1999 and that she is 18 years old.

Case Manager then spoke with Ms. (b)(6) (b)(6) sister, Ms. (b)(6) (b)(6) (b)(6) who also confirmed the individual in care is her 18-year-old sister (b)(6) (b)(6) (b)(6) (b)(6). On August 16, 2017 Ms. (b)(6) (b)(6) (b)(6) sent a birth certificate for Ms. (b)(6) (b)(6) that matched the consulate's verification. Ms. (b)(6) (b)(6) confirmed that the birth certificate provided belonged to her.

Along with this Memo ORR is submitting the following documents:

- Birth Certificate
- Altered Birth Certificate
- Consulate Verification of DOB
- Immunizations
- TB Clearance
- Health Summary
- Photograph
- Self-Statement

In accordance with ORR policy and in view of the new information demonstrating that Ms. (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.08.16 10:28:36 -07'00'

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

From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	"Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; '(b)(6);(b)(7)(F) H(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
Subject:	RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA (b)(6) (b)(6) A#(b)(6)
Date:	2016/07/21 19:40:00
Priority:	Normal
Type:	Note

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

Please let me know if we can work something out. We have the hospital discharge him to the program and ICE can take him in to custody in the parking lot.
Thanks, Ivonne

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

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

From: Calero, Wilfred (ACF)
Sent: Thursday, July 21, 2016 4:10 PM
To: (b)(6);(b)(7)(F)

Cc: PHO, Juv Placement; (b)(6);(b)(7)(F) Velazquez, Ivonne (ACF)
Subject: RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA (b)(6) (b)(6) A# (b)(6)

Officers,

I spoke to my supervisor in regards to Mr. (b)(6) and the possibility of having the program pick Mr. (b)(6) up from the hospital and then transfer custody to ICE at the program itself. She advised that the program has no ability to pick up and transport Mr. (b)(6) now that he has been identified as an adult due to liability and licensing concerns. As such, we cannot set up arrangements to have the program pick up Mr. (b)(6) at the hospital.

I have been advised by my supervisor, Ivonne Velazquez, to request that the officer assigned or supervisor reach out to her directly this afternoon to determine if there is alternative that is agreeable to all parties in order to avoid the concerns presented by the hospital and ICE in regards to having ICE Transport Team picking Mr. (b)(6) up at the hospital at the time of his discharge.

Her number is:

Ivonne Velazquez
(b)(6)

Wilfred Calero
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
(b)(6);(b)(7)(F)
wilfred.calero@acf.hhs.gov

Referred to DHS

From: Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]
Sent: Thursday, July 21, 2016 11:31 AM
To: (b)(6);(b)(7)(F)
Cc: PHO, Juv Placement
Subject: RE: Kokopellii: ADULT Age Determination request for NAME UNKNOWN AKA (b)(6) (b)(6) A# (b)(6)

Would you like a call back or are we set.

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

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

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

Please see attached and note:

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

Of further note, is that the individual participated in the planning and attempted effectuation of an escape plan that included four other Honduran Nationals who all have been identified as potential adults in care. His presence in the ORR Shelter presents a significant danger threat to the safety, care, and well being of the UACs in care as such ORR is requesting that he be picked up and placed in adult custody.

The individual is currently under psychiatric care at the (b)(6) , (b)(6) (b)(6) , Scottsdale, AZ 85281 and his expected discharge date is Friday 7/22/2016.

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

Thanks for your attention on this matter.

Wilfred Calero

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

From: (b)(6) [mailto:(b)(6) @swkey.org]
Sent: Monday, July 18, 2016 6:24 PM
To: Calero, Wilfred (ACF)
Cc: Centeno, Raquel (ACF) (CTR); (b)(6) (b)(6) Nilda Watkins; Francisco Claudio
Subject: Kokopelli: Age Determination request for (b)(6) (b)(6) A# (b)(6)

Hello

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

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

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

7/17/2016- When dental forensic results were in, ALCM (b)(6) confronted client. He stated that his date of birth is (b)(6) /1999 and born at (b)(6) Honduras. He also stated his mother past away (b) months ago of a heart attack and that a neighbor called by (b)(6) was taking care of him. He stated he lost his documents during his trip while traveling by train and lost all contact information. When asked where he was going with, he stated that with a friend of her mother, but could not recall the name. ALCM asked client about school he attended or other family members in COO, but he stated he is an only child and there is no other family. It was only himself, mother and grandmother who died when he was a child and he could not remember her name. He also stated he does not remember what school he went to nor the name nor how many years he attended. He claimed he's being through a lot and he tends to forget things. He stated that he was under controlled medication in home country due to depression and anxiety. ALCL follow up with client and stated he was hearing his mother telling him that we wanted to hurt him and that he must die.
7/18/2016 - Client was admitted in the hospital because of delays on the psychiatric evaluation and also for the behavior displayed by the client. Client has several IRs due to abuse, gang threats and attempted suicide in COO.

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

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

Sincerely,

(b)(6)

Southwest Key Programs
Casa Kokopelli

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

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

Sender:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
Recipient:	"Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"; (b)(6);(b)(7)(F)@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F)@ice.dhs.gov>"
Sent Date:	2016/07/21 19:40:26
Delivered Date:	2016/07/21 19:40:00

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

Memo of Age Determination
December 30, 2016

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

Through: SWK Casa Phoenix

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

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

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

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on December 20, 2016 as a juvenile as a result of knowingly providing to apprehending officials a date of birth different from what the Guatemalan consulate has now verified to be her real date of birth.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of her birth certificate from her family in Guatemala. The Case Manager then proceeded to verify the formal document in the RENAP website and the document returned as a no match. The Case Manager then sent the document for verification with the Guatemalan consulate in Phoenix.

The Guatemalan Consulate verified the birth certificate provided is an altered document and provided a RENAP verification of identity and verified that her correct date of birth is (b)(6) **1995**. Due to the holidays they are unable to provide a copy of the document or other alternative document (email attached with consular verification).

The Case Manager then provided an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the documented her family provided and the information provided by the consulate and she acknowledged that her mother contacted a friend and he recommended an attorney from Joyabaj, Guatemala to carry out the alteration. Ms. (b)(6) (b)(6) mentioned the total cost to alter her date of birth on her birth certificate was 2,750 Quetzal. Ms. (b)(6) (b)(6) stated that she was told to use the altered birth certificate in an effort to be able to remain in the US.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for (b)(6) (b)(6) (b)(6) (b)(6) and agrees that she is 21 years of age and that she obtained a fraudulent document with the purpose of misleading authorities to believe she was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC DOB (b)(6) 1999
- Consulate RENAP verification of correct DOB (b)(6) 1995.
  Datos NO coinciden con RENAP
  (b)(6) (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento correcta: (b)(6) **1995**

- No se pudo sacar constancia, se mandó el certificado al sede central en Guatemala y me confirmaron que la fecha no esta correcta en el acta de nacimiento y mandaron la fecha correcta que es (b)(6) 1995.

- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy the documentation for this individual was reviewed indicating that the individual in question is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.30 14:30:15 -07'00'

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

Referred to DHS

From: Riedel, Maria E. (ACF) [mailto:Maria.Riedel@acf.hhs.gov]

Sent: Thursday, June 30, 2016 2:29 PM

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

Cc: Espitia, Wendy (ACF) (CTR); Velazquez, Ivonne (ACF); (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)

Subject: Re: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Thanks (b)(6);(b we are having server problem and realize we were/are not getting all emails. I hope they were able to connect with you.

Thanks!

Maria

Maria Riedel, M.A.

Federal Field Specialist

Department of Health and Human Services

Division of Children's Services

ACF/ORR

(b)(6)

Referred to DHS

Referred to DHS

From: Riedel, Maria E. (ACF) [mailto:Maria.Riedel@acf.hhs.gov]

Sent: Thursday, June 30, 2016 10:40 AM

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

Cc: Espitia, Wendy (ACF) (CTR); Velazquez, Ivonne (ACF); (b)(6);(b)(7)(F)

Subject: RE: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Hello Jamie,

Any updates on this? I have not call the program yet I want to check with you first.

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

Referred to DHS

Referred to DHS

From: Riedel, Maria E. (ACF) [mailto:Maria.Riedel@acf.hhs.gov]

Sent: Wednesday, June 29, 2016 11:18 AM

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

Cc: Espitia, Wendy (ACF) (CTR); Velazquez, Ivonne (ACF); (b)(6);(b)(7)(F)

Subject: FW: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

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

Please see attached Age Determination documentation for this adult individual placed at Paso. Please arrange pick up with Paso, see below contact information:

Morrison Paso Program:

(b)(6)
Case Management Specialist

(b)(6) | Portland, OR 97220

(b)(6) (d) (b)(6) (c)|(503) 788-1393(f)

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

From: Velazquez, Ivonne (ACF)

Sent: Wednesday, June 29, 2016 11:10 AM

To: Riedel, Maria E. (ACF)

Subject: Fw: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Dear Maria

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

Thanks, ivonne

From: Riedel, Maria E. (ACF)

Sent: Wednesday, June 29, 2016 11:08:03 AM

To: Velazquez, Ivonne (ACF)

Subject: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Ivonne,

Please see attached Age Determination Memo and information about this adult in care (the consulate has authenticates and certified the BC). I have reviewed all documentation
and need you concurrence and approval to reach out to ICE FOJC.

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

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

Sent: Tuesday, June 28, 2016 6:53 PM

To: Riedel, Maria E. (ACF)

Cc: Espitia, Wendy (ACF) (CTR); Brendan Hickman; Leuso McKenzie; Jessica Mena; Erich Corona; Damariz Montiel-Ochoa; William Venturelli

Subject: Age Redetermination Memo: (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Good Evening Maria,

I am emailing you regarding the age redetermination of (b)(6 (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (A# (b)(6) who is currently in care at Morrison Paso Staff Secure. I have attached all supporting documents that prove that this
person is an adult, and I have copied relevant case notes below so that you can submit a memo to ICE.

6/28/16:

CM received the minor's birth certificate via FAX from the minor's mother. Minor's BC states that **the minor's real name is** (b)(6) (b)(6) (b)(6) (b)(6) **and that the minor's date of birth is** (b)(6) **/1995, which would make him a 20-year-old adult**. CM sent it to the Honduran Consulate for verification of authenticity.

CM received a response from the Honduran Consulate:

"Good afternoon (b)(6)

The document enclosed is accurate according to the National Registry of Honduras, but you are calling the young man (b)(6) and the name in the birth Certificate is (b)(6) (b)(6) also his DOB is (b)(1995.

Greetings and thank you for assistance to our Honduras nationals.

Edna Miralda

Consul

Consulado de Honduras

Seattle, WA

408 856 5578- 1 650 278 4434

consuladodehonduras.seattle.wa@gmail.com"

CM had (b)(6) (b)(6) provide written confirmation that the information on the BC was correct. (b)(6) (b)(6) confirmed that his name is in fact (b)(6) (b)(6) (b)(6) (b)(6) and his date of birth is (b)(6) , 1995 (making him 20 years old). CM had (b)(6) (b)(6) clarify the reason for changing his name and his date of birth, and he stated that on his journey to the U.S. someone had told him that it would be easier to enter and stay in the U.S. if he were a minor. (b)(6) (b)(6) also stated that he lost his papers on his journey, and that he prefers to go by the name of (b)(6) which is why he reported that name instead of (b)(6) (b)(6)

CM called (b)(6 (b)(6) mother, (b)(6) (b)(6) in order to confirm the accuracy of the information on the birth certificate. (b)(6) stated that his real name is (b)(6) (b)(6) (b)(6) (b)(6) and that he is going to turn 21 on (b)(6) of this year (2016, which makes his birth year 1995). CM pointed out to her that the birth certificate stated his birthday as (b)(6) , (b)(6) stated that the reason for the date discrepancy is that

it took her a lot of time to collect sufficient money and get it officiated. CM asked (b)(6) regarding the name (b)(6) that (b)(6) (b)(6) uses, and she stated that he gave that name to himself.

Please let me know if you need any additional information in this matter.

Thank you,

(b)(6)

(b)(6) |
Case Management Specialist

(b)(6) | Portland,OR 97220

(b)(6) d)|(b)(6) c)|(503) 788-1393(f)

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sender, delete this email and destroy all copies.

Referred to DHS

003267

MW

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

L.B.,

Petitioner,

v.

Charles Keeton, et al.,

Respondents.

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

ORDER

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

I. Background

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

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

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

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

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

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

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

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

II. Habeas Corpus Petition

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

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

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

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

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

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

III. Motion for Temporary Restraining Order

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

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

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

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

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

A. Likelihood of Success on the Merits

In 2002, Congress enacted the Homeland Security Act (HSA), which transferred responsibility to HHS for "'coordinating and implementing the care and placement of unaccompanied alien children,' 'ensuring that the best interests of the child are

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

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

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

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

> Each agency acknowledges the challenges in determining the age of individuals in custody. These challenges include, but are not limited to:
>
> - Unavailable documentation;
> - Contradictory or fraudulent identity documentation and/or statements;
> - Physical appearance of the individual; and
> - Diminished capacity of the individual.

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

> ***The TVPRA requires the age determination procedures, at a minimum, to take into account multiple forms of evidence***. Accordingly, under these procedures, each case must be evaluated carefully based on the totality of all available evidence, including the statement of the individual in question.

ORR Guide § 1.6 (emphasis added).

> HHS may make age determinations of UAC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older.
>
> In the event there is conflicting evidence regarding the age of an unaccompanied alien child in HHS custody, the HHS funded care provider case worker shall immediately notify the HHS Federal Field Specialist (FFS). The FFS will make the age determination based on his/her review of the multiple forms of evidence collected by the care provider. Until the age determination is made, the unaccompanied alien child is entitled to all services provided to UAC in HHS care and custody.

ORR Guide § 1.6.1.

> Case managers should seek the following as evidence when conducting age determinations. Information from each category is not required.
>
> Documentation:
>
> - Official government-issued documents, including birth certificates…
> - Other reliable records (e.g., baptismal certificates, school records, medical records) that indicate the unaccompanied alien child's date of birth.
>
> Statements by individuals (including the unaccompanied alien child) determined to have personal knowledge of the unaccompanied alien child's age, and who HHS concludes can credibly attest to the age of the unaccompanied alien child:
>
> - Statements provided by the unaccompanied alien child regarding his or her age or birth date. (An unaccompanied alien child's uncorroborated declaration regarding age is not used as the sole basis for an age determination.)
> - Statements from the unaccompanied alien child's parent(s) or legal guardian(s), if such persons can be

identified and contacted.

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

Medical Age Assessments:

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

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

ORR Response to Medical Age Assessments:

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

> Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the unaccompanied alien child's A-file.
>
> … If the new information or evidence indicates that an individual who is presumed to be an unaccompanied alien child is actually an adult, then HHS will coordinate with the assigned FOJC to immediately transfer the individual to an adult DRO facility.

ORR Guide § 1.6.2 (emphasis added).

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

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

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

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

B. Likelihood of Irreparable Harm

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

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

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

C. Public Interest and Balance of Equities

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

D. Bond

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

IV. Conclusion

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

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

IT IS ORDERED:

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

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

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

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

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

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

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

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

Dated this 26th Day of October, 2018.

Honorable Diane J. Humetewa
United States District Judge

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

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

Memo of Age Determination
December 2, 2016

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

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination of an Adult

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

(b)((b) (b) (b)(6 (b)(6) was transferred to and placed in HHS ORR care on November 13, 2016 as a juvenile as a result of Ms. (b) (b) (b)(6 (b)(6) knowingly providing a false birth certificate with a date of birth of (b)(6) 1999 to apprehending officials.

Following placement in ORR care Mrs. (b) (b) (b)(6 (b)(6) was interviewed by assigned Case Manager (b)(6) who on November 28, 2016 verified the birth certificate, which Mrs. (b) (b) (b)(6 (b)(6) mother faxed to case manager from home country, with the Guatemalan Consulate. The verification of the document revealed that the correct date of birth is (b)(6) **1997**.

Case Manager provided an opportunity for Ms. (b) (b) (b)(6 (b)(6) to explain the discrepancy between the birth certificate she provided and the Consulate Verification results and Ms. (b) (b) (b)(6 (b)(6) stated that she never knew her date of birth until about 6 months prior to coming to the United States and she was told by her mother that her date of birth was (b)(6) 1999.

Case manager spoke to mother in home country who stated that she paid 1,300 quetzals for the altered document a week before her daughter was on her way to the United States. She stated she did not know the person's name who altered it but this occurred in her village. She stated it was suggested by the smuggler to change the minor's age, since it was a safer and faster process for her to be reunified in case she was apprehended. She states she did not know the smuggler's name.

The Division of Children's Services Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Mr. (b)((b) (b) (b)(6 (b)(6) and FFS agrees that the individual in question is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Consular Verification of BC
- Photograph
- TB clearance
- Immunizations

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

Respectfully,

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

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
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ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 2, 2017

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

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination of an individual in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with SWK Casa Phoenix on July 28, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 2000 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by the Case Manager, (b)(6), to whom Mr. (b)(6) (b)(6) immediately stated that his correct date of birth is (b)(6) **1995**. Mr. (b)(6) (b)(6) added that while in ICE custody he had reported a different date of birth because the foot guide recommended that he provide different information to be able to remain in the United States as a minor.

Case Manager then proceeded to request a copy of his birth certificate from his mother, Mrs. (b)(6) (b)(6) (b)(6) in Guatemala. Mrs. (b)(6) (b)(6) informed to the Case Manager that her son is 22 years old, but she could not remember the exact year in which her son was born. On July 31, 2017, Mrs. (b)(6) (b)(6) sent a copy of a fraudulent birth certificate with the date of birth (b)(6) 2000.

Mr. (b)(6) (b)(6) reviewed the document sent by his mother and stated that all information in the document was correct with the exception of his date of birth which he restated is August 5, 1995. Mr. (b)(6) (b)(6) added that his is the father of 3 children and provided their names in hope the Guatemalan Consulate could find his information.

Case Manager then interviewed again Mrs. (b)(6) (b)(6) to request a correct copy of her son (b)(6) (b)(6) birth certificate, but she stated she was illiterate and could not obtain a new document.

On August 1, 2017 the Phoenix Guatemalan Consulate interviewed Mr. (b)(6) (b)(6) and on August 2, 2017 the consulate provided ORR with a verification of the document provided by Mrs. (b)(6) (b)(6) According to the Phoenix Consulate the correct name of the individual placed in ORR care is (b)(6) (b)(6) (b)(6) (b)(6) and his correct date of birth is (b)(6), **1995**.

Along with this Memo ORR is submitting the following documents:

- Fraudulent Birth Certificate
- Consular verification of DOB and name
- Photograph
- TB clearance
- Additional medical information

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 22 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.08.02 12:31:41 -07'00'

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

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

Memo of Age Determination
August 5, 2016

TO: ICE – DHS – Phoenix, Arizona
Robert L. Moore --ice.dhs.gov

Through: Tumbleweed

FROM: Yesenia Heath
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-determination of an Adult

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

I reviewed the documentation gathered by Tumbleweed in regards to this UAC forensic exams for age redetermination and per the dental forensic exam and according to the report, "the empirical statistical probability (b)(6) (b)(6) (b)(6) A.K.A. (b)(6) (b)(6) (b)(6) A# (b)(6) having attained 18 years of age is 91.5%.

In addition, (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6) admitted to being an adult to her case manager on 8/4/16 and that here actual age was 20 years old.

Please find attached her birth certificate that was faxed by her sister from Guatemala along with her new Renap. Based on Mrs. (b)(6) (b)(6) (b)(6) self disclosure of being older in addition to the dental forensic exam provided here, and the newly attained birth certificate provided by her sister, her age is being re-determined and she is considered an adult

We request to please arrange for the transfer to ICE adult custody of Mrs. (b)(6) (b)(6)

.

Respectfully,

Yesenia Heath, M.S.W.
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Yesenia.Heath@acf.hhs.gov

Approved by:
Ivonne Velazquez, LCSW
Federal Field Specialist Supervisor

United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @DMHome.Org>"; (b)(6) @davidandmargaret.org>"; "Mendivil, Veronica <MendivilV@davidandmargaret.org>"; "Zapata, Richard (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fe5f35855edc43ebbc6926ff5a6d6590-Zapata, Ric>"
Subject:	ADULT/AGE RE-DETERMINATION (b)(6) (b)(6) David & Margaret
Date:	2017/11/15 18:35:45
Priority:	Urgent
Type:	Note

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

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

ORR Universal Password applies to open attachments.

Respectfully,

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

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

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Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

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

Ivonne,

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

ORR Universal password applies to open attachments.

Please advise.

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

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

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Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

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

Myriam,

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

Veronica Mendivil
Program Director
DAVID &MARGARET YOUTH AND FAMILY SERVICES
DIVISION OF UNACCOMAPNIED CHILDREN OPERATIONS PROGRAM
1350 THIRD ST. LA VERNE, CA 91750
Direct: (909) 596-5921 X3627 | Cell:(b)(6)
mendivilv@davidandmargaret.org

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

Hello,

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

Thank you

Veronica Mendivil
Program Director
DAVID &MARGARET YOUTH AND FAMILY SERVICES
DIVISION OF UNACCOMAPNIED CHILDREN OPERATIONS PROGRAM
1350 THIRD ST. LA VERNE, CA 91750
Direct: (909) 596-5921 X3627 | Cell: (b)(6)
mendivilv@davidandmargaret.org
Renew Hope. Inspire Change.

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

Good afternoon Ms. Hillin,

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

Best regards,

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

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

From: (b)(6) mailto(b)(6) @DMHome.Org]
Sent: Monday, November 13, 2017 1:51 PM
To: Hillin, Myriam (ACF)
Cc: Mendivil, Veronica; Agredano-Lozano, Obed (ACF) (CTR); Jimenez, Vanessa; Lovejoy, Jenna L; Valle, Jose
Subject: Age Re-determination-(b)(6) - XXX-XX(b)(6)

Hello Myriam,

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

Per policy 1.6.2 If an individual's estimated probability of being 18 or older is 75 percent or great according to a medical age assessment, and this evidence has been considered in conjunction with the totality of the evidence, ORR may refer the individual to DHS. The 75 percent probability threshold applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.

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

Respectfully,

(b)(6)
Lead Case Manager
Division of Unaccompanied Children Operations
DAVID &MARGARET YOUTH AND FAMILY SERVICES
1350 THIRD ST. LA VERNE, CA 91750
Direct: (b)(6)

murillol@davidandmargaret.org

Renew Hope. Inspire Change.

From: Evelin Mahadi Garcia Gudiel [mailto:evgarcia@minex.gob.gt]
Sent: Friday, November 03, 2017 4:21 PM
To: Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>
Cc: (b)(6) @davidandmargaret.org>; (b)(6) @DMHome.Org>; Mendivil, Veronica <MendivilV@davidandmargaret.org>; Ahlberg, Jeffrey (ACF) <Jeffrey.Ahlberg@acf.hhs.gov>; Telma Borrayo <tborrayo@minex.gob.gt>; Proteccion Los Angeles CA <proteccionconslax@minex.gob.gt>
Subject: RV: Consular interview: - (b)(6) - XXX-XX (b)(6) David &Margaret - (Age Determination Case)

Dear Obed:

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

Minor confirmed:

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

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

***IMPORTANT:**

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

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

Respectfully,

Evelin Madahí García Gudiel
Vicecónsul · evgarcia@minex.gob.gt
Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213) 365-9251** · Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

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

De: Evelin Mahadi Garcia Gudiel
Enviado: martes, 31 de octubre de 2017 12:46 p. m.
Para: Valle, Jose; Agredano-Lozano, Obed (ACF) (CTR)
Cc: Murillo, Leann; Telma Borrayo; Consulado de Guatemala en los Angeles; Mendivil, Veronica; Ahlberg, Jeffrey (ACF)
Asunto: Re: URGENT - BC Verification -(b)(6) - XXX-XX(b)(6) David &Margaret - (Age Determination Case)

Dear (b)(6)

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

Best regards,

Evelin Madahí García Gudiel
Vicecónsul · evgarcia@minex.gob.gt

Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213) 365-9251** · Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

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

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

Good afternoon Viceconsul Evelin,

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

Best regards,

(b)(6) B.A.
Case Manager
Division of Unaccompanied Children Operations (DUCO)
David &Margaret Youth and Family Services
Office: (909)962-8112 | Fax: (909)912-8425
On-Call Phone: (b)(6)
Email: (b)(6) @davidandmargaret.org

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From: Evelin Mahadi Garcia Gudiel [mailto:evgarcia@minex.gob.gt]
Sent: Tuesday, October 31, 2017 12:08 PM
To: Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>
Cc: Murillo, Leann <MurilloL@DMHome.Org>; Telma Borrayo <tborrayo@minex.gob.gt>; Consulado de Guatemala en los Angeles <conslosangeles@minex.gob.gt>; Mendivil, Veronica <MendivilV@davidandmargaret.org>(b)(6) @davidandmargaret.org>; Ahlberg, Jeffrey (ACF) <Jeffrey.Ahlberg@acf.hhs.gov>
Subject: Re: URGENT - BC Verification -(b)(6) - XXX-XX(b)(6) - David &Margaret - (Age Determination Case)

Dear Obed:

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

*** CONSULAR INTERVIEW:**

By Phone: Friday November 03, 2017 at 10:30 am
You may contact me at 310-689-6610

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

Thank you.

Best regards,

Evelin Madahí García Gudiel
Vicecónsul · evgarcia@minex.gob.gt
Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213) 365-9251** · Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

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

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

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

Good Morning Viceconsul Garcia,

We appreciate your prompt response and update regarding this request.

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

Telephonically / via WhatsApp would be fine.

Please let us know your availability.

Thank you,

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

cid:image001.png@01CE47FE.C36E63E0

From: Evelin Mahadi Garcia Gudiel [mailto:evgarcia@minex.gob.gt]
Sent: Tuesday, October 31, 2017 10:15 AM
To: Agredano-Lozano, Obed (ACF) (CTR)
Cc: (b)(6) Murillo, Leann; Mendivil, Veronica; Telma Borrayo; Proteccion Los Angeles CA; Consulado de Guatemala en los Angeles
Subject: Re: URGENT - BC Verification - (b)(6) - XXX-XX (b)(6) - David &Margaret - (Age Determination Case)

Dear Obed:

Good morning, per your request to verify minor (b)(6) (b)(6) s DOB (b)(6) /2000 or 10/25/Year Unknown.

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

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

Thank you.

Respectfully,

Evelin Madahí García Gudiel
Vicecónsul · evgarcia@minex.gob.gt
Consulado General de Guatemala
1975-1989 Riverside Ave· Los Angeles CA 90039
Tel: **(213) 365-9251** · Fax: **(213) 365-9245**
losangeles@minex.gob.gt · www.consulaxgt.com

https://outlook.office365.com/owa/service.svc/s/GetFileAttachment?id=AAMkADUyMGE4M2Q0LTk3NzQtNGM0My1iYWI3LTc3MjMyMjg0NTk5YgBGAAAAAAC3HQt7X6apRrNJO0xjCanhBwB9fjIoYfoBQKeTrm%2BlXn4uAAAAAAEJAAB9fjIoYfoBQKeTrm%2BlXn4uAAAAAHMCAAABEgAQAB2u1Z3ERrVPiR5fJy17B50%3D&X-OWA-CANARY=Ke5_BIZPLU-Yt7QWFYukqdBfR_DTZtIlvCw7OijHZBLfnPl5uWA_DvEiKcgLv97kvBcpjlvaxIc.

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

cid:image002.gif@01D35242.33113040

Good Morning Viceconsul Garcia &Ms Madrid,

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

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

ORR Standard Password

Thank you in advance,

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

cid:image001.png@01CE47FE.C36E63E0

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @DMHome.Org>"; (b)(6) @davidandmargaret.org>"; "Mendivil, Veronica <MendivilV@davidandmargaret.org>"; "Zapata, Richard (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fe5f35855edc43ebbc6926ff5a6d6590-Zapata, Ric>"
Sent Date:	2017/11/15 18:35:39
Delivered Date:	2017/11/15 18:35:45

003298

Referred to DHS

Referred to DHS

From: Alina Maldonado [mailto:Alina.Maldonado@morrisonkids.org]

Sent: Thursday, November 2, 2017 3:22 PM

To: (b)(6);(b)(7)(F) Heath, Yesenia (ACF)

Cc: Loeches, Maribel; Velazquez, Ivonne (ACF); Melissa Brown; Espitia, Wendy (ACF) (CTR); Rachel Boll

Subject: RE: Age Determination Update for (b)(6)

Thank you for the notice Officer (b)(6);(we will start getting her belongings together and get her documentation ready.

Alina Maldonado |
Program Director

11035 NE Sandy Blvd. | Portland,OR 97220

(b)(6) (d)| (b)(6) c)|(503) 893-3126(f)

Check out our website:
Morrisonkids.org

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Referred to DHS

Referred to DHS

From: Heath, Yesenia (ACF) [mailto:Yesenia.Heath@ACF.hhs.gov]

Sent: Thursday, November 2, 2017 3:02 PM

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

Cc: Loeches, Maribel; Velazquez, Ivonne (ACF); Alina Maldonado (Alina.Maldonado@morrisonkids.org); Espitia, Wendy (ACF) (CTR)

Subject: [WARNING: MESSAGE ENCRYPTED]FW: Age Determination Update for (b)(6)

Importance: High

Hello Officer (b)(6);(b)(7)(E)

Please find attached documentation and memo for age determination of this young lady. Upon review of her documentation it was verified that she is in fact 20 years old. I have attached all the documentation,
including verified BC, false BC, minors statement admitting to being an adult and medical information as she has been medically cleared.

Please arrange to have her picked up at your earliest convenience.

Yesenia Heath, M.S.W.

Federal Field Specialist

U.S. Department of Health and Human Services

Administration of Children and Families

Office of Regugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

Yesenia.Heath@acf.hhs.gov

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

Sent: Thursday, November 02, 2017 12:50 PM

To: Heath, Yesenia (ACF); Ivall, Maria E. (ACF); Espitia, Wendy (ACF) (CTR); Bernal Cruz; Alejandro Martinez

Cc: Alina Maldonado; Melissa Brown; Rebecca Sanchez; Isabel Rios Irizarry; Donna Rico; Emma Kraft; Gladys Hunt; Yara Alvarez; Andrew Conner; Serena Rannabargar; Caressa Kruth

Subject: [WARNING : MESSAGE ENCRYPTED] Age Determination Update for (b)(6) (b)(6)

Good afternoon Yesenia,

Please see attached documents with updated information regarding an age determination case.

-Individual's statement

-Statement from Guatemalan consulate and BC check (converted to PDF)

-Falsified BC

-BC Received from the individual's family after they were informed the individual admitted to being an adult (received 11/1/17)

-Age determination assessment update

-Age determination tab

-Medical Documents

Please note that the documents are encrypted with the program's standard password.

Thank you,

(b)(6)
Case Management Specialist

11035 NE Sandy Blvd. | Portland,OR 97220

(b)(6) d)|(b)(6) (c)|(503) 893-3126(f)

Check out our website:
Morrisonkids.org

In-2CRev-21px-R

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Referred to DHS

003305

Referred to DHS

003306

morrison

child & family services

003310

Transfer Request

UAC Basic Information

First Name: (b)(6)
Last Name: (b)(6)

(b)(6)

AKA:
Status: ADMITTED
Date of Birth: (b)(6)1998
A No.: (b)(6)
Age: 17
Country of Birth: Guatemala
Gender: M
LOS: 26
Current Program: Holloman
Admitted Date: 1/25/2016

Transfer request

Minor's Profile:

Height(ft & inches): 5'02''(format: 4'05'')
Weight(lbs): 112
Eye Color: brown
Identification Marks: none

Transfer Request:

Type of Program Requested: Shelter
Requested Date: 2/20/2016
Requesting Party: Holloman Emergency Influx Shelter
Requester Name: (b)(6)
Requester Title: (b)(6)
Requester Phone: (b)(6)

Case Coordination:

Concur with Requesting Party? ◉ Yes ○ No
If not, specify:
Type of Program Recommended: Shelter
Case Coordinator Proposed Program:
Case Coordinator Name:
Recommended Date:

Reason for Transfer Request:

Shelter & Foster Care Only:
☑ Standard Placement

Secure & Staff Secure Only
☐ Convicted as Adult
☐ Adjusdicated Delinquent
☐ Criminal Charges
☐ Chargeable

Any Program Type:
☑ To provide a less restrictive setting (transfer only)
☐ To provide a more restrictive setting (transfer only)
☐ Minor's Medical Health
☐ Minor's Mental Health
☐ Violent/Threatening Behavior
☐ Disruptive Behavior
☐ Minor's Safety
☐ Flight Risk
☐ Emergency Influx

Has the Minor's Attorney Been Contacted? ○ Yes ◉ No
Attorney Phone:
Attorney of Record: none

Casefile Summaries

Information Relating to Minor's casefile
☐ Pregnancy
☐ Injury
☐ Illness
☐ Non-diagnosed Behavior/Illness with no Medications
☐ Non-diagnosed Behavior/Illness with Medications
☐ Diagnosed Behavior/Illness with no Medications
☐ Diagnosed Behavior/Illness with Medications
☐ Non-violent Conviction
☐ Non-violent Charge
☐ Charge(s) Dropped

Minor's Medical/Mental Health Summary:

2/19/2016- UC is mentally stable. UC denied any S/H ideations or a/v hallucinations. UC denied any sleeping or eating disturbances. UC is oriented times four.(b)(6), LPC-I Holloman AFB SOAP Note February 19, 2016 Name:(b)(6) DOB:(b)(6)/1998 A#(b)(6) Time: 1410 Last medical record reviewed Allergies: NKDA HPI: Patient male 17 years old come to the clinic for medical clearance for Transfer. Head Checked for lice and nits with negative result. ROS: All 12 systems negative except those described above. PHYSICAL EXAMINATION: VITAL SIGNS: B/P 122/66 T 98.2 P 73 R 16 O2 sat 98% GENERAL: The patient is a well-developed, well-nourished in no apparent distress. Alert and oriented x3. HEENT: Head is norm cephalic and atraumatic. Extraocular muscles are intact. Pupils are equal, round, and reactive to light and accommodation. Nares appeared normal. Mouth is well hydrated and without lesions. Mucous membranes are moist. Posterior pharynx without exudates or lesions. NECK: Supple. No carotid bruits. No lymphadenopathy. No thyromegaly. LUNGS: Clear to auscultation bilaterally. HEART: Regular rate and rhythm without murmur. ABDOMEN: Soft, non-tender, and non-distended. Positive bowel sounds. No hepatosplenomegaly was noted. EXTREMITIES: Without any cyanosis, clubbing, rash, lesions or edema. NEUROLOGIC: Cranial nerves II through XII are grossly intact. PSYCHIATRIC: Flat affect, but denies suicidal or homicidal ideations. SKIN: No ulceration or induration present. Warm, dry and intact. Assessment: Medical clearance for transfer Plan: Physical exam _____
(b)(6) FNP-C

Behavior Summary: (history of: flight risk, aggressive/assaultive & sexually inappropriate behaviors)

2/19/16- UC does not display any risky behaviors at this time.(b)(6) LPC-I

Current Status of Family Reunification:
Immigration Court Status:

Case Manager Comments

Case Manager Name: (b)(6)

Case Manager Comments:

Under UC assessment, current sponsor, CAT 1, 2,3 needed; Under UC sponsor info A#, doc to sponsor, employee phone needed; under ISP case manager, mandatory serv, and signature, date, title, print name needed; under case review current sponsor, CAT 1,2 ,3 needed; under medical delete 1 copy (they are identical), initial dental exam date, chest xray, tb screen/IGRA date, result, communicable disease, visits to ER, hosp surgery, office visits, name dose, reason, medication list (none), comments, immunizations needed; under education-none, UAC docs need to be uploaded. Pending background check for (b)(6) (backgroundchecks.com) order date: 2/16/16, report id: (b)(6) need letter of designation from parents and all release information. The minor (b)(6) A# (b)(6) traveled to the US from Quiche Guatemala to be reunified with his uncle by marriage (b)(6) who lives in Dover, OH. Sponsor and minor indicated that they have not to seen each other since 2003.They have kept good communication through phone calls that the sponsor make to COO and through facebook. The sponsor reported that his motivation of sponsoring minor is to be able to provide better opportunities of life and education. The client reported that he was a full-time student. On an average day, he woke up at 6am, had breakfast, and began the completion of his school work. From 1pm-5:30PM the client attended school and return in time for dinner. In the evenings, he spent time with family watching television or listening to music. On Sundays, Tuesdays, Thursdays, and Sundays he attended religious services with his family. Due to financial hardship, the client reported that his parents were unable to afford tuition and school supplies. The client indicated that he had hopes to continue his education and believed the US could provide him with an opportunity to study. The client reported that he hired a smuggler to help him on the trek to the US. He explained that they traveled from Guatemala to Altar, Sonora on various public buses. At the border he was instructed to walk into the desert of Southern, Arizona where he was apprehended five days after he began his journey. The client traveled with a smuggler and a group of approximately 10 migrants also making the voyage north. The client was apprehended in Southern Arizona and taken to immigration detention. The client stated that after one day, he was transferred to SWK. He denied maltreatment during his journey, during apprehension, or during detention. The client reported that he organized his own trip. The trip took approximately 3 weeks, he got the money to travel from a family member or friend, but does not owe money in return. Minor with A# (b)(6) is seeking reunification with his uncle (b)(6) Sponsor and minor's relationship as uncle and nephew were identified and verified in that UC's mother (b)(6) 's sister (b)(6) is UC's mom's sister. Birth certificates were obtained and reviewed as well as conferencing with UC, parent, and sponsor to collaborate on family member names and relationships. Identification is on file. Letter of designation is needed as well as a background check for (b)(6) which is pending. Order date for this report was 2/16/16 and report id is 132783917. Prior to his departure, the client reported living with his biological parents and younger brother. He described family relationship as loving and support. He denied physical abuse by his parents and further denied the presence of substance abuse or domestic violence in the home. Sponsor has previously sponsored his brother (b)(6) A# (b)(6) who is 18, has attended school, and has a court hearing on 7/21/16. Sponsor works in a cattle farm and makes approximately $25,000 a year. Sponsor's background check returned no record (1/1/2016). Sponsor fingerprint resulted in no record (2/8/2016). Sponsor National sex offender check resulted in no record (2/18/16). UC and sponsor appear to have a healthy relationship and have remained in contact. UC is eager to reunify with uncle (b)(6) Sponsor-uncle, (b)(6) is a 33 year old male who is under temporary protected status and currently residing in (b)(6) Ohio. Sponsor reports residing in a 5 bedroom home located at (b)(6) OH. (b)(6) Sponsor resides with his wife (b)(6) , another aunt and uncle of the UC (b)(6) , sponsors brother (b)(6) and uncle's daughters (b)(6) . Sponsor stated that Aunt and uncle are in 1 room, him and his wife are in another room, (b)(6) is in another room, the 2 girls share the small room, and that (b)(6) would have his own room in the room home with his own bed. Sponsor works in a cattle farm and makes approximately $(b)(6) a year. Sponsor indicated he will take care of UC and provide his needs. Sponsor has agreed to support UC ensuring he receives adequate education and care. Sponsor indicated in the event that he can no longer care for the UC, (b)(6) his wife, age (b) who resides at (b)(6) , OH (b)(is more than willing to take full responsibility of minor. Care plan's internet background check was completed on 2/18/2016; closed with no criminal records found. Sex offender registry check was completed on 2/16/16 with no records found, state background check was completed on 2/17/16 with no records found. Sponsor has agreed to support UC financially, ensuring he receives adequate care and the education required. Sponsor will have all of UC's needs adequately met per ORR policy. Sponsor understands the reunification process responsibilities and will adhere to them for the best interest and the well-being of the minor. There are no medical or mental health issues or concerns at this time. Care provider is recommending a CAT2/ transfer request to Southwest Keys-Canutillo, TX for purposes of completion of needed documentation.

Case Manager Suggests Transfer?: (•) Yes ( ) No

TMS Historical Transfer Request?:

Date of Case Manager Comments: 2/19/2016

ORR/DCS Decision

Comments:

Decision:
- ( ) Pending
- ( ) Approve
- ( ) Disapprove
- ( ) Remanded, please provide info as detailed in comments

Date of Decision:

Name of ORR Decision Maker:

Transfer Packet (for each minor)

Please follow checklist in the Transfer Procedures when completing minor's transfer packet, check the checkbox to indicate the packet is completed. ☐

List of Minor's Belongings (be sure to include medication and explain dosage in medical/mental health summary)

1 Beanie (black) 1 pair gloves (blue) 1 pair jeans

COA - COV

Request Type
- (•) Change of Address
- ( ) Change of Value

Transfer Sch. to Take Place on: 2/19/2016

Next Sch. Court Appearance for this Juvenile is:

Reason for less than 48 hours notice to ICE (if applicable) :

need to move UC, more information needed. Under UC assessment, current sponsor, CAT 1, 2,3 needed; Under UC sponsor info A#, doc to sponsor, employee phone needed; under ISP case manager, mandatory serv, and signature, date, title, print name needed; under case review current sponsor, CAT 1,2 ,3 needed; under medical delete 1 copy (they are identical), initial dental exam date, chest xray, tb screen/IGRA date, result, communicable disease, visits to ER, hosp surgery, office visits, name dose, reason, medication list (none), comments, immunizations needed; under education-none, UAC docs need to be uploaded. Pending background check for (b)(6) backgroundchecks.com) order date: 2/16/16, report id: (b)(6) need letter of designation from parents and all release information.

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

- ☐ ORR has decided to relocate the respondent to an area where space is available/ appropriate services can be provided, since Juvenile detention space is limited in
- ☐ The minor has a special need (e.g., pregnancy of juvenile, medical needs, etc.), please specify
- ☑ Other, please specify

More information is needed. Under UC assessment, current sponsor, CAT 1, 2,3 needed; Under UC sponsor info A#, doc to sponsor, employee phone needed; under ISP case manager, mandatory serv, and signature, date, title, print name needed; under case review current sponsor, CAT 1,2 ,3 needed; under medical delete 1 copy (they are identical), initial dental exam date, chest xray, tb screen/IGRA date, result, communicable disease, visits to ER, hosp surgery, office visits, name dose, reason, medication list (none), comments, immunizations needed; under education-none, UAC docs need to be uploaded. Pending background check for (b)(6) (backgroundchecks.com) order date: 2/16/16, report id: (b)(6) need letter of designation from parents and all release information.

003312

Departure/Arrival Information			
Departure Date:	2/19/2016	**Departure Time:**	12:00 AM
Transporting Staff Name:			
Transporting Staff Title:			
Transporting Staff Comments:			
Arrival Date:		**Arrival Time:**	
Receiving Staff Name:			
Receiving Staff Title:			
Receiving Staff Comments:			

From:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
To:	"(b)(6);(b)(7)(F) @ice.dhs.gov)"
CC:	"Espitia, Wendy (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5824597022f9428dafc8e2e827675a48-Espitia, We>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(F) @ice.dhs.gov)"
Subject:	FW: **AGE DETERMINATION MEMO** (b)((b)(6 (b)(6) (b)(6) AKA (b)((b)(6) (b)(6) A# (b)(6)
Date:	2016/06/29 14:16:34
Priority:	Normal
Type:	Note

Hello Jamie,

Please see attached Age Determination documentation for this adult individual placed at Paso. Please arrange pick up with Paso, see below contact information:

Morrison Paso Program:
(b)(6) Case Management Specialist
11035 NE Sandy Blvd. | Portland, OR 97220
(b)(6) (d)| (b)(6) (c)|(503) 788-1393(f)

Thanks!
Maria

Maria Riedel, MA
Federal Field Specialist, Oregon
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services

(C) (b)(6)
maria.riedel@acf.hhs.gov
http://www.acf.hhs.gov/programs/orr/programs/ucs

From: Velazquez, Ivonne (ACF)
Sent: Wednesday, June 29, 2016 11:10 AM
To: Riedel, Maria E. (ACF)
Subject: Fw: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6 (b)(6) (b)(6) A# (b)(6)

Dear Maria
Please contact ICE and have this individual transfered in to their custody.
Thanks, ivonne

From: Riedel, Maria E. (ACF)
Sent: Wednesday, June 29, 2016 11:08:03 AM
To: Velazquez, Ivonne (ACF)
Subject: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A#(b)(6)

Ivonne,

Please see attached Age Determination Memo and information about this adult in care (the consulate has authenticates and certified the BC). I have reviewed all documentation and need you concurrence and approval to reach out to ICE FOJC.

Thanks!
Maria

Maria Riedel, MA
Federal Field Specialist, Oregon
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services

(C)(b)(6)
maria.riedel@acf.hhs.gov
http://www.acf.hhs.gov/programs/orr/programs/ucs

From: (b)(6) [mailto:(b)(6) @morrisonkids.org]
Sent: Tuesday, June 28, 2016 6:53 PM
To: Riedel, Maria E. (ACF)
Cc: Espitia, Wendy (ACF) (CTR); (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
Subject: Age Redetermination Memo: (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6 (b)(6) (b)(6) A# (b)(6) (b)(6)

Good Evening Maria,

I am emailing you regarding the age redetermination of (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (A# (b)(6)), who is currently in care at Morrison Paso Staff Secure. I have attached all supporting documents that prove that this person is an adult, and I have copied relevant case notes below so that you can submit a memo to ICE.

6/28/16:

CM received the minor's birth certificate via FAX from the minor's mother. Minor's BC states that **the minor's real name is** (b)(6) (b)(6) (b)(6) (b)(6) **and that the minor's date of birth is** (b)(6) **1995, which would make him a 20-year-old adult**. CM sent it to the Honduran Consulate for verification of authenticity.

CM received a response from the Honduran Consulate:
"Good afternoon (b)(6)

The document enclosed is accurate according to the National Registry of Honduras, but you are calling the young man (b)(6) and the name in the birth Certificate is (b)(6) (b)(6) also his DOB is (b)(6) 1995.

Greetings and thank you for assistance to our Honduras nationals.

Edna Miralda
Consul

Consulado de Honduras
Seattle, WA
408 856 5578- 1 650 278 4434
consuladodehonduras.seattle.wa@gmail.com"

CM had (b)(6) (b)(6) provide written confirmation that the information on the BC was correct. (b)(6) (b)(6) confirmed that his name is in fact (b)(6) (b)(6) (b)(6) (b)(6) and his date of birth is (b)(6), 1995 (making him 20 years old). CM had (b)(6) (b)(6) clarify the reason for changing his name and his date of birth, and he stated that on his journey to the U.S. someone had told him that it would be easier to enter and stay in the U.S. if he were a minor. (b)(6) (b)(6) also stated that he lost his papers on his journey, and that he prefers to go by the name of (b)(6) which is why he reported that name instead of (b)(6) (b)(6)

CM called (b)(6) (b)(6) mother, (b)(6) (b)(6) in order to confirm the accuracy of the information on the birth certificate. (b)(6) stated that his real name is (b)(6) (b)(6) (b)(6) (b)(6) and that he is going to turn 21 on (b)(6) of this year (2016, which makes his birth year 1995). CM pointed out to her that the birth certificate stated his birthday as July 18th. (b)(6) stated that the reason for the date discrepancy is that it took her a lot of time to collect sufficient money and get it officiated. CM asked (b)(6) regarding the name (b)(6) that (b)(6) (b)(6) uses, and she stated that he gave that name to himself.

Please let me know if you need any additional information in this matter.

Thank you,
(b)(6)

(b)(6) | Case Management Specialist
11035 NE Sandy Blvd. | Portland,OR 97220
(b)(6) (d)|(b)(6) (c)|(503) 788-1393(f)

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Sender:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov)"; "Espitia, Wendy (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5824597022f9428dafc8e2e827675a48-Espitia, We>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(F) @ice.dhs.gov)"
Sent Date:	2016/06/29 14:16:32
Delivered Date:	2016/06/29 14:16:34
From:	(b)(6) @morrisonkids.org>
To:	"Consulado de Honduras San Francisco <consuladohondurassf@gmail.com>"
CC:	"Riedel, Maria E. (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27b237e95f0944b689414208ca0f5b47-Riedel, Mar>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; "Espitia, Wendy (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5824597022f9428dafc8e2e827675a48-Espitia, We>"
Subject:	RE: Arrival Notification: (b)((b)(6) (b)(6) A# (b)(6)
Date:	2016/06/28 19:53:41
Type:	Note

Hi Edna,

Thank you for your response and confirmation of the accuracy of the attached document.

The reason for this person being referred to as (b)(6) instead of (b)(6) (b)(6) is that the minor altered his name in order to appear as a minor instead of an adult. It has been confirmed with both (b)(6) (b)(6) and his mother that his official name is (b)(6) (b)(6) and not (b)(6)

Thank you again,
(b)(6)

(b)(6) | Case Management Specialist
11035 NE Sandy Blvd. | Portland,OR 97220
(b)(6) (d)| (b)(6) (c)|(503) 788-1393(f)

cid:image001.png@01D1D15C.B1EFBC50

cid:image002.png@01D1D15C.B1EFBC50 cid:image003.png@01D1D15C.B1EFBC50 In-2CRev-21px-R

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From: Consulado de Honduras San Francisco [mailto:consuladohondurassf@gmail.com]
Sent: Tuesday, June 28, 2016 4:19 PM
To: (b)(6) @morrisonkids.org>
Cc: Maria Riedel <Maria.Riedel@acf.hhs.gov>; (b)(6) (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; Espitia, Wendy (ACF) (CTR) <Wendy.Espitia@acf.hhs.gov>
Subject: Re: Arrival Notification: (b)(6) (b)(6) (b)(6) A# (b)(6)

Good afternoon (b)(6)

The document enclosed is accurate according to the National Registry of Honduras, but you are calling the young man (b)(6) and the name in the birth Certificate is (b)(6) (b)(6) also his DOB is (b)(6) 1995.

Greetings and thank you for assistance to our Honduras nationals.

Edna Miralda
Consul

Consulado de Honduras
Seattle, WA
408 856 5578- 1 650 278 4434
consuladodehonduras.seattle.wa@gmail.com

2016-06-28 11:12 GMT-07:00 (b)(6) (b)(6) <(b)(6) @morrisonkids.org>:

Good Morning Edna,

Our program received the minor's birth certificate this morning and we would like to request to have it verified for authenticity. Please see the attached document.

Thank you for your help in this matter.

Best,
(b)(6)

cid:image001.png@01D1D15C.B1EFBC50

(b)(6) | Case Management Specialist
11035 NE Sandy Blvd. | Portland,OR 97220
(b)(6) (d) | (b)(6) c) | (503) 788-1393(f)

cid:image002.png@01D1D15C.B1EFBC50 cid:image003.png@01D1D15C.B1EFBC50 In-2CRev-21px-R

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From: Consulado de Honduras San Francisco [mailto:consuladohondurassf@gmail.com]
Sent: Monday, June 27, 2016 8:10 PM
To: (b)(6) @morrisonkids.org>
Cc: Bernal Cruz <bernal.cruz@(b)(6) ; (b)(6);(b)(7)(F) @ice.dhs.gov>; Espitia, Wendy (ACF) (CTR) <Wendy.Espitia@acf.hhs.gov>; (b)(6);(b)(7)(F) @dhs.gov>; Maria Riedel <Maria.Riedel@acf.hhs.gov>; (b)(6);(b)(7)(F) @ice.dhs.gov>; Barbara Babcock <bbabcock@ics-law.org>; Denisse Guadarrama <dguadarrama@ics-law.org>; Mark Bowers <MBowers@ics-law.org>; Ruth Campbell <rcampbell@ics-law.org>; Sean Rawson <SRawson@ics-law.org>; Sheridan Rueter <SRueter@ics-law.org>; (b)(6) <(b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) @morrisonkids.org>; (b)(6) <(b)(6) @morrisonkids.org>
Subject: Re: Arrival Notification: (b)(6 (b)(6) (b)(6) A#(b)(6)

Good Evening,

I knowledge receipt of this communication.

Regards,

Edna Miralda
Consul

Consulado de Honduras
Seattle, WA
408 856 5578- 1 650 278 4434
consuladodehonduras.seattle.wa@gmail.com

2016-06-24 16:01 GMT-07:00 (b)(6);(b)(7)(F) @morrisonkids.org>:

Good Afternoon,

The following minor arrived at Morrison PASO Staff Secure on 6/23/16 at approximately 6:15 p.m. The minor is a step-up transfer from the Morrison Downtown Shelter program.

(b)(6) (b)(6) (b)(6)
A# (b)(6)
DOB: As stated in the UAC Portal - (b)(6) 1999; 16 y/o; Program is currently assessing for age discrepancies
Honduras
Spanish

Thank you,
(b)(6)

(b)(6) | Case Management Specialist
11035 NE Sandy Blvd. | Portland,OR 97220
cid:image001.png@01D1D15C.B1EFBC50 (b)(6) (d) | (b)(6)
(b)(6) (c) | (503) 788-1393(f)

cid:image002.png@01D1D15C.B1EFBC50 cid:image003.png@01D1D15C.B1EFBC50 In-2CRev-21px-R

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Sender:	(b)(6) (b)(6) @morrisonkids.org>
Recipient:	"Consulado de Honduras San Francisco <consuladohondurassf@gmail.com>"; "Riedel, Maria E. (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27b237e95f0944b689414208ca0f5b47-Riedel, Mar>"; "(b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; (b)(6) @morrisonkids.org>"; "Espitia, Wendy (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5824597022f9428dafc8e2e827675a48-Espitia, We>"
Sent Date:	2016/06/28 19:53:41

003320

Nº (b)(6)

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACION DE ACTA DE NACIMIENTO

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina; se encuentra el acta de nacimiento número: (b)(6) *Número de Identidad* ubicada en el folio (b)(6) del tomo (b)(6) del Año 1995 y que pertenece a:

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

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

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

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) SANTA ROSA DE COPÁN Municipio

b) COPÁN Departamento

c) HONDURAS País

d) DIECIOCHO Día

e) JULIO Mes

f) 1995 Año

2.) Apellidos, nombre y nacionalidad del padre:

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

b) VILLANUEVA *Segundo Apellido*

c) (b)(6) *Nombre*

d) HONDUREÑA Nacionalidad

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

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

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

c) (b)(6) *Nombre*

d) HONDUREÑA Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en DULCE NOMBRE Municipio, COPÁN Departamento

a los: VEINTITRES día del mes de JUNIO

del DOS MIL OCHO

REGISTRO NACIONAL DE LAS PERSONAS
04 08
REGISTRO CIVIL MUNICIPAL
DULCE NOMBRE, COPAN
HONDURAS, C.A.

Firma y Sello del Registrador Civil Municipal

ep5+sn6+JwG9tlxyTw6U5D5yfWTEAwNcBAk7sTWhITXcr4mM8m1WiWEVjWVqjUOuPuu

FROM : PHONE NO. : JAN. 01 1997 02:47AM P2

003321

REPUBLICA DE HONDURAS
REGIS[illegible]NACIONAL DE[illegible]PERSONAS
[illegible]TA DE IDEN[illegible]D

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

(b)(6)

(b)(6)

(b)(6)

ARTICULO 21 LEY DEL REGISTRO NACIONAL DE LAS PERSONAS: [illegible]

(b)(6)

DIRECTOR R.N.P.

SOLICITADA EN 0401

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

(b)(6)

FROM : PHONE NO. : JAN. 01 1997 02:47AM P1

003322

85% 11:16 AM

+ (b)(6)

Mobile

MESSAGES PHOTOS & VIDEOS eGIFT CONTAC

Yesterday 12:18 PM

Hola señora, por favor déjeme saber si recibe este mensaje. Gracias

Yesterday 12:28 PM

EL ACTA DE NASIMIENTO DEL A%O 1995 Y KE PERTENESE A (b)(6) (b)(6) (b)(6) (b)(6) NASIO EL (b)(6) DE (b)(6)

Yesterday 12:35 PM

Entonces dice que él nació el (b)(6) de (b)(6) de 1995?

SI CLARO KESI

OK perfecto, gracias. Por favor mandeme una foto del acta cuando pueda, y si no por fax

Type a message...

003323

(b)(6)

[redacted]

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
June 29, 2016

TO: ICE – DHS – PORTLAND, OREGON
(b)(6);(b)(7)(F) @ice.dhs.gov;
(b)(6);(b)(7)(F) @ica.dhs.gov

Through: Morrison Paso

FROM: Maria Riedel
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

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

I reviewed the documentation gathered by Morrison Paso and I agree that Mr. (b)(6) (b)(6) (b)(6) (b)(6) who was placed in ORR care on 6/20/2016 with an AKA name (b)(6 (b)(6) (b)(6) and an AKA DOB (b)(6) 1999, has now been determined to be **20 years old** with a DOB: (b)(6) ***/1995*** and thereby he is an adult.

The identity of Mr. (b)(6) has been confirmed by Mrs. (b)(6) (b)(6) the biological mother in Honduras who also provided the Birth Certificate and ID for Mr. (b)(6) on 6/28/16. At placement Mr. (b)(6) stated to be 17 years and provided a different name because he stated he was told during his journey to the US that it would be easier to enter and stay in the US if he were a minor. The case manager discussed the date of birth with both, Mr. (b)(6) and Mr. (b)(6) mother and they both acknowledged the birth certificate is correct and acknowledge Mr. (b)(6) is an adult.

On 6/28/16 the Honduran consulate authenticated the Birth Certificate provided by Mr. (b)(6) mother and has provided an email certification of the Birth Certificate confirming Mr. (b)(6) DOB is (b)(6) 1995 with a determination he is 20 years old.

Along with this Memo, ORR is submitting the following documents:

- Birth Certificate with DOB (b)(6) 1995
- A Honduran ID for this individual
- The Birth Certificate Certification email provided by the Honduran Consulate
- Written statement from (b)(6 (b)(6) (b)(6) affirming he is 20 years old.

- Copy of text communication with Mr. (b)(6) mother affirming date of bith.

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

Respectfully,

Maria Riedel, MA
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Maria.Riedel@acf.hhs.gov

Approved by:
Ivonne Velazquez
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

003326

Referred to DHS

(b)(6)

003327

Referred to DHS

(b)(6)

Referred to DHS

From: Riedel, Maria E. (ACF) [mailto:Maria.Riedel@acf.hhs.gov]

Sent: Wednesday, June 29, 2016 11:18 AM

To: Burns, Jamie S

Cc: Espitia, Wendy (ACF) (CTR); Velazquez, Ivonne (ACF); (b)(6);(b)(7)(F)

Subject: FW: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Hello Jamie,

Please see attached Age Determination documentation for this adult individual placed at Paso. Please arrange pick up with Paso, see below contact information:

Morrison Paso Program:

(b)(6)
Case Management Specialist

11035 NE Sandy Blvd. | Portland, OR 97220

(b)(6) (d) (b)(6) (c)|(503) 788-1393(f)

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

From: Velazquez, Ivonne (ACF)

Sent: Wednesday, June 29, 2016 11:10 AM

To: Riedel, Maria E. (ACF)

Subject: Fw: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Dear Maria

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

Thanks, ivonne

From: Riedel, Maria E. (ACF)

Sent: Wednesday, June 29, 2016 11:08:03 AM

To: Velazquez, Ivonne (ACF)

Subject: **AGE DETERMINATION MEMO** (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

Ivonne,

Please see attached Age Determination Memo and information about this adult in care (the consulate has authenticates and certified the BC). I have reviewed all documentation and need you concurrence and approval to reach out to ICE FOJC.

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

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

Sent: Tuesday, June 28, 2016 6:53 PM

To: Riedel, Maria E. (ACF)

Cc: Espitia, Wendy (ACF) (CTR); Brendan Hickman; Leuso McKenzie; Jessica Mena; Erich Corona; Damariz Montiel-Ochoa; William Venturelli

Subject: Age Redetermination Memo: (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)

Good Evening Maria,

I am emailing you regarding the age redetermination of (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (A# (b)(6), who is currently in care at Morrison Paso Staff Secure. I have attached all supporting documents that prove that this person is an adult, and I have copied relevant case notes below so that you can submit a memo to ICE.

6/28/16:

CM received the minor's birth certificate via FAX from the minor's mother. Minor's BC states that **the minor's real name is** (b)(6) (b)(6) (b)(6) (b)(6) **and that the minor's date of birth is** (b)(6) **/1995, which would make him a 20-year-old adult**. CM sent it to the Honduran Consulate for verification of authenticity.

CM received a response from the Honduran Consulate:

"Good afternoon (b)(6)

The document enclosed is accurate according to the National Registry of Honduras, but you are calling the young man (b)(6) and the name in the birth Certificate is (b)(6) (b)(6) also his DOB is (b)(6) 1995.

Greetings and thank you for assistance to our Honduras nationals.

Edna Miralda

Consul

Consulado de Honduras

Seattle, WA

408 856 5578- 1 650 278 4434

consuladodehonduras.seattle.wa@gmail.com"

CM had (b)(6) (b)(6) provide written confirmation that the information on the BC was correct. (b)(6) (b)(6) confirmed that his name is in fact (b)(6) (b)(6) (b)(6) (b)(6) and his date of birth is (b)(6) 1995 (making him 20 years old). CM had (b)(6) (b)(6) clarify the reason for changing his name and his date of birth, and he stated that on his journey to the U.S. someone had told him that it would be easier to enter and stay in the U.S. if he were a minor. (b)(6) (b)(6) also stated that he lost his papers on his journey, and that he prefers to go by the name of (b)(6) which is why he reported that name instead of (b)(6) (b)(6)

CM called (b)(6) (b)(6) mother, (b)(6) (b)(6) in order to confirm the accuracy of the information on the birth certificate. (b)(6) stated that his real name is (b)(6) (b)(6) (b)(6) (b)(6) and that he is going to turn 21 on (b)(6) of this year (2016, which makes his birth year 1995). CM pointed out to her that the birth certificate stated his birthday as (b)(6), (b)(6) stated that the reason for the date discrepancy is that it took her a lot of time to collect sufficient money and get it officiated. CM asked (b)(6) regarding the name (b)(6) that (b)(6) (b)(6) uses, and she stated that he gave that name to himself.

Please let me know if you need any additional information in this matter.

Thank you,

(b)(6)

(b)(6)
Case Management Specialist

11035 NE Sandy Blvd. | Portland,OR 97220

(b)(6) (d) (b)(6) c)|(503) 788-1393(f)

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Referred to DHS

Referred to DHS

Referred to DHS

From: Riedel, Maria E. (ACF) [mailto:Maria.Riedel@acf.hhs.gov]

Sent: Thursday, August 11, 2016 2:27 PM

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

Cc: Alina Maldonado (Alina.Maldonado@morrisonkids.org); (b)(6);(b)(7)(F); Allen, Chad; Velazquez, Ivonne (ACF)

Subject: FW: AGE DETERMINATION: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Importance: High

Good afternoon,

Please see attached Age Determination documentation for this adult individual placed at Morrison Downtown Shelter. Please arrange pick up with the shelter, see below contact information:

Alina Maldonado |
Program Director

11035 NE Sandy Blvd. | Portland,OR 97220

(503) 258-4413(d)| (b)(6) (503) 258-4478(f)

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

From: Velazquez, Ivonne (ACF)

Sent: Thursday, August 11, 2016 2:21 PM

To: Riedel, Maria E. (ACF)

Subject: Fw: AGE DETERMINATION: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Importance: High

Dear Maria,

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

Thanks, ivonne

From: Riedel, Maria E. (ACF)

Sent: Thursday, August 11, 2016 2:15:17 PM

To: Velazquez, Ivonne (ACF)

Cc: Espitia, Wendy (ACF) (CTR)

Subject: AGE DETERMINATION: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Ivonne,

Please see attached Age Determination Memo for your review and approval to reach out to the DHS/ICE FOJC and arrange pick up.

Please let me know if you have any questions.

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

Referred to DHS

From:	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
To:	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Gonzalez, Guadalupe M <Guadalupe.Gonzalez@(b)(6) >"; "Miriam Breceda <miriam.breceda@(b)(6) >"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "(b)(6) @swkey.org>"
Subject:	Re: Kokopelli: ADULT Age Determination request for (b)(6 (b)(6) (b)(6) (b)(6) A# (b)(6)
Date:	2016/10/16 16:13:40
Priority:	Normal
Type:	Note

I am working on getting a statement for you now. In regards to consular assistance I could understand if there was a doubt as to his identity or age but this individual admits he is an adult. That is primary and principal evidence of his age. Were he to come to the border and advise Border Patrol he were an adult we would not require a consular verification. To require such a burden undermines TVPRA in that it now puts us in a position where we are ignoring the realities of identity and age which is principally determined by an individuals statements. We have multiple forms of evidence in this case - statements, admission by the individual, and a forensic exam. To wait for a birth certificate from the Hondurans which could take weeks is not only a violation of this individuals rights it places the program, the other juveniles in our care, program staff, and the integrity of ORR and the UAC Program in jeopardy.

I will get you his statement and am hoping you will reconsider your decision. If there is anything else other than a Honduran verification that you would require let me know.

Thanks for your attention on this matter.

Will Calero

Referred to DHS

Referred to DHS

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

Sent: Sunday, October 16, 2016 12:00

To: PHO, Juv Placement; Erika Rodriguez

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

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

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

This individual has admitted he is an adult this was confirmed by his family and a dental forensic exam. He is an adult and can no longer be housed at our facility we have no legal authority to hold him. As such if he request to leave we have no legal standing
to stop him from walking out of facility. He has already presented indicators that he will flee and the program is taking on liability housing him.

Please advise if we can get this resolved.

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

Thanks for your attention on this matter.

Will Calero

(b)(6)

Referred to DHS

Referred to DHS

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

Sent: Sunday, October 16, 2016 11:16

To: PHO, Juv Placement

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

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

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

Sent from my iPhone

Referred to DHS

Referred to DHS

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

Sent: Sunday, October 16, 2016 5:40

To: PHO, Juv Placement

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

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

Please see attached.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

Sender:	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
Recipient:	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Gonzalez, Guadalupe M <Guadalupe.Gonzalez@(b)(6) "; "Miriam Breceda <miriam.breceda@(b)(6) "; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "(b)(6) @swkey.org>"
Sent Date:	2016/10/16 16:13:38
Delivered Date:	2016/10/16 16:13:40

From:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
To:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; "JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"
CC:	"Volovar, Jill (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f452fce1b8e94751b340f7ebd6f4ee4b-Volovar, Ji>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org)"; "Buchheit, Abigail (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3ad54c1463914f5aa566fb452d4f3871-Buchheit, A>"; "De Puy, Jacqueline (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=002b87c06df24284a692401a9d550500-Melvin, Jac>"; "(b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; "Perez, Guadalupe A (Guadalupe.Perez@(b)(6))"; "(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"
Subject:	URGENT- RE-REQUEST from ORR/FFS- for Transfer of Custody at ICC- Case of (b)((A#------ (b)(
Date:	2018/02/26 14:34:16
Priority:	Urgent
Type:	Note

Good afternoon Officer (b)(6);(b)(7)(and DHS/FOJC team,

ORR/FFS is re-submitting DHS referral, requesting URGENT transfer of custody of UAC- ICC participant (b)(6) due to the list of concerns and evidence noted below and attached for your URGENT review.

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS jointly devised the Age Determination Procedures for UAC in HHS custody (Age Determination Procedures for Custody Determination TPU 2 and ORR Policy 1.6, 1.61, 1.62- **Attached**) to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS, without requiring information in each category, and specifying that medical age assessments (i.e. dental and skeletal [bone] maturity assessments using radiographs) may be used by the FFS and FFS Supervisor to determine age, but only when other information is inconclusive. Due to multiple concerns that UAC (b)(6) (b)(6) **A#-(b)(6) of India, with reported DOB (b)(6);(b)00** may be an adult SIGNIFICANTLY over the age of 18, with his age indeterminable (due to lack of

verified documentation and no official BC provided), dental and wrist/skeletal age forensic evaluations were completed with results noted before.

UAC's age was indeterminable due to the following:

1.) Lack of documentation provided for UAC

a.) To date, UAC's mother has NOT provided any valid or official BC registered for this UAC in India.

b.) UAC's mother has submitted very little secondary evidence/oldest available evidence to establish birth or parentage, and only has provided a hospital certificate of birth (which is not a registered BC as is required in India), family ration card, and ALL other documents and ID's were issued recently, none of which verify DOB

c.) No documents were obtained with DOB (b)(6);(b)(7)97 used by UAC on his journey to U.S. (reported by DHS/FOJC &self-reported by UAC).

2.) Contradictory or fraudulent identity documentation and/or statements;

a.) UAC's mother has only provided a hospital certificate of birth, which is NOT a valid or official BC registered in India, and is not accepted.

b.) UAC's mother provided a ration card which lists UAC at age 5 in an unknown year; 2nd page has photo of UAC in an unknown year.

c.) **Indian Consulate has not authenticated the hospital certificate of birth or ANY of the ID's or documents for UAC,** despite REPEATED verification requests submitted by ICC in Nov. 2017, by FFS and CFS in Dec. 2017 and by DHS on 12/29 and Jan. 2018.

d.) **However, the Indian "Consulate does NOT certify genuineness or attest any document issued by authorities in India", as is noted on ALL their websites (e.g. Chicago, NY, Houston, DC, San Francisco, Atlanta)**: "The Consulate does not attest any document issued by authorities in India. If any document issued by authorities in India (such as birth and death certificates, affidavits, diplomas, marriage certificate and educational certificates issued by authorities in India) are required to be presented to authorities in USA, these should be apostilled in India. For details, please check the website "Legalization of Documents" at http://www.mea.gov.in/legalization-of-documents.htm" .

e.) As of Jan. 2017 passports in India can be secured WITHOUT a BC; UAC's mother sent only a copy of UAC's passport with no official BC

3.) Physical appearance of the UAC; (Photo Attached)

a.) UAC appears significantly older than stated age, and has made prior comments alluding to a potential age of 26 YEARS OLD.

b.) **New Concern of POSSIBLE violent history/safety risk- after 2/26 review of UAC's Instagram account** (b)(6);(b)(7)(F) **, Visible on the account is UAC's profile picture and 3 other photos taken in 2016-2017. In one of the photos, UAC is holding 2 guns, a smaller revolver/pistol in the right hand and very long rifle in his left hand. It is still believed UAC's DOB may be as old as 1991 (26 years old).**

4.) **Diminished capacity of the UAC;**

a.) UAC has had 21 SIR's to date for: AWOL concerns, repeated verbal and physical aggression displayed to peers and staff, repeated ER visits and hospitalizations, repeated complaints of anxiety and overall mental health concerns, self-reported claims he worked adult jobs in India and lived/worked in Ecuador 2 months, and review of UAC's Instagram account with a photo posted of UAC holding TWO guns.

Medical Age Assessments used by FFS and FFS Supervisor to determine AGE (as all other information was determined inconclusive):

5.) Dental Forensic report by Dr. Murmann- **Age range 19.15- 23.95 years old, MEAN AGE 21.55, 97.50% probability, participant is over age 18**
6.) Dental Forensic report 2nd opinion by Dr. David R. Senn (different database used due to Indian Ancestry)- **Probability 89.65%, Mean age 20.45; age range 17.10- 23.80**
7.) Wrist Forensic report, examining physician Dr. Ian Chaves at St Francis Hospital, with **Diagnosis: Delayed Bone Age and Findings: "Based on the standards of Greulich and Pyle, the patient's bone age is 19 years years and 0 months"** (This assessment of youth, is noted to show the eldest age of 18-19).
8.) Wrist forensic report from Dr. John P Kenney, in his professional opinion, he concluded **UAC is older than 18 years of age.**

FFS Banzon and FFS supervisor Jill Volovar have reviewed all efforts and documentation completed for this case, including the age determinations by 4 PHYSICIANS, including 2 dentists (one a dental forensic expert), a wrist/skeletal age forensic report by the examining doctor at St. Francis Hospital, and a second opinion Wrist forensic report by Dr. Kenney, in which **ALL FOUR PHYSICIANS have concluded this participant is an ADULT**. **Per our joint HHS/DHS policy, as this**

participant was determined to be an ADULT over the age of 18, as noted in FOUR FORENSIC REPORTS, with estimated probability of 89.9% to 97.5% and a skeletal bone age of 19 years (or higher), and new evidence per review of PHOTOS/Social Media posted by UAC in 2016 and 2017 confirming UAC's claims that he was living an ADULT LIFE (with access to guns/weapons he has never reported),

ORR/FFS is URGENTLY referring this individual to DHS please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an ADULT DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration for Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

(b)(6)

Referred to DHS

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

(b)(6)

(b)(6);(b)(7)(E)

(b)(6)

Referred to DHS

From: Banzon, Julissa (ACF) <Julissa.Banzon@acf.hhs.gov>
Date: Wednesday, Jan 24, 2018, 6:45 PM
To: JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>
Subject: RE: FFS follow-up RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#-----(b)( )

Good evening,

Re-sending with forensic report from Dr. Senn attached:

From: Senn, David R [mailto:SENN@uthscsa.edu]
Sent: Friday, January 19, 2018 6:03 PM
To: Banzon, Julissa (ACF)
Subject: Re: ORR/FFS referral for 2nd opinion

Happy New Year to you as well.
The dental age report for (b)(6) is attached.
The report differs slightly from the report of Dr. Murmann. Our database of Asian individuals does not contain Indian data.
To assess the radiograph in a manner most favorable to the individual, I used the Ancestry Unknown database which considers data from all of the listed studies.
Let me know if you have questions.
Best regards,
David

David R. Senn, DDS, D-ABFO
Director: Center for Education
and Research in Forensics
School of Dentistry
University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive MC 7919
San Antonio, TX 78229-3900
210 567-3379

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

From: Banzon, Julissa (ACF)
Sent: Wednesday, January 24, 2018 6:26 PM
To: (b)(6);(b)(7)(F) @ice.dhs.gov); JUVENILE CHICAGO
Cc: De LA Cruz, James (ACF); Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org);(b)(6) @heartlandalliance.org);(b)(6) (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6)); Alex Murphy (alexander.murphy@(b)(6)); (b)(6) (b)(6) @heartlandalliance.org); Gabbard, Michael (ACF) (CTR)
Subject: FFS follow-up RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#-----(b)(6))

Good evening DHS/FOJC,

In consultation with FFS Supervisors and ORR/HQ, FFS is requesting an update regarding DHS efforts (b)(6) docs were sent by Consulate to India for verification), and FFS is also providing updates regarding FFS/ICC efforts as of 12/29:

1.) Participant has had several concerning SIR's in the last month a.) felt ICC staff believed him to be a "26 YEARS OLD" adult, touched elbows with a younger adolescent female UC during an ICC group outing at a local park, SIR for AWOL concerns/torn up window in sleeping quarters/UC bedroom of shelter, verbal abuse/profanity, yelling at shelter Staff over the holidays, and for medical concerns noted below.

2.) Participant self-reported to clinician, he was taking medication in India previously for cholesterol (possibly to lower it/as taken by adults).

3.) Participant is noted to be 6 feet tall, 212 pounds, is taking many medications for self-reported issues since arrival, with numerous ER visits and several hospitalizations (with 24/7 supervision from ICC staff).

4.) Participant is currently hospitalized again after another ER visit, pending a colonoscopy procedure for 1/25/18.

5.) Per Jan. reports- the Indian national government ID database Aadhaar security breach/es in May-July 2017, compromised info for millions (may be impacting the Consulates' ability to verify Indian docs)

https://techcrunch.com/2018/01/04/indias-national-id-database-is-reportedly-accessible-for-less-than-10

http://www.tribuneindia.com/news/nation/rs-500-10-minutes-and-you-have-access-to-billion-aadhaar-details/523361.html

6.) FFS requested 2nd opinion forensic evaluation report. Dr. Senn indicated (b)(6) has 32 fully developed permanent teeth, advised he used a different database, with 89.65% EP, mean age 20.45 (attached)

7.) FFS requested ICC try to secure any medical records for the participant if possible, but the mother has denied (b)(having any significant medical or medication history, and has not sent any other docs.

As (b)(6 reports his journey took 3.5 months, and flew through many countries, and as family has not provided his passport to ICC-
would DHS be able to check his migration/travel history/ATS to gather more info on his identity and/or age?

*In the event any other medical records provide information about (b)(6 age, this will be elevated by FFS to FFS Supervisors and DHS will be notified.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

From: Banzon, Julissa (ACF)
Sent: Friday, December 29, 2017 3:59 PM
To: Pauly, Jennifer R; JUVENILE CHICAGO
Cc: Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6)

(b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) Perez, Guadalupe A (Guadalupe.Perez@(b)(6); Alex Murphy (alexander.murphy@(b)(6)); (b)(6) (b)(6) @heartlandalliance.org); Gabbard, Michael (ACF) (CTR)
Subject: RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(. (A#----(b)(6))

Good afternoon,

Thank you for your re-review of this request, and for advising of DHS efforts to date on this age determination case. This is very much appreciated.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

Referred to DHS

Referred to DHS

From: Banzon, Julissa (ACF) [mailto:Julissa.Banzon@acf.hhs.gov]
Sent: Thursday, December 28, 2017 7:58 PM
To: McGee, Carlos X; JUVENILE CHICAGO; Pauly, Jennifer R
Cc: Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6) Alex Murphy (alexander.murphy@(b)(6) ; (b)(6) @heartlandalliance.org)
Subject: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#-----(b)(6))
Importance: High

Good evening Supervisor (b)(6) and Officer (b)(6) DHS,

In consultation with FFS Supervisor, FFS is re-submitting prior ORR request for Transfer of Custody of ICC Participant -(b)(6) (A# ----(b)(6)). **Per HHS/DHS joint age determination policy**, namely 1.6 Determining the Age of an Individual without Lawful Immigration Status, in which the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS), and in order to carry out the TVPRA provision, **in which HHS and DHS worked jointly to develop the age determination policies and procedures in this section**. Each agency acknowledges the challenges in determining the age of individuals in custody, listed below for this case, but not limited to:

- Unavailable documentation; (or lack of cooperation from participant's family to provide needed documentation)
- Contradictory or fraudulent identity documentation and/or statements; (lack of cooperation from Consulate/Embassy – government officials will not verify nationality or verify documents)
- NEITHERthe Consulate in Chicago nor the Embassy in D.C. have verified Participant's Nationality- as being from India
- NEITHER the Consulate in Chicago nor the Embassy in D.C. have verified that HANDWRITTEN BC/with juvenile DOB provided by the family, is an authentic document or that it belongs to him.
- DHS advised participant has a history of providing an adult DOB (b)(6) /97
- Physical appearance of the individual; (photo attached)

- Diminished capacity of the individual (noted excessive child-like behaviors of concern/possibly in an attempt to deter from an older age, and other SIR's at the shelter)
- FORENSIC/MEDICAL AGE ASSESSMENT with 97.5% probability, 21.55 mean age, and age range 19.15- 23.95 noted below, was reviewed by FFS Supervisor, and per all the concerns noted for this case and per joint HHS/DHS policy, Supervisor has requested FFS re-submit request for transfer of custody.

Despite multiple efforts by FFS, CFS, and ICC, requesting that government officials (India Consulate in Chicago and Embassy in D.C) verify the validity of the documentation provided for this participant, they have not completed this request. To date, neither the participant's nationality, nor his alleged DOB have been verified. The FFS supervisor has reviewed the determination regarding the age submitted by the examining doctor noting the joint policy below.

- If an individual's estimated probability of being 18 or older is 75 percent or greater according to a medical age assessment, and this evidence has been considered in conjunction with the totality of the evidence, ORR may refer the individual to DHS. The 75 percent probability threshold applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.
- The FFS compiles all pertinent information (e.g., how reasonable suspicion was raised that the subject is over 18, the information referenced, the individuals or agencies consulted, statements and conclusions) and documents it in a memorandum for review and approval by the FFS Supervisor.
- The FFS then will forward the memo to the care provider facility case manager to be included in the unaccompanied alien child's case file and to the ICE Detention and Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the unaccompanied alien child's A-file.

Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an adult DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

From: Banzon, Julissa (ACF)
Sent: Monday, December 18, 2017 8:13 PM

To: McGee, Carlos X; JUVENILE CHICAGO
Cc: Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); Vanya Cucumanova (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) Perez, Guadalupe A (Guadalupe.Perez@(b)(6)); Alex Murphy (alexander.murphy@(b)(6)); (b)(6) @heartlandalliance.org)
Subject: Re: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#------ (b)(6)

Thank you Officer (b)(6) any assistance would be greatly appreciated. We will also advise DHS/FOJC if the Consulate or Embassy respond.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
ACF/ORR/DUCO
(b)(6)

Referred to DHS

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Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised age determination procedures for UAC in HHS custody to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS. The case of ICC participant: (b)(6) (b)(6) **AXXX-XXX**(b)(6) **from India with reported DOB of** (b)(6) **/2000,** was elevated to the FFS due to concerns listed below indicating he may be an adult over the age of 18:

1.) Physical appearance of the individual

2.) Participant has had IR's and SIR's noted for struggles at current shelter placement (e.g. self-imposed food strike, and other self-harm, verbal threats regarding potential harm to roommates due to change in room assignment, consistent complaints of medical issues/stomach and other discomforts, excessive requests for medication, reports of anxiety, has received addt'l supports and psychiatric evaluation etc.)

3.) Participant recently separated from group with another peer UC during an outing at the park, with staff noting some suspicious behaviors potentially indicative of AWOL/flight risk concerns

4.) DHS reported that participant used an adult date of birth of (b)(6) -1997 prior to entry to U.S.

5.) Verification request for BC sent by ICC to prior Indian Consulate POC with on 11/5/17, pending response- no response to date

6.) Verification requests sent to the Indian EMBASSY for BC and ID (by CFS on 12/12 and 12/13 in which Embassy confirmed receipt, and time sensitive request re-sent by FFS on 12/18/17) PENDING RESPONSE

7.) Discrepancy noted, as Minor's mother reported (b)(was most recently enrolled in 10th grade in India, but minor reported he had dropped out of 12th grade.

8.) Dental Forensic was completed, with results attached: Age range 19.15- 23.95 years of age, MEAN AGE: 21.55, and 97.50% probability that the participant in custody is an adult over the age of 18.

Attached documentation: forensic report, photo, NTA, unverified handwritten birth certificate; minor India ID card with photo; DHS documents; efforts thus far to India consulate 11/5 and Indian Embassy 12/12, 12/13, 12/18; request to DHS e-mail; school record; family ration card; another reported India government card belonging to minor. In consultation with and per approval from FFS Supervisor, FFS is requesting transfer of custody of this participant to DHS for this adult, per the attached forensic report with 97.5% probability of being over AGE 18, with adult age range 19.15-23.95, with mean age of 22, and as BC with juvenile DOB has not been

verified. Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an adult DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

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Sender:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
Recipient:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"; "JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"; "Volovar, Jill (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f452fce1b8e94751b340f7ebd6f4ee4b-Volovar, Ji>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org)"; "Buchheit, Abigail (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3ad54c1463914f5aa566fb452d4f3871-Buchheit, A>"; "De Puy, Jacqueline (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=002b87c06df24284a692401a9d550500-Melvin, Jac>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; "Perez, Guadalupe A (Guadalupe.Perez@(b)(6))"; (b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"
Sent Date:	2018/02/26 14:34:07
Delivered Date:	2018/02/26 14:34:16

003364

UT Health San Antonio
School of Dentistry

The University of Texas
Health Science Center at San Antonio

Mail Code 7914
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

David R. Senn, DDS, D-ABFO
Forensic Odontology

Director
Center for Education and Research in Forensics (CERF)

Forensic Services 210 567-3379
Education & Research 210 567-1755

senn@uthscsa.edu

Date:	01/19/2018	**Case #:**	A(b)(6)
First Name:	(b)(6)	**Last Name:**	(b)(6)
Sex:	Male	**Ancestry:**	Unknown
Reported DOB:	(b)(6) /2000	**Nationality:**	India
Reported Age:	17		
Case Agency:	ORR,HHS, Unaccompanied Children-Chicago		
Location:	University of Texas HSC-Dental School		
Odontologist:	David R. Senn, DDS, D-ABFO (TX Lic. 09119)		
Radiologist:	Radiographs provided by client		
Photographer:	Photographs provided by client		

(b)(6)

(b)(6)

Maxillary

H	H	
Right		**Left**
H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	20.45
2 Std. Dev.:	3.35
Age Range -:	17.10
Age Range +:	23.80
Avg. E.P.:	89.65

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is derived from the averaged data obtained from that of Mincer HH, Harris EF, Berryman HE. The A.B.F.O. Study of third molar development and its use as an estimator of chronological age. J Forensic Sci 1993;38(2):379-90.; Arany S, Iino M, Yoshioka N. Radiographic survey of third molar development in relation to chronological age among Japanese juveniles. J Forensic Sci 2004;49(3):534-38.;Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657.; and Blankenship JA, Mincer HH, Anderson KM, Woods MA, Burton EL. Third Molar Development in the Estimation of Chronologic Age in American Blacks as Compared With Whites. J Forensic Sci 2007;52(2):428-433. All of the teeth were considered, with special emphasis place on the development of the third molars present.

The panoramic radiograph was reviewed. Mr.(b)(6) has 32 fully developed permanent teeth. The teeth and surrounding bone appear to be within normal limits. No pathology is noted.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6) A(b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) A(b)(6) is 20.45 plus or minus 3.35 years. The range of possible ages for such a male is 17.10 to 23.80 years. The empirical statistical probability of (b)(6) (b)(6) A(b)(6), having attained 18 years of age is 89.65.

Respectfully Submitted,

(b)(6)

David R. Senn, DDS, D-ABFO (TX Lic. 09119)

Digitally signed by David Senn
DN: cn=David Senn, o=UTHSCSA, ou=Forensic Odontology, email=senn@uthscsa.edu, c=US
Date: 2018.01.19 17:53:51 -06'00'

From:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
To:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"; "JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"
CC:	"De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"; "Volovar, Jill (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f452fce1b8e94751b340f7ebd6f4ee4b-Volovar, Ji>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org)"; "Buchheit, Abigail (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3ad54c1463914f5aa566fb452d4f3871-Buchheit, A>"; "De Puy, Jacqueline (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=002b87c06df24284a692401a9d550500-Melvin, Jac>"; (b)(6) @heartlandalliance.org)"; "(b)(6) @heartlandalliance.org)"; "Perez, Guadalupe A (Guadalupe.Perez@(b)(6))"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"
Subject:	RE: URGENT- RE-REQUEST from ORR/FFS- for Transfer of Custody at ICC- Case of(b)((A#----(b)( )
Date:	2018/02/26 16:23:16
Priority:	Normal
Type:	Note

Thank you Officer (b)(6);(b)(, due to the amount of evidence secured to date per our joint policy as presented to DHS/FOJC today that this participant is an ADULT over the age of 18, potentially much older, and whom would have been able to secure a passport in India without a BC to prove his identity or age, I am re-elevating this case for further review by our Senior FFS Supervisor, Jim De La Cruz/also located at our ORR Headquarters in DC.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration for Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

Referred to DHS

From: Banzon, Julissa (ACF) [mailto:Julissa.Banzon@acf.hhs.gov]
Sent: Monday, February 26, 2018 1:39 PM
To: (b)(6);(b)(7)(F) @ice.dhs.gov>; JUVENILE CHICAGO <(b)(6);(b)(7)(F) @ice.dhs.gov>
Cc: Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>; Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>; Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>; (b)(6) (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>; Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>; De Puy, Jacqueline (ACF) <Jacqueline.DePuy@acf.hhs.gov>; (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; Perez, Guadalupe A (Guadalupe.Perez@(b)(6) <Guadalupe.Perez@(b)(6) ; (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org>; (b)(6) <(b)(6) @heartlandalliance.org> (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org> (b)(6) <(b)(6) @heartlandalliance.org>; (b)(6) <(b)(6) @heartlandalliance.org>

Subject: URGENT- RE-REQUEST from ORR/FFS- for Transfer of Custody at ICC- Case of (b)(6) (A#-----(b)(6)
Importance: High

Good afternoon Officer (b)(6);(b)(7 and DHS/FOJC team,

ORR/FFS is re-submitting DHS referral, requesting URGENT transfer of custody of UAC- ICC participant (b)(6) --- (b)(6) due to the list of concerns and evidence noted below and attached for your URGENT review.

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS jointly devised the Age Determination Procedures for UAC in HHS custody (Age Determination Procedures for Custody Determination TPU 2 and ORR Policy 1.6, 1.61, 1.62- **Attached**) to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS, without requiring information in each category, and specifying that medical age assessments (i.e. dental and skeletal [bone] maturity assessments using radiographs) may be used by the FFS and FFS Supervisor to determine age, but only when other information is inconclusive. Due to multiple concerns that UAC (b)(6) (b)(6) **A#-(b)(6) of India, with reported DOB (b)(6)/00** may be an adult SIGNIFICANTLY over the age of 18, with his age indeterminable (due to lack of verified documentation and no official BC provided), dental and wrist/skeletal age forensic evaluations were completed with results noted before.

UAC's age was indeterminable due to the following:

1. **• Lack of documentation provided for UAC**

    a. To date, UAC's mother has NOT provided any valid or official BC registered for this UAC in India.
    b. UAC's mother has submitted very little secondary evidence/oldest available evidence to establish birth or parentage, and only has provided a hospital certificate of birth (which is not a registered BC as is required in India), family ration card, and ALL other documents and ID's were issued recently, none of which verify DOB
    c. No documents were obtained with DOB(b)(6)/97 used by UAC on his journey to U.S. (reported by DHS/FOJC &self-reported by UAC).

2. **• Contradictory or fraudulent identity documentation and/or statements;**

    a. UAC's mother has only provided a hospital certificate of birth, which is NOT a valid or official BC registered in India, and is not accepted.

b. UAC's mother provided a ration card which lists UAC at age 5 in an unknown year; 2nd page has photo of UAC in an unknown year.

c. **Indian Consulate has not authenticated the hospital certificate of birth or ANY of the ID's or documents for UAC,** despite REPEATED verification requests submitted by ICC in Nov. 2017, by FFS and CFS in Dec. 2017 and by DHS on 12/29 and Jan. 2018.

d. **However, the Indian "Consulate does NOT certify genuineness or attest any document issued by authorities in India", as is noted on ALL their websites (e.g. Chicago, NY, Houston, DC, San Francisco, Atlanta)**: "The Consulate does not attest any document issued by authorities in India. If any document issued by authorities in India (such as birth and death certificates, affidavits, diplomas, marriage certificate and educational certificates issued by authorities in India) are required to be presented to authorities in USA, these should be apostilled in India. For details, please check the website "Legalization of Documents" at http://www.mea.gov.in/legalization-of-documents.htm" .

e. As of Jan. 2017 passports in India can be secured WITHOUT a BC; UAC's mother sent only a copy of UAC's passport with no official BC

3. **• Physical appearance of the UAC; (Photo Attached)**

a. UAC appears significantly older than stated age, and has made prior comments alluding to a potential age of 26 YEARS OLD.

b. New Concern of POSSIBLE violent history/safety risk- after 2/26 review of UAC's Instagram account (b)(6) **, Visible on the account is UAC's profile picture and 3 other photos taken in 2016-2017. In one of the photos, UAC is holding 2 guns, a smaller revolver/pistol in the right hand and very long rifle in his left hand. It is still believed UAC's DOB may be as old as 1991 (26 years old).**

4. **• Diminished capacity of the UAC;**

a. UAC has had 21 SIR's to date for: AWOL concerns, repeated verbal and physical aggression displayed to peers and staff, repeated ER visits and hospitalizations, repeated complaints of anxiety and overall mental health concerns, self-reported claims he worked adult jobs in India and lived/worked in Ecuador 2 months, and review of UAC's Instagram account with a photo posted of UAC holding TWO guns.

Medical Age Assessments used by FFS and FFS Supervisor to determine AGE (as all other information was determined inconclusive):

5. • Dental Forensic report by Dr. Murmann- **Age range 19.15- 23.95 years old, MEAN AGE 21.55, 97.50% probability, participant is over age 18**
6. • Dental Forensic report 2nd opinion by Dr. David R. Senn (different database used due to Indian Ancestry)- **Probability 89.65%, Mean age 20.45; age range 17.10- 23.80**
7. • Wrist Forensic report, examining physician Dr. Ian Chaves at St Francis Hospital, with **Diagnosis: Delayed Bone Age and Findings: "Based on the standards of Greulich and Pyle, the patient's bone age is 19 years years and 0 months"** (This assessment of youth, is noted to show the eldest age of 18-19).
8. • Wrist forensic report from Dr. John P Kenney, in his professional opinion, he concluded **UAC is older than 18 years of age.**

FFS Banzon and FFS supervisor Jill Volovar have reviewed all efforts and documentation completed for this case, including the age determinations by 4 PHYSICIANS, including 2 dentists (one a dental forensic expert), a wrist/skeletal age forensic report by the examining doctor at St. Francis Hospital, and a second opinion Wrist forensic report by Dr. Kenney, in which **ALL FOUR PHYSICIANS have concluded this participant is an ADULT. Per our joint HHS/DHS policy, as this participant was determined to be an ADULT over the age of 18, as noted in FOUR FORENSIC REPORTS, with estimated probability of 89.9% to 97.5% and a skeletal bone age of 19 years (or higher), and new evidence per review of PHOTOS/Social Media posted by UAC in 2016 and 2017 confirming UAC's claims that he was living an ADULT LIFE (with access to guns/weapons he has never reported),**

ORR/FFS is URGENTLY referring this individual to DHS please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an ADULT DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration for Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

Referred to DHS

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

(b)(6)

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

Referred to DHS

From: Banzon, Julissa (ACF) <Julissa.Banzon@acf.hhs.gov>
Date: Wednesday, Jan 24, 2018, 6:45 PM
To: JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>
Subject: RE: FFS follow-up RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6 (A#------(b)(6

Good evening,

Re-sending with forensic report from Dr. Senn attached:

From: Senn, David R [mailto:SENN@uthscsa.edu]
Sent: Friday, January 19, 2018 6:03 PM
To: Banzon, Julissa (ACF)
Subject: Re: ORR/FFS referral for 2nd opinion

Happy New Year to you as well.
The dental age report for (b)(6) (b)(6) is attached.
The report differs slightly from the report of Dr. Murmann. Our database of Asian individuals does not contain Indian data.
To assess the radiograph in a manner most favorable to the individual, I used the Ancestry Unknown database which considers data from all of the listed studies.
Let me know if you have questions.
Best regards,
David

David R. Senn, DDS, D-ABFO
Director: Center for Education
and Research in Forensics
School of Dentistry
University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive MC 7919
San Antonio, TX 78229-3900
210 567-3379

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

From: Banzon, Julissa (ACF)
Sent: Wednesday, January 24, 2018 6:26 PM
To: (b)(6);(b)(7)(F) @ice.dhs.gov); JUVENILE CHICAGO
Cc: De LA Cruz, James (ACF); Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) Perez, Guadalupe A (Guadalupe.Perez@(b)(6) ; Alex Murphy (alexander.murphy@(b)(6)); (b)(6) (b)(6) @heartlandalliance.org); Gabbard, Michael (ACF) (CTR)
Subject: FFS follow-up RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6 (A#------(b)(6

Good evening DHS/FOJC,

In consultation with FFS Supervisors and ORR/HQ, FFS is requesting an update regarding DHS efforts ((b)(6) docs were sent by Consulate to India for verification), and FFS is also providing updates regarding FFS/ICC efforts as of 12/29:

1.) Participant has had several concerning SIR's in the last month a.) felt ICC staff believed him to be a "26 YEARS OLD" adult, touched elbows with a younger adolescent female UC during an ICC group outing at a local park, SIR for AWOL concerns/torn up window in sleeping quarters/UC bedroom of shelter, verbal abuse/profanity, yelling at shelter Staff over the holidays, and for medical concerns noted below.

2.) Participant self-reported to clinician, he was taking medication in India previously for cholesterol (possibly to lower it/as taken by adults).

3.) Participant is noted to be 6 feet tall, 212 pounds, is taking many medications for self-reported issues since arrival, with numerous ER visits and several hospitalizations (with 24/7 supervision from ICC staff).

4.) Participant is currently hospitalized again after another ER visit, pending a colonoscopy procedure for 1/25/18.

5.) Per Jan. reports- the Indian national government ID database Aadhaar security breach/es in May-July 2017, compromised info for millions (may be impacting the Consulates' ability to verify Indian docs)

https://techcrunch.com/2018/01/04/indias-national-id-database-is-reportedly-accessible-for-less-than-10

http://www.tribuneindia.com/news/nation/rs-500-10-minutes-and-you-have-access-to-billion-aadhaar-details/523361.html

6.) FFS requested 2nd opinion forensic evaluation report. Dr. Senn indicated (b)(6) has 32 fully developed permanent teeth, advised he used a different database, with 89.65% EP, mean age 20.45 (attached)

7.) FFS requested ICC try to secure any medical records for the participant if possible, but the mother has denied (b)(6) having any significant medical or medication history, and has not sent any other docs.

As (b)(6) reports his journey took 3.5 months, and flew through many countries, and as family has not provided his passport to ICC-
would DHS be able to check his migration/travel history/ATS to gather more info on his identity and/or age?

*In the event any other medical records provide information about (b)(6)' age, this will be elevated by FFS to FFS Supervisors and DHS will be notified.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

From: Banzon, Julissa (ACF)
Sent: Friday, December 29, 2017 3:59 PM
To: Pauly, Jennifer R; JUVENILE CHICAGO
Cc: Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6)); Alex Murphy (alexander.murphy@(b)(6)); (b)(6) (b)(6) @heartlandalliance.org); Gabbard, Michael (ACF) (CTR)
Subject: RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#------(b)(6)

Good afternoon,

Thank you for your re-review of this request, and for advising of DHS efforts to date on this age determination case. This is very much appreciated.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

Referred to DHS

(b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6)); Alex Murphy (alexander.murphy@(b)(6) ; (b)(6) @heartlandalliance.org)
Subject: RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#-----(b)(6))

Good morning,

We are still awaiting verification of the documents from the Indian embassy in Washington DC. I spoke to our HQ this morning; they spoke with the embassy last week on the matter and also contacted them again today. The embassy stated they sent the documents last week to India for verification and will let us know as soon as they hear back on the matter. Last week and today, ICE reiterated the time sensitive nature of this request to the embassy. As soon as we receive the notification, we will reach back out to you. As you mentioned below, it is the totality of the evidence presented; at this time, until the documents are proven false, we will not be taking custody.

Thanks

Jennifer Pauly
Supervisory Detention &Deportation Officer
101 West Congress Parkway, 4th Floor
Chicago, Illinois 60605
312-347-2002 (office)
(b)(6) (cell)

From: Banzon, Julissa (ACF) [mailto:Julissa.Banzon@acf.hhs.gov]
Sent: Thursday, December 28, 2017 7:58 PM
To: (b)(6);(b)(7)(F) ; JUVENILE CHICAGO; (b)(6);(b)(7)(F)
Cc: Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6) ; Alex Murphy (alexander.murphy@(b)(6)); (b)(6) @heartlandalliance.org)
Subject: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#------(b)(6))
Importance: High

Good evening Supervisor Pauly and Officer (b)(6);(b)(7)(F) DHS,

In consultation with FFS Supervisor, FFS is re-submitting prior ORR request for Transfer of Custody of ICC Participant - (b)(6) (A# ----(b)(6)). P**er HHS/DHS joint age determination policy**, namely 1.6 Determining the Age of an Individual without Lawful Immigration Status, in which the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals

without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS), and in order to carry out the TVPRA provision, **in which HHS and DHS worked jointly to develop the age determination policies and procedures in this section**. Each agency acknowledges the challenges in determining the age of individuals in custody, listed below for this case, but not limited to:

- Unavailable documentation; (or lack of cooperation from participant's family to provide needed documentation)
- Contradictory or fraudulent identity documentation and/or statements; (lack of cooperation from Consulate/Embassy – government officials will not verify nationality or verify documents)
- NEITHERthe Consulate in Chicago nor the Embassy in D.C. have verified Participant's Nationality- as being from India
- NEITHER the Consulate in Chicago nor the Embassy in D.C. have verified that HANDWRITTEN BC/with juvenile DOB provided by the family, is an authentic document or that it belongs to him.
- DHS advised participant has a history of providing an adult DOB (b)(6) /97
- Physical appearance of the individual; (photo attached)
- Diminished capacity of the individual (noted excessive child-like behaviors of concern/possibly in an attempt to deter from an older age, and other SIR's at the shelter)
- FORENSIC/MEDICAL AGE ASSESSMENT with 97.5% probability, 21.55 mean age, and age range 19.15- 23.95 noted below, was reviewed by FFS Supervisor, and per all the concerns noted for this case and per joint HHS/DHS policy, Supervisor has requested FFS re-submit request for transfer of custody.

Despite multiple efforts by FFS, CFS, and ICC, requesting that government officials (India Consulate in Chicago and Embassy in D.C) verify the validity of the documentation provided for this participant, they have not completed this request. To date, neither the participant's nationality, nor his alleged DOB have been verified. The FFS supervisor has reviewed the determination regarding the age submitted by the examining doctor noting the joint policy below.

- If an individual's estimated probability of being 18 or older is 75 percent or greater according to a medical age assessment, and this evidence has been considered in conjunction with the totality of the evidence, ORR may refer the individual to DHS. The 75 percent probability threshold applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.
- The FFS compiles all pertinent information (e.g., how reasonable suspicion was raised that the subject is over 18, the information referenced, the individuals or agencies consulted, statements and conclusions) and documents it in a memorandum for review and approval by the FFS Supervisor.

- The FFS then will forward the memo to the care provider facility case manager to be included in the unaccompanied alien child's case file and to the ICE Detention and Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the unaccompanied alien child's A-file.

Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an adult DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

From: Banzon, Julissa (ACF)
Sent: Monday, December 18, 2017 8:13 PM
To: (b)(6);(b)(7)(F) ; JUVENILE CHICAGO
Cc: Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6) ; Alex Murphy (alexander.murphy@(b)(6) ; (b)(6) @heartlandalliance.org)
Subject: Re: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#------ (b)(6)

Thank you Officer (b)(6);(b)(any assistance would be greatly appreciated. We will also advise DHS/FOJC if the Consulate or Embassy respond.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
ACF/ORR/DUCO
(b)(6)

Referred to DHS

Referred to DHS

From: Banzon, Julissa (ACF) <Julissa.Banzon@acf.hhs.gov>
Date: Monday, Dec 18, 2017, 5:57 PM
To: JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>
Cc: Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>, Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>, (b)(6) (b)(6)@heartlandalliance.org) <(b)(6)@heartlandalliance.org>, (b)(6)@heartlandalliance.org) <(b)(6)@heartlandalliance.org>, (b)(6)@heartlandalliance.org) <(b)(6) (b)(6)@heartlandalliance.org>, (b)(6)@heartlandalliance.org) <(b)(6)@heartlandalliance.org>, (b)(6) <(b)(6)@heartlandalliance.org>, Perez, Guadalupe A (Guadalupe.Perez@(b)(6) <Guadalupe.Perez@(b)(6)>, Alex Murphy (alexander.murphy@(b)(6)) <alexander.murphy@(b)(6) (b)(6) (b)(6)@heartlandalliance.org) <(b)(6)@heartlandalliance.org>
Subject: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#------ (b)(6)

Good afternoon DHS/FOJC team,

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised age determination procedures for UAC in HHS custody to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS. The case of ICC participant: (b)(6) (b)(6) **AXXX-XXX-**(b)(6) **from India with reported DOB of** (b)(6) **2000,** was elevated to the FFS due to concerns listed below indicating he may be an adult over the age of 18:

1.) Physical appearance of the individual

2.) Participant has had IR's and SIR's noted for struggles at current shelter placement (e.g. self-imposed food strike, and other self-harm, verbal threats regarding potential harm to roommates due to change in room assignment, consistent complaints of medical issues/stomach and other discomforts, excessive requests for medication, reports of anxiety, has received addt'l supports and psychiatric evaluation etc.)

3.) Participant recently separated from group with another peer UC during an outing at the park, with staff noting some suspicious behaviors potentially indicative of AWOL/flight risk concerns

4.) DHS reported that participant used an adult date of birth of (b)(6)-1997 prior to entry to U.S.

5.) Verification request for BC sent by ICC to prior Indian Consulate POC with on 11/5/17, pending response- no response to date

6.) Verification requests sent to the Indian EMBASSY for BC and ID (by CFS on 12/12 and 12/13 in which Embassy confirmed receipt, and time sensitive request re-sent by FFS on 12/18/17) PENDING RESPONSE

7.) Discrepancy noted, as Minor's mother reported (b)(6) was most recently enrolled in 10th grade in India, but minor reported he had dropped out of 12th grade.

8.) Dental Forensic was completed, with results attached: Age range 19.15- 23.95 years of age, MEAN AGE: 21.55, and 97.50% probability that the participant in custody is an adult over the age of 18.

Attached documentation: forensic report, photo, NTA, unverified handwritten birth certificate; minor India ID card with photo; DHS documents; efforts thus far to India consulate 11/5 and Indian Embassy 12/12, 12/13, 12/18; request to DHS e-mail; school record; family ration card; another reported India government card belonging to minor. In consultation with and per approval from FFS Supervisor, FFS is requesting transfer of custody of this participant to DHS for this adult, per the attached forensic report with 97.5% probability of being over AGE 18, with adult age range 19.15-23.95, with mean age of 22, and as BC with juvenile DOB has not been verified. Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an adult DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration of Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

--

Sender:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"; "Volovar, Jill (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f452fce1b8e94751b340f7ebd6f4ee4b-Volovar, Ji>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org)"; "Buchheit, Abigail (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3ad54c1463914f5aa566fb452d4f3871-Buchheit, A>"; "De Puy, Jacqueline (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=002b87c06df24284a692401a9d550500-Melvin, Jac>"; (b)(6) @heartlandalliance.org)"; "(b)(6) @heartlandalliance.org)"; "Perez, Guadalupe A (Guadalupe.Perez@(b)(6) "; "(b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"
Sent Date:	2018/02/26 16:23:11
Delivered Date:	2018/02/26 16:23:16

003381

Referred to DHS

Referred to DHS

From: Banzon, Julissa (ACF) [mailto:Julissa.Banzon@acf.hhs.gov]

Sent: Monday, February 26, 2018 1:39 PM

To: (b)(6);(b)(7)(F) @ice.dhs.gov>; JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>

Cc: Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>; Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>; Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>; (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>; Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>; De Puy, Jacqueline (ACF) <Jacqueline.DePuy@acf.hhs.gov>; (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; Perez, Guadalupe A (Guadalupe.Perez@(b)(6) <Guadalupe.Perez@(b)(6) >; (b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org> (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org>; (b)(6) <(b)(6) @heartlandalliance.org>

Subject: URGENT- RE-REQUEST from ORR/FFS- for Transfer of Custody at ICC- Case of (b)(6) (A#-----(b)(6))

Importance: High

Good afternoon Officer (b)(6) and DHS/FOJC team,

ORR/FFS is re-submitting DHS referral, requesting URGENT transfer of custody of UAC- ICC participant (b)(6). --(b)(6) due to the list of concerns and evidence noted below and attached for your URGENT review.

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS jointly devised the Age Determination Procedures for UAC in HHS custody (Age Determination

Procedures for Custody Determination TPU 2 and ORR Policy 1.6, 1.61, 1.62- **Attached**) to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS, without requiring information in
each category, and specifying that medical age assessments (i.e. dental and skeletal [bone] maturity assessments using radiographs) may be used by the FFS and FFS Supervisor to determine age, but only when other information is inconclusive.
Due to multiple concerns that UAC (b)(6) (b)(6) **A#--(b)(6) of India, with reported DOB (b)(6)/00** may be an adult SIGNIFICANTLY over the age of 18, with his age indeterminable (due to lack of verified documentation and no official BC provided), dental and wrist/skeletal age forensic evaluations were
completed with results noted before.

UAC's age was indeterminable due to the following:

1. •
   Lack of documentation provided for UAC

   a. •

To date, UAC's mother has NOT provided any valid or official BC registered for this UAC in India.

b. •
UAC's mother has submitted very little secondary evidence/oldest available evidence to establish birth or parentage, and only has provided a hospital certificate of birth (which is not a registered BC as is required in India), family ration
card, and ALL other documents and ID's were issued recently, none of which verify DOB

c. •
No documents were obtained with DOB (b)(6) /97 used by UAC on his journey to U.S. (reported by DHS/FOJC &self-reported by UAC).

2. •
Contradictory or fraudulent identity documentation and/or statements;

a. •
UAC's mother has only provided a hospital certificate of birth, which is NOT a valid or official BC registered in India, and is not accepted.

b. •
UAC's mother provided a ration card which lists UAC at age 5 in an unknown year; 2nd page has photo of UAC in an unknown year.

c. •
Indian Consulate has not authenticated the hospital certificate of birth or ANY of the ID's or documents for UAC,
despite REPEATED verification requests submitted by ICC in Nov. 2017, by FFS and CFS in Dec. 2017 and by DHS on 12/29 and Jan. 2018.

d. •
However, the Indian "Consulate does NOT certify genuineness or attest any document issued by authorities in India", as is noted on ALL their websites (e.g. Chicago, NY, Houston, DC, San Francisco, Atlanta):
"The Consulate does not attest any document issued by authorities in India. If any document issued by authorities in India (such as birth and death certificates, affidavits, diplomas, marriage certificate and educational certificates issued by authorities in India) are required to be presented to authorities in USA, these should be apostilled in India. For details, please check the website "Legalization of Documents" at http://www.mea.gov.in/legalization-of-documents.htm" .

e. •

As of Jan. 2017 passports in India can be secured WITHOUT a BC; UAC's mother sent only a copy of UAC's passport with no official BC

3. • **Physical appearance of the UAC; (Photo Attached)**

   a. •
   UAC appears significantly older than stated age, and has made prior comments alluding to a potential age of 26 YEARS OLD.
   b. •
   New Concern of POSSIBLE violent history/safety risk- after 2/26 review of UAC's Instagram account
   (b)(6) **, Visible on the account is UAC's profile picture and 3 other photos taken in 2016-2017. In one of the photos, UAC is holding 2 guns,**
   a smaller revolver/pistol in the right hand and very long rifle in his left hand. It is still believed UAC's DOB may be as old as 1991 (26 years old).

4. •
   Diminished capacity of the UAC;

   a. •
   UAC has had 21 SIR's to date for: AWOL concerns, repeated verbal and physical aggression displayed to peers and staff, repeated ER visits and hospitalizations, repeated complaints of anxiety and overall mental health concerns, self-reported
   claims he worked adult jobs in India and lived/worked in Ecuador 2 months, and review of UAC's Instagram account with a photo posted of UAC holding TWO guns.

Medical Age Assessments used by FFS and FFS Supervisor to determine AGE (as all other information was determined inconclusive):

5. • Dental Forensic report by Dr. Murmann-

Age range 19.15- 23.95 years old, MEAN AGE 21.55, 97.50% probability, participant is over age 18

6. • Dental Forensic report 2nd opinion by Dr. David R. Senn (different database used due to Indian Ancestry)-
   Probability 89.65%, Mean age 20.45; age range 17.10- 23.80
7. • Wrist Forensic report, examining physician Dr. Ian Chaves at St Francis Hospital, with
   Diagnosis: Delayed Bone Age and Findings: "Based on the standards of Greulich and Pyle, the patient's bone age is 19 years years and 0 months"
   (This assessment of youth, is noted to show the eldest age of 18-19).
8. • Wrist forensic report from Dr. John P Kenney, in his professional opinion, he concluded
   UAC is older than 18 years of age.

FFS Banzon and FFS supervisor Jill Volovar have reviewed all efforts and documentation completed for this case, including the age determinations by 4 PHYSICIANS, including 2 dentists (one a dental forensic expert), a wrist/skeletal age
forensic report by the examining doctor at St. Francis Hospital, and a second opinion Wrist forensic report by Dr. Kenney, in which
ALL FOUR PHYSICIANS have concluded this participant is an ADULT. Per our joint HHS/DHS policy, as this participant was determined to be an ADULT over the age of 18, as noted in FOUR FORENSIC REPORTS,
with estimated probability of 89.9% to 97.5% and a skeletal bone age of 19 years (or higher), and new evidence per review of PHOTOS/Social Media posted by UAC in 2016 and 2017 confirming UAC's claims that he was living an ADULT LIFE (with access to guns/weapons
he has never reported),

ORR/FFS is URGENTLY referring this individual to DHS please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an ADULT DRO facility.

-

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration for Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

Referred to DHS

Referred to DHS

Referred to DHS

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

Date: Wednesday, Jan 24, 2018, 8:45 PM

To: (b)(6);(b)(7)(F) @ice.dhs.gov>,
JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>

Cc: De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>,
Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>, Gonzalez, Jose (ACF)
<Jose.Gonzalez@ACF.hhs.gov>

Subject: Re: FFS follow-up RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)((A#-----(b)(6))

Thank you Officer (b)(6);(b)(Hopefully you will have more information about the Consulate's efforts to send his docs to India, as the Consulate never responded to ICC's request for assistance in November, and only
briefly confirmed receipt of FFS and CFS emails in Dec., To date the Consulate has not verified his identity, his age, nor authenticated even one of the identity documents provided, which were several: including handwritten BC, family ration card, Adhaar card,

and the other alleged govn't ID Card. Neither the family nor the Consulate has provided ICC a copy of his passport or any travel documentation for him, and the family has also refused to provide ICC any other records for him (e.g., birth, vaccine or other medical).

- Will keep you posted on the outcome of his medical appointment. And if his MRI brain scan could be assessed for age - would DHS review this case further?

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

ACF/ORR/DUCO

(b)(6)

Referred to DHS

Referred to DHS

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

Date:
Wednesday, Jan 24, 2018, 6:45 PM

To:
JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>

Subject:
RE: FFS follow-up RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#------(b)(6))

Good evening,

Re-sending with forensic report from Dr. Senn attached:

From: Senn, David R [mailto:SENN@uthscsa.edu]

Sent: Friday, January 19, 2018 6:03 PM

To: Banzon, Julissa (ACF)

Subject: Re: ORR/FFS referral for 2nd opinion

Happy New Year to you as well.

The dental age report for (b)(6) (b)(6) is attached.

The report differs slightly from the report of Dr. Murmann. Our database of Asian individuals does not contain Indian data.

To assess the radiograph in a manner most favorable to the individual, I used the Ancestry Unknown database which considers data from all of the listed studies.

Let me know if you have questions.

Best regards,

David

David R. Senn, DDS, D-ABFO

Director: Center for Education

and Research in Forensics

School of Dentistry

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7919

San Antonio, TX 78229-3900

210 567-3379

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration of Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

From: Banzon, Julissa (ACF)

Sent: Wednesday, January 24, 2018 6:26 PM

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

Cc: De LA Cruz, James (ACF); Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6)); Alex Murphy (alexander.murphy@(b)(6)); (b)(6) @heartlandalliance.org); Gabbard, Michael (ACF) (CTR)

Subject: FFS follow-up RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) A#------(b)( )

Good evening DHS/FOJC,

In consultation with FFS Supervisors and ORR/HQ, FFS is requesting an update regarding DHS efforts (b)(docs were sent by Consulate to India for verification),

and FFS is also providing updates regarding FFS/ICC efforts as of 12/29:

1.)
Participant has had several concerning SIR's in the last month a.) felt ICC staff believed him to be a "26 YEARS OLD" adult, touched elbows with a younger adolescent female UC during an ICC group outing at a local park, SIR
for AWOL concerns/torn up window in sleeping quarters/UC bedroom of shelter, verbal abuse/profanity, yelling at shelter Staff over the holidays, and for medical concerns noted below.

2.)
Participant self-reported to clinician, he was taking medication in India previously for cholesterol (possibly to lower it/as taken by adults).

3.)
Participant is noted to be 6 feet tall, 212 pounds, is taking many medications for self-reported issues since arrival, with numerous ER visits and several hospitalizations (with 24/7 supervision from ICC staff).

4.)
Participant is currently hospitalized again after another ER visit, pending a colonoscopy procedure for 1/25/18.

5.)
Per Jan. reports- the Indian national government ID database Aadhaar security breach/es in May-July 2017, compromised info for millions (may be impacting the Consulates' ability to verify Indian docs)

https://techcrunch.com/2018/01/04/indias-national-id-database-is-reportedly-accessible-for-less-than-10

http://www.tribuneindia.com/news/nation/rs-500-10-minutes-and-you-have-access-to-billion-aadhaar-details/523361.html

6.)

FFS requested 2nd opinion forensic evaluation report. Dr. Senn indicated (b)(6) has 32 fully developed permanent teeth, advised he used a different database, with 89.65% EP, mean age 20.45 (attached)

7.)
FFS requested ICC try to secure any medical records for the participant if possible, but the mother has denied (b)(having any significant medical or medication history, and has not sent any other docs.

As (b)(reports his journey took 3.5 months, and flew through many countries, and as family has not provided his passport to ICC-

would DHS be able to check his migration/travel history/ATS to gather more info on his identity and/or age?

*In the event any other medical records provide information about (b)(6) age, this will be elevated by FFS to FFS Supervisors and DHS will be notified.

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration of Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

From: Banzon, Julissa (ACF)

Sent: Friday, December 29, 2017 3:59 PM

To: Pauly, Jennifer R; JUVENILE CHICAGO

Cc: Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) ; Perez, Guadalupe A (Guadalupe.Perez@(b)(6) ; Alex Murphy (alexander.murphy@(b)(6) ; (b)(6) @heartlandalliance.org); Gabbard, Michael (ACF) (CTR)

Subject: RE: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#-----(b)(6))

Good afternoon,

Thank you for your re-review of this request, and for advising of DHS efforts to date on this age determination case. This is very much appreciated.

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration of Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

Referred to DHS

Referred to DHS

From: Banzon, Julissa (ACF) [mailto:Julissa.Banzon@acf.hhs.gov]

Sent: Thursday, December 28, 2017 7:58 PM

To: (b)(6);(b)(7)(F); JUVENILE CHICAGO; Pauly, Jennifer R

Cc: Gonzalez, Jose (ACF); Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6); Perez, Guadalupe A (Guadalupe.Perez@(b)(6); Alex Murphy (alexander.murphy@(b)(6) (b)(6) (b)(6) @heartlandalliance.org)

Subject: RE-SUBMITTING REQUEST RE: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#-----(b)(6))

Importance: High

Good evening Supervisor Pauly and Officer (b)(6);(b)(7)(E) DHS,

In consultation with FFS Supervisor, FFS is re-submitting prior ORR request for Transfer of Custody of ICC Participant -(b)(6) (A# ---(b)(6)). P**er HHS/DHS joint age determination policy**, namely 1.6 Determining the Age of an Individual without Lawful Immigration Status, in which the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age
determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS), and in order to carry out the TVPRA provision,
in which HHS and DHS worked jointly to develop the age determination policies and procedures in this section. Each agency acknowledges the challenges in determining the age of individuals in custody, listed below for this case, but not limited
to:

- Unavailable documentation; (or lack of cooperation from participant's family to provide needed documentation)

- Contradictory or fraudulent identity documentation and/or statements; (lack of cooperation from Consulate/Embassy – government officials will not verify nationality or verify documents)

- NEITHERthe Consulate in Chicago nor the Embassy in D.C. have verified Participant's Nationality- as being from India

- NEITHER the Consulate in Chicago nor the Embassy in D.C. have verified that HANDWRITTEN BC/with juvenile DOB provided by the family, is an authentic document or that it belongs to him.

- DHS advised participant has a history of providing an adult DOB (b)(6) 97

- Physical appearance of the individual; (photo attached)

- Diminished capacity of the individual (noted excessive child-like behaviors of concern/possibly in an attempt to deter from an older age, and other SIR's at the shelter)

- FORENSIC/MEDICAL AGE ASSESSMENT with 97.5% probability, 21.55 mean age, and age range 19.15- 23.95 noted below, was reviewed by FFS Supervisor, and per all the concerns noted for this case and per joint HHS/DHS
policy, Supervisor has requested FFS re-submit request for transfer of custody.

Despite multiple efforts by FFS, CFS, and ICC, requesting that government officials (India Consulate in Chicago and Embassy in

D.C) verify the validity of the documentation provided for this participant, they have not completed this request. To date, neither the participant's nationality, nor his alleged DOB have been verified. The FFS supervisor has reviewed the determination regarding
the age submitted by the examining doctor noting the joint policy below.

- If an individual's estimated probability of being 18 or older is 75 percent or greater according to a medical age assessment, and this evidence has been considered in conjunction with the totality of the evidence,
ORR may refer the individual to DHS. The 75 percent probability threshold applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.

- The FFS compiles all pertinent information (e.g., how reasonable suspicion was raised that the subject is over 18, the information referenced, the individuals or agencies consulted, statements and conclusions)
and documents it in a memorandum for review and approval by the FFS Supervisor.

- The FFS then will forward the memo to the care provider facility case manager to be included in the unaccompanied alien child's case file and to the ICE Detention and Removal Office (DRO) Field Office Juvenile

Coordinator (FOJC) for inclusion in the unaccompanied alien child's A-file.

Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an adult DRO facility.

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration of Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

From: Banzon, Julissa (ACF)

Sent: Monday, December 18, 2017 8:13 PM

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

Cc: Volovar, Jill (ACF); Buchheit, Abigail (ACF) (CTR); (b)(6) (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) @heartlandalliance.org); (b)(6) Perez, Guadalupe A (Guadalupe.Perez@(b)(6) ; Alex Murphy (alexander.murphy@(b)(6) ;(b)(6) (b)(6) @heartlandalliance.org)

Subject: Re: ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6) (A#-----(b)(6))

Thank you Officer (b)(6);(b)(, any assistance would be greatly appreciated. We will also advise DHS/FOJC if the Consulate or Embassy respond.

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

ACF/ORR/DUCO

(b)(6)

Referred to DHS

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

Date:
Monday, Dec 18, 2017, 5:57 PM

To:
JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>

Cc:
Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>,
Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>,
(b)(6) @heartlandalliance.org)
<(b)(6) @heartlandalliance.org>,
(b)(6) @heartlandalliance.org)
<(b)(6) @heartlandalliance.org>, Carmen
(b)(6) @heartlandalliance.org)
(b)(6) @heartlandalliance.org>,
(b)(6) @heartlandalliance.org)
(b)(6) @heartlandalliance.org>,
(b)(6) @heartlandalliance.org>,

Perez, Guadalupe A (Guadalupe.Perez@(b)(6)
<Guadalupe.Perez@(b)(6)>, Alex Murphy
(alexander.murphy@(b)(6)) <alexander.murphy@(b)(6)>,
(b)(6)@heartlandalliance.org)
<(b)(6)@heartlandalliance.org>

Subject:
ORR/FFS Requesting Transfer of Custody for ICC Case of (b)(6). (A#------(b)(6)

Good afternoon DHS/FOJC team,

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised age determination procedures for UAC in HHS custody to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS. The case of ICC participant: (b)(6) (b)(6) **AXXX-XXX-**(b)(6) **from India with reported DOB of** (b)(6)**/2000,** was elevated to the FFS due to concerns listed below indicating he may be an adult over the age of 18:

1.)
Physical appearance of the individual

2.)
Participant has had IR's and SIR's noted for struggles at current shelter placement (e.g. self-imposed food strike, and other self-harm, verbal threats regarding potential harm to roommates due to change in room assignment, consistent complaints of medical issues/stomach and other discomforts, excessive requests for medication, reports of anxiety, has received addt'l supports and psychiatric evaluation etc.)

3.)
Participant recently separated from group with another peer UC during an outing at the park, with staff noting some suspicious behaviors potentially indicative of AWOL/flight risk concerns

4.)

DHS reported that participant used an adult date of birth of (b)(6) -1997 prior to entry to U.S.

5.)
Verification request for BC sent by ICC to prior Indian Consulate POC with on 11/5/17, pending response- no response to date

6.)
Verification requests sent to the Indian EMBASSY for BC and ID (by CFS on 12/12 and 12/13 in which Embassy confirmed receipt, and time sensitive request re-sent by FFS on 12/18/17) PENDING RESPONSE

7.)
Discrepancy noted, as Minor's mother reported (b)(6) was most recently enrolled in 10th grade in India, but minor reported he had dropped out of 12th grade.

8.)
Dental Forensic was completed, with results attached: Age range 19.15- 23.95 years of age, MEAN AGE: 21.55, and 97.50% probability that the participant in custody is an adult over the age of 18.

Attached documentation: forensic report, photo, NTA, unverified handwritten birth certificate; minor India ID card with photo; DHS documents; efforts thus far to India consulate 11/5 and Indian Embassy 12/12, 12/13,
12/18; request to DHS e-mail; school record; family ration card; another reported India government card belonging to minor. In consultation with and per approval from FFS Supervisor, FFS is requesting transfer of custody of this participant to DHS for this adult, per the attached forensic report with 97.5% probability of being over AGE 18, with adult age range 19.15-23.95, with mean age of 22, and as BC with juvenile DOB has not been verified. Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an adult DRO facility.

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration of Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

--

Referred to DHS

003408

Referred to DHS

003409

Referred to DHS

Referred to DHS

003411

Referred to DHS

Referred to DHS

From: Riedel, Maria E. (ACF) [mailto:Maria.Riedel@acf.hhs.gov]

Sent: Thursday, July 14, 2016 5:14 PM

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

Cc: Velazquez, Ivonne (ACF); Allen, Chad; Espitia, Wendy (ACF) (CTR)

Subject: AGE DETERMINATION: (b)(6) (b)((b)(6) A# (b)(6)

Importance: High

Good afternoon,

Please see attached Age Determination documentation for this adult individual placed at Morrison Downtown Shelter. Please arrange pick up with the shelter, see below contact information:

(b)(6)
Case Manager

11035 NE Sandy Blvd. | Portland,OR 97220

(b)(6) (d)| (b)(6) (c)|(503) 258-4478(f)

Thanks!

Maria

Maria Riedel, MA

Federal Field Specialist, Oregon

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

(C) (b)(6)

maria.riedel@acf.hhs.gov

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

From: Velazquez, Ivonne (ACF)

Sent: Thursday, July 14, 2016 5:02 PM

To: Riedel, Maria E. (ACF)

Subject: Fw: AGE DETERMINATION: (b)(6) (b)((b)(6) A# (b)(6)

Importance: High

Dear Maria,

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

Thanks, Ivonne

Referred to DHS

003415

Referred to DHS

003416

Referred to DHS

Referred to DHS

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

Sent: Wednesday, March 30, 2016 12:35 PM

To: Phoenix, Juvenile; PHO, Juv Placement

Cc: (b)(6);(b)(7)(F); Velazquez, Ivonne (ACF)

Subject: URGENT PREGNANT ADULT Age Re-Determination (b)(6) (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX

Importance: High

Good afternoon,

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

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

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

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

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

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

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

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

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

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hilin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)

Sent: Wednesday, March 30, 2016 10:57 AM

To: Hillin, Myriam (ACF)

Subject: FW: URGENT PREGNANT ADULT/APPROVAL NEEDED Age Re-Determination (b)(6) (b)(6) (b)(6) (b)(6) (b)(6 (b)(6 (b)(

Importance: High

Dear Myriam,

Please move forward in contacting ICE so this individual can be transferred in to their custody.

Thanks Ivonne

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

Cell: (b)(6)

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

Get answers about the Health Insurance Marketplace & Obamacare

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

Referred to DHS

From:	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
To:	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Ana <ana.weech@(b)(6) >"
Subject:	Re: Las Palmas- Adult in Care: Age Determination based on BC: (b)(6);(b)(7)(F) A/(b)(6)
Date:	2016/06/02 17:20:00
Priority:	Normal
Type:	Note

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

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

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

Thanks.

Will Calero

(b)(6)

Referred to DHS

Referred to DHS

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

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

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

Cc: Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR); (b)(6); (b)(6); Weech, Ana V

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

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

If you need any additional information please let me know.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

Sender:	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
Recipient:	"Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Ana <ana.weech@(b)(6)

Sent Date:	2016/06/02 17:19:56
Delivered Date:	2016/06/02 17:20:00

Referred to DHS

Referred to DHS

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

Sent: Thursday, August 11, 2016 12:36 PM

To: PHO, Juv Placement; Moore, Robert L

Cc: Velazquez, Ivonne (ACF); Angela Salomon; Elizabeth Briseno Lopez; Erika Rodriguez; Erica De La O; Gonzalez, Guadalupe M; Breceda, Miriam S; Centeno, Raquel (ACF) (CTR)

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

Please see attached Consular verification and Mr. (b)(6) national Identification verifying his age and identity.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

From: Calero, Wilfred (ACF)

Sent: Thursday, August 11, 2016 11:00 AM

To: Juvenile Coordinator ICE (JuvPlacement.PHO@ice.dhs.gov); Moore, Robert L

Cc: Velazquez, Ivonne (ACF); Angela Salomon; Elizabeth Briseno Lopez; Erika Rodriguez; Erica De La O; 'Gonzalez, Guadalupe M'; 'Breceda, Miriam S'; Centeno, Raquel (ACF) (CTR)

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

Please see attached, Mr. (b)(6) is ready for pick up.

If you need any further information please let me know.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Nott, Emily (ACF) [mailto:Emily.Nott@acf.hhs.gov]

Sent: Thursday, December 29, 2016 10:27 AM

To: Pauly, Jennifer R

Cc: JUVENILE CHICAGO; Gonzalez, Jose (ACF); Velazquez, Ivonne (ACF)

Subject: RE: Issue of age

Thanks so much! I'm happy to share the dental if you want it; I didn't send it in yet since it is below 75%.

Best,

Emily Nott Villamercado, LCSW

Federal Field Specialist--Chicago

U.S. Dept of Health and Human Services

ACF/ORR/DCS

(b)(6)

Referred to DHS

Referred to DHS

From: Nott, Emily (ACF)

Sent: Thursday, December 29, 2016 10:04:41 AM

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

Cc: JUVENILE CHICAGO; Gonzalez, Jose (ACF); Velazquez, Ivonne (ACF)

Subject: RE: Issue of age

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

I have taken (b)(6) off the email as she is not covering RC at this time. FFS Supervisor Jose is on leave, and FFS Supervisor Ivonne was helping me with this case already this week.

Thank you so much for the email. I was up-to-speed on most of the details on this case but of course did not know that the Gambia Registry of Birth and Deaths stated the BC is not authentic. Are you able to share
the wrist/bone density exam with me?

We also conducted a dental forensic that resulted in 63.13% chance that he is 18 or older. Perhaps FFS Supervisor Ivonne would approve a second opinion given the newest detail you have provided. We could send
both the dental and wrist x-rays to another doctor for the second opinion.

Thanks so much, and I will keep in touch with any updates on our end.

Best,

Emily Nott Villamercado, LCSW

Federal Field Specialist--Chicago

U.S. Dept of Health and Human Services

ACF/ORR/DCS

(b)(6)

Referred to DHS

Referred to DHS

Referred to DHS

From: (b)(6)

Sent: Thursday, December 29, 2016 10:14:51 AM

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

Subject: RE: Gambian Birth Cert/letter of authenticity from UN Ambassador

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

Sorry for the delay, things are a little crazy in The Gambia right now. The official response is attached, the birth registry here stated that the BC is NOT genuine.

Regards,

Rob Tillman

Regional Security Officer

U.S. Embassy Banjul, The Gambia

+220-439-2858 ext 2122 (Office)

(b)(6) (Mobile)

+220-439-2475 fax

591-2122 IVG

Official

UNCLASSIFIED

Referred to DHS

Referred to DHS

Referred to DHS

From: ACF Orrducs_Intakes (ACF) [mailto:Orrducs_Intakes@acf.hhs.gov]

Sent: Tuesday, December 13, 2016 2:14 PM

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

Subject: RE: Criminal Charges?

Great, thank you for the update. We will proceed with his placement.

Thank you,

Jessica

ORR/DCS Intakes

202-401-5709

Referred to DHS

From: ACF Orrducs_Intakes (ACF) [mailto:Orrducs_Intakes@acf.hhs.gov]

Sent: Tuesday, December 13, 2016 1:20 PM

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

Subject: Criminal Charges?

Good afternoon,

Can you confirm if this minor has any criminal charges? It was also indicated 'Subject over 18 years of age with 63% probability.' - Can you confirm if he is an adult?

UAC: (b)(6))(7)(F) (b)(6)
A#: (b)(6);(b)(7)(F) **DOB:** (b)(6);(b) /1999, **COB:** Gambia

Thank you,

Jessica

ORR/DCS Intakes

202-401-5709

Referred to DHS

Referred to DHS

From: ACF Orrducs_Intakes (ACF) [mailto:Orrducs_Intakes@acf.hhs.gov]

Sent: Tuesday, December 13, 2016 2:14 PM

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

Subject: RE: Criminal Charges?

Great, thank you for the update. We will proceed with his placement.

Thank you,

Jessica

ORR/DCS Intakes

202-401-5709

Referred to DHS

Referred to DHS

From: ACF Orrducs_Intakes (ACF) [mailto:Orrducs_Intakes@acf.hhs.gov]

Sent: Tuesday, December 13, 2016 1:20 PM

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

Subject: Criminal Charges?

Good afternoon,

Can you confirm if this minor has any criminal charges? It was also indicated 'Subject over 18 years of age with 63% probability.' - Can you confirm if he is an adult?

UAC: (b)(6)
A#: (b)(6) **DOB:** (b)(6) **COB:** Gambia

Thank you,

Jessica

ORR/DCS Intakes

202-401-5709

Referred to DHS

003447

Referred to DHS

Referred to DHS

From:
GIABFO@aol.com [mailto:GIABFO@aol.com]

Sent: Thursday, December 08, 2016 5:01 PM

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

Subject: Re: ICE request Age Determination

Please attach original panoramic x-ray. Confirm receipt of this report.

George M. Isaac DDS

Referred to DHS

Referred to DHS

Referred to DHS

UT Health San Antonio School of Dentistry

The University of Texas
Health Science Center at San Antonio

Mail Code 7914
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

David R. Senn, DDS, D-ABFO
Forensic Odontology

Director
Center for Education and Research in Forensics (CERF)

Forensic Services 210 567-3379
Education & Research 210 567-1755

senn@uthscsa.edu

Date: 03/07/2018 **Case #:** (b)(6)

First Name: (b)(6) **Last Name:** (b)(6)

Sex: Male **Ancestry:** American Hispanic

Reported DOB: (b)(6) /2002 **Nationality:** Honduras

Reported Age: 15

Case Agency: David and Margaret Youth and Family Services, La Verne CA

Location: University of Texas HSC-Dental School

Odontologist: David R. Senn, DDS, D-ABFO (TX Lic. 09119)

Radiologist: Radiographs provided by client

Photographer: Photographs provided by client

(b)(6)

(b)(6)

Maxillary

Right	H H	**Left**
	H H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

The periapical and bitewing radiographs were reviewed. Mr. (b)(6) has 32 fully developed permanent teeth. He has multiple decayed teeth and teeth with failing or failed restorations. There is some incication of bone infections surrounding some tooth roots. He should immediately seek professional dental care.

Conclusion:

Based upon radiographic analysis of (b)(6), A(b)(6) using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6), A(b)(6) is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)(6) A(b)(6) having attained 18 years of age is 80.85%

Respectfully Submitted,

(b)(6)

Digitally signed by David Senn
DN: cn=David Senn, o=David R. Senn DDS, ou, email=drsenn43@gmail.com, c=US
Date: 2018.03.07 23:56:01 -06'00'

David R. Senn, DDS, D-ABFO (TX Lic. 09119)

003453

Referred to DHS

Referred to DHS

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

Sent: Tuesday, May 17, 2016 5:28 PM

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

Cc: (b)(6)@swkey.org; (b)(6); (b)(6) Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)

Subject: RE: Las Palmas ADULT IN CARE - AGE DETERMINATION FOR: (b)(6) /A# (b)(6)

Please see attached. I have a second one coming from the same facility in the event you would like to coordinate pick up for both individuals.

She is medically clear and appears clear for travel.

If you need any additional information please let me know.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

Referred to DHS

From:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: Please Expedite Information Request for (b)(6) A (b)(6)
Date:	2016/02/05 16:13:17
Priority:	Normal
Type:	Note

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

My apologies as I am unable to provide you with this information and UC is no longer in care. I have received feedback in reference to your request and at this time we ask that you please re-route this request through your chain of command (HQ DHS OGC).

Thank you for your understanding in advance!
Maria

Maria Riedel, MA
Federal Field Specialist, Oregon
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services

(C) (b)(6)
maria.riedel@acf.hhs.gov
http://www.acf.hhs.gov/programs/orr/programs/ucs

Referred to DHS

003458

Referred to DHS

Sender:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
Recipient:	(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>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/02/05 16:13:14
Delivered Date:	2016/02/05 16:13:17

From:	Zapata, Richard (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FE5F35855EDC43EBBC6926FF5A6D6590-ZAPATA, RIC>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov)"; "(b)(6);(b)(7)(F) @ice.dhs.gov)"; (b)(6);(b)(7)(F) @ice.dhs.gov)"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	AGE DETERMINATION: ADULT IN CARE: (b)(6)
Date:	2016/02/02 17:12:55
Priority:	Urgent
Type:	Note

Good Afternoon DHS,

Attached you will find (b)(6) 's ((b)(6) Salvadoran Birth Certificate (document password is (b)(6)).

Per the birth certificate, she is born on (b)(6) 1998. This makes her 18 years of age.

Per the Salvadoran consulate, the birth certificate is authentic and valid.

Additionally, the Salvadoran consulate reports that the UC they interviewed reports that she is (b)(6) and that the birth certificate belongs to her (please see the chain of emails below).

Crittenton's Social Workers interviewed UC's mother, who resides in Florida. UC's mother reports that UC is (b)(6) and is born on (b)(6) 1998.

Per TVPRA and HHS Policy, ORR conducts age redetermination.

Based on the information attached and correspondence with the Salvadoran consulate, ORR had determined that UC (b)(6) is an adult.

We are requesting that DHS apprehends her immediately.

--------- Forwarded message ----------
From: Julio Enrique Calderon Barahona <jecalderon@rree.gob.sv>
Date: Mon, Feb 1, 2016 at 12:23 PM
Subject: Re: Consulate interview 1/28/16 for client : Tatiana O.
To: (b)(6) a@crittentonsocal.org>
Cc: (b)(6) @crittentonsocal.org>, mayala@rree.gob.sv, eaguirre@rree.gob.sv

Good afternoon

Following the interview we had last week, I can confirm that the copy of birth certificate provided it does exist in the Alcaldía Municipal de San Salvador with the following information.
Nacimientos Libro (b)(, Folio (b)(6 Partida número (b)(6), sexo femenino, nació el (b)(6) de 1998; hija de (b)(6) y (b)(6) (b)(6)
But I have to make clear that with this confirmation I am not saying that the girl who came to my office is the owner of the birth certificate.

Have a great week.

--
Julio Calderón
Viceconsul of El Salvador
Los Angeles, California
United States of America

-----Original Message-----
From: Julio Enrique Calderon Barahona [mailto:jecalderon@rree.gob.sv]
Sent: Monday, February 01, 2016 2:21 PM
To: Zapata, Richard (ACF)
Cc: (b)(6)
Subject: Fwd: Birth certificate (b)(6)

Good afternoon,
In cases like this, since she is an under age, to verify she is the owner of the birth certificate her parents will need to contact with us in order to stablish her nationality.
During the interview I told the social worker the only thing I we was able to do was to verify the existence of a birth certificate with the same information.
A situation to consider in cases like this is that any person may use somebody else's birth certificate and claim they are that person, you have to realize that a birth certificate is not an ID because it doesnt have a picture.
The girl told me she owns that birth certificate but I can not guarantee she is the person with the information written in the document.
If you want to follow this procedure we can work with her parents but this process may take a couple of months at longest.
Please let me know.
Have a great week.

--
Julio Calderón
Viceconsul of El Salvador
Los Angeles, California
United States of America

Thank you,

Respectfully,

Richard Zapata, M.A.
Federal Field Specialist
U.S. Dept. of Health &Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services
(b)(6)
Richard.Zapata@acf.hhs.gov

Sender:	Zapata, Richard (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FE5F35855EDC43EBBC6926FF5A6D6590-ZAPATA, RIC>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov)"; (b)(6);(b)(7)(F) @ice.dhs.gov)"; (b)(6);(b)(7)(F) @ice.dhs.gov)"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/02/02 17:12:52
Delivered Date:	2016/02/02 17:12:55

003463

Referred to DHS

Referred to DHS

From: De LA Cruz, James (ACF) [mailto:James.DeLACruz@acf.hhs.gov]

Sent: Wednesday, March 14, 2018 9:30 AM

To: Kaiser, Polly E; Smith, Elicia (ACF); Velazquez, Ivonne (ACF)

Subject: RE: UAC, (b)(6) (b)(6) (A(b)(6))

Understood ma'am. If the attorney provides you with additional information we will consider that information. If the attorney chooses to contact ORR via Elicia that is fine as well.

Please let us know how we can assist.

James S. De La Cruz

DHHS/ACF/ORR/DCS

Senior Federal Field Specialist Supervisor

Office of Refugee Resettlement

Division of Children's Services

Mary E. Switzer Building, 5th Floor (Room: 5223)

330 C Street SW

Washington, DC 20201

Office: 202-690-8477

Cell: (b)(6)

Fax: 202-401-1022

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

Referred to DHS

Referred to DHS

Referred to DHS

From:
De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>

Date:
Tuesday, Mar 13, 2018, 7:13 PM

To:
(b)(6);(b)(7)(F) @ice.dhs.gov>, Smith, Elicia (ACF) <Elicia.Smith@acf.hhs.gov>, Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>

Subject:
RE: UAC, (b)(6) (b)(6) (A(b)(6))

Hello,

Based on the information provided I concur with Elicia and Ivonne that this individual is an adult. There is one issue to consider and that is highlighted at the end of the ORR Policy that I am including in this email with an explanation after that.

1.6.2 Instructions

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

Documentation:

- Official government-issued documents, including birth certificates. If the unaccompanied alien child in question is not in possession of original documentation, or if the authenticity of the original documentation is in question, government officials of the unaccompanied alien child's home country must be consulted in order to verify the validity of the documentation.

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

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

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

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

- Statements from other persons.

- Information from another government agency (Federal, State, local or foreign):

- State/local arrest records.

- Child welfare agency records.

Medical Age Assessments:

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

- A medical professional experienced in age assessment method(s) must perform the examination, taking into account the individual’s ethnic and genetic background.

- Dental and skeletal (bone) maturity assessments using radiographs may be used to determine age, but only in conjunction with other evidence.

- As no current medical assessment method can determine an exact age, best practice relies on the estimated probability that an individual is 18 or older. The examining

doctor must submit a written report indicating the probability percentage that the individual is a minor or an adult.

ORR Response to Medical Age Assessments:

- The FFS supervisor must review the determination regarding the age submitted by the examining doctor.

- If an individual's estimated probability of being 18 or older is 75 percent or greater according to a medical age assessment, and this evidence has been considered in conjunction with the totality of the evidence, ORR may refer the individual to DHS. The 75 percent probability threshold applies to all medical methods and approaches identified by the medical community as appropriate methods for assessing age.

- The FFS compiles all pertinent information (e.g., how reasonable suspicion was raised that the subject is over 18, the information referenced, the individuals or agencies consulted, statements and conclusions) and documents it in a memorandum for review and approval by the FFS Supervisor.

- The FFS then will forward the memo to the care provider facility case manager to be included in the unaccompanied alien child's case file and to the ICE Detention and Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the unaccompanied alien child's A-file.

At any time, an unaccompanied alien child in ORR care or his/her designated legal representative may present

new information or evidence that he/she is 18 or older for re-evaluation of an age determination. New information will be reviewed and evaluated by the FFS and, if necessary, the FFS Supervisor, in a timely manner and shared with the DRO FOJC to determine
if the current placement is appropriate. If the new information or evidence indicates that an individual who is presumed to be an unaccompanied alien child is actually an adult, then HHS will coordinate with the assigned FOJC to immediately transfer the individual
to an adult DRO facility.

Based on my discussion with Ms. Velazquez and the documents\explanation from Ivonne the program and FFS did properly
conduct an age determination of this minor. In other words attempts to obtain documentation, other sources of age were attempted. After attempts to gather documented evidence of age the forensic exams were conducted and the young man's age was determined to at least 18 with and E.P greater than .75. Nonetheless the policy does provide that ORR should reconsider an individual's age should new evidence be provided to ORR. We will certainly take into consideration the copy of the BC, however, before it is determined
that those are accurate we would need to know where the documents came from (e.g. family or consulate etc.) and if they were verified by a consulate or embassy official.

Please let me know if I can further assist.

James S. De La Cruz

DHHS/ACF/ORR/DCS

Senior Federal Field Specialist Supervisor

Office of Refugee Resettlement

Division of Children's Services

Mary E. Switzer Building, 5th Floor (Room: 5223)

330 C Street SW

Washington, DC 20201

Office: 202-690-8477

Cell: (b)(6)

Fax: 202-401-1022

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

Referred to DHS

Referred to DHS

From: Smith, Elicia (ACF) [mailto:Elicia.Smith@acf.hhs.gov]

Sent: Tuesday, March 13, 2018 5:54 PM

To: (b)(6);(b)(7)(F) ; De LA Cruz, James (ACF); Velazquez, Ivonne (ACF)

Subject: RE: UAC, (b)(6) (b)(6) (A(b)(6))

Hi (b)(6);(

Looping in my supervisors to advise.

Thank you,

Elicia

Elicia Smith

Federal Field Specialist

U.S. Department of Health &Human Services

Administration for Children &Families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

San Francisco, CA

Email: elicia.smith@acf.hhs.gov

Mobile: (b)(6)

Referred to DHS

Referred to DHS

must be approved by the Department of Homeland Security, U.S. Immigration
and Customs Enforcement.

From: Smith, Elicia (ACF) [mailto:Elicia.Smith@acf.hhs.gov]

Sent: Tuesday, March 13, 2018 5:40 PM

To: Velazquez, Ivonne (ACF); Arbiol, Geraldo S; De LA Cruz, James (ACF)

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

Subject: RE: UAC, (b)(6) (b)(6) (A(b)(6))

Hello All,

Dental Age Redetermination Assessment (79.52%)
and DHS Documents: I-877 &I 213 informed this age redetermination. The program was not able to obtain BC or any other documents to verify DOB. Individual reported that he did not know his DOB/age while in care.

Please let me know if you need any further information from me.

Regards,

Elicia

Elicia Smith

Federal Field Specialist

U.S. Department of Health &Human Services

Administration for Children &Families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

San Francisco, CA

Email: _
elicia.smith@acf.hhs.gov

Mobile: (b)(6)

From: Velazquez, Ivonne (ACF)

Sent: Tuesday, March 13, 2018 4:11 PM

To: (b)(6);(b)(7)(F) @ice.dhs.gov>; De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>

Cc: (b)(6);(b)(7)(F) @ice.dhs.gov>; (b)(6);(b)(7)(F) @ice.dhs.gov>; (b)(6);(b)(7)(F) @ice.dhs.gov>; Smith, Elicia (ACF) <Elicia.Smith@acf.hhs.gov>

Subject: Re: UAC, (b)(6) (b)(6) (A(b)(6)

jim , this is the UAC that we didn't have his BC. that was why we asked for a dental. this is new information for us.

Ivonne Velazquez, LCSW

Federal Field Specialist Suppervisor

DHHS/ORR

Division of Unaccompanied Children Operations

(b)(6)

Referred to DHS

From: De LA Cruz, James (ACF) [mailto:James.DeLACruz@acf.hhs.gov]

Sent: Tuesday, March 13, 2018 1:49 PM

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

Cc: (b)(6) ; Smith, Elicia (ACF); Velazquez, Ivonne (ACF)

Subject: RE: UAC, (b)(6) (b)(6) (A(b)(6))

Hello,

Message Received and adding the Supervisor for that region. We will get back to you shortly.

James S. De La Cruz

DHHS/ACF/ORR/DCS

Senior Federal Field Specialist Supervisor

Office of Refugee Resettlement

Division of Children's Services

Mary E. Switzer Building, 5th Floor (Room: 5223)

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

Referred to DHS

003483

Referred to DHS

Referred to DHS

Referred to DHS

Referred to DHS

003487

Referred to DHS

003488

Referred to DHS

003489

Referred to DHS

003490

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Zaragoza, departamento de Chimaltenango,

CERTIFICA

que con fecha seis de marzo de mil novecientos noventa y siete, en la partida 127, folio 64 del libro 20, del Registro Civil del Municipio de SACAPULAS, Departamento de QUICHE, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

Sacapulas

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

Sacapulas

Lugar de origen

(b)(6)

1950315710415
14/07/2016 10:53:01a.m.
DPI_01_181

(b)(6)

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio Sacapulas, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 18/08/2015, por lo que corresponde el Código Único de Identificación - CUI - 3390264801416

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

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Diana Michelle Argueta Rosales de Figueroa
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
Oficina 181
Zaragoza,
Chimaltenango

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

From:	Smith, Elicia (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=3CDB964AB90D4310BD202C084B7E6097-SMITH, ELIC>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: UAC, (b)(6) (b)(6) (A(b)(6))
Date:	2018/03/14 13:00:49
Priority:	Normal
Type:	Note

Hello All,

The attorney has already reached out to me and I elevated her request to my supervisor Ivonne Velazquez.

Regards,
Elicia

Elicia Smith
Federal Field Specialist
U.S. Department of Health &Human Services
Administration for Children &Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
San Francisco, CA
Email: elicia.smith@acf.hhs.gov
Mobile: (b)(6)

Referred to DHS

Referred to DHS

From: De LA Cruz, James (ACF) [mailto:James.DeLACruz@acf.hhs.gov]
Sent: Wednesday, March 14, 2018 9:30 AM
To: (b)(6),(b)(7)(F) ; Smith, Elicia (ACF); Velazquez, Ivonne (ACF)
Subject: RE: UAC, (b)(6) (A(b)(6))

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Please let us know how we can assist.

James S. De La Cruz
DHHS/ACF/ORR/DCS
Senior Federal Field Specialist Supervisor
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Division of Children's Services
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Referred to DHS

Referred to DHS

From: De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>
Date: Tuesday, Mar 13, 2018, 7:13 PM
To: (b)(6);(b)(7)(F) @ice.dhs.gov>, Smith, Elicia (ACF) <Elicia.Smith@acf.hhs.gov>, Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>
Subject: RE: UAC, (b)(6) (A (b)(6)

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Please let me know if I can further assist.

James S. De La Cruz
DHHS/ACF/ORR/DCS
Senior Federal Field Specialist Supervisor
Office of Refugee Resettlement
Division of Children's Services
Mary E. Switzer Building, 5th Floor (Room: 5223)

330 C Street SW
Washington, DC 20201
Office: 202-690-8477
Cell: (b)(6)
Fax: 202-401-1022
http://www.acf.hhs.gov/programs/orr/programs/ucs

Referred to DHS

From: Smith, Elicia (ACF) [mailto:Elicia.Smith@acf.hhs.gov]
Sent: Tuesday, March 13, 2018 5:54 PM
To: (b)(6) De LA Cruz, James (ACF); Velazquez, Ivonne (ACF)
Subject: RE: UAC, (b)(6) (A(b)(6))

Hi Polly,

Looping in my supervisors to advise.

Thank you,
Elicia

Elicia Smith
Federal Field Specialist
U.S. Department of Health &Human Services
Administration for Children &Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
San Francisco, CA
Email: elicia.smith@acf.hhs.gov
Mobile: (b)(6)

Referred to DHS

Referred to DHS

From: Smith, Elicia (ACF) [mailto:Elicia.Smith@acf.hhs.gov]
Sent: Tuesday, March 13, 2018 5:40 PM
To: Velazquez, Ivonne (ACF); (b)(6);(b)(7)(F) De LA Cruz, James (ACF)
Cc: (b)(6);(b)(7)(F)
Subject: RE: UAC, (b)(6) (b)(6) (A(b)(6)

Hello All,

Dental Age Redetermination Assessment (79.52%) and DHS Documents: I-877 &I 213 informed this age redetermination. The program was not able to obtain BC or any other documents to verify DOB. Individual reported that he did not know his DOB/age while in care.

Please let me know if you need any further information from me.

Regards,
Elicia

Elicia Smith
Federal Field Specialist
U.S. Department of Health &Human Services
Administration for Children &Families

Office of Refugee Resettlement
Division of Unaccompanied Children Operations
San Francisco, CA
Email: elicia.smith@acf.hhs.gov
Mobile: (b)(6)

From: Velazquez, Ivonne (ACF)
Sent: Tuesday, March 13, 2018 4:11 PM
To: (b)(6);(b)(7)(F)@ice.dhs.gov>; De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>
Cc: (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F) (b)(6);(b)(7)(F)@ice.dhs.gov>; (b)(6);(b)(7)(F)@ice.dhs.gov>; Smith, Elicia (ACF) <Elicia.Smith@acf.hhs.gov>
Subject: Re: UAC, (b)(6) (A(b)(6)

jim , this is the UAC that we didn't have his BC. that was why we asked for a dental. this is new information for us.

Ivonne Velazquez, LCSW
Federal Field Specialist Suppervisor
DHHS/ORR
Division of Unaccompanied Children Operations
(b)(6)

Referred to DHS

From: De LA Cruz, James (ACF) [mailto:James.DeLACruz@acf.hhs.gov]
Sent: Tuesday, March 13, 2018 1:49 PM

To: (b)(6);(b)(7)(F)
Cc: (b)(6);(b)(7)(F) Smith, Elicia (ACF); Velazquez, Ivonne (ACF)
Subject: RE: UAC, (b)(6) (b)(6) (A(b)(6))

Hello,

Message Received and adding the Supervisor for that region. We will get back to you shortly.

James S. De La Cruz
DHHS/ACF/ORR/DCS
Senior Federal Field Specialist Supervisor
Office of Refugee Resettlement
Division of Children's Services
Mary E. Switzer Building, 5th Floor (Room: 5223)
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http://www.acf.hhs.gov/programs/orr/programs/ucs

Referred to DHS

003501

Referred to DHS

003502

Referred to DHS

003503

Referred to DHS

From:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
To:	"HSITipLine.Collaboration@ice.dhs.gov"; "icehumantrafficking.helpdesk@ice.dhs.gov"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Report of UC allegation: Event ID (b)(6)
Date:	2016/12/29 20:37:53
Priority:	Urgent
Type:	Note

Hello,

Please see the attached incident report for possible human trafficking. ORR received additional information from border patrol stating the trafficking concerns, please see attached emails.

We would like to know if you would be starting an investigation on this case.

Please be informed this case is one out of 3 possible cases, 2 out of them are children, one already released to the sponsor, 1 is still in care this case). The 3rd one however, we have already turned this individual in to ICE due to an age determination of being an adult using his brother's identity.

Please feel free to reach out to me directly with any questions about this case and I can also arrange contact with the shelter where this individual is placed for any questions or interviews.

Thanks!
Maria

Maria Riedel, MA
Federal Field Specialist, Oregon
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services

(C) (b)(6)
maria.riedel@acf.hhs.gov
http://www.acf.hhs.gov/programs/orr/programs/ucs

From: (b)(6) @tumbleweed.org]
Sent: Thursday, December 29, 2016 2:45 PM
To: ACF SIRHOTLINE (ACF); Riedel, Maria E. (ACF); Rowland-Dunn, Caroline (ACF) (CTR); Chuchro,

Franchesca T; Flippin, Joseph (ACF); Guadalupe.Gonzalez@(b)(6)
Cc: (b)(6)
(b)(6)
Subject: Report of Significant Incident: Event ID (b)(6)

Good Afternoon

Tumbleweed – Mountain View, 12/27/16
Event ID: (b)(6)

SIR ID: (b)(6)

Summary: Possible Trafficking concerns due to email received from ORRducs Intakes.

Reported by: (b)(6)

(b)(6)
Case Manager
Tumbleweed, Casa de Sueños
3707 N. 7th St., Suite 305
Phoenix, AZ 85014
Phone: (b)(6)
E-fax: 1-888-351-0391
(b)(6)@tumbleweed.org

tumbleweed_rgb (2).jpg

Tumbleweed supports homeless and forgotten youth to grow and thrive. Donate Now

Sender:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
Recipient:	"HSITipLine.Collaboration@ice.dhs.gov"; "icehumantrafficking.helpdesk@ice.dhs.gov"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/12/29 20:37:51
Delivered Date:	2016/12/29 20:37:53
From:	De LA Cruz, James (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2EBA95D119AB4CD6A77B34616DC3366C-DE LA CRUZ,>
To:	"ACF Orrducs_Intakes (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08af2351d38f4195b2a0966a29e06cf4-ACFOrrducs_>"; (b)(6),(b)(7)(F) @cbp.dhs.gov>"; "Heath, Yesenia (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5adeddce2afd4f72b8df09d8f4958cf9-Heath, Yese>"; "Hogle, Olivia (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc1dae45760b4d308b77ab96456f6e6e-Hogle, Oliv>"; "Riedel, Maria E. (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=27b237e95f0944b689414208ca0f5b47-Riedel, Mar>"
CC:	(b)(6) @tumbleweed.org"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Re: Possible trafficking incident
Date:	2016/12/25 10:45:37
Type:	Note

Thx. Meron.

Adding the Phoenix Supervisor to the chain. We should not release until the local stakeholders including ORR and DHS look further into this.

Jsd

From: ACF Orrducs_Intakes (ACF)
Sent: Sunday, December 25, 2016 10:33:47 AM
To: Yuma supervisor; Heath, Yesenia (ACF); ACF Orrducs_Intakes (ACF); De LA Cruz, James (ACF); Hogle, Olivia (ACF); Riedel, Maria E. (ACF); ACF Orrducs_Intakes (ACF)
Cc: (b)(6) r@tumbleweed.org
Subject: Possible trafficking incident

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1	(b)(6)			2000	Guatemala	DISCHARGED	Southwest Key Estrella	11/22/2016	12/23/2016	R S

S.#	A #	First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discharg
1	(b)(6)			/2000	Guatemala	ENROUTE	Tumbleweed Mountain View		

First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discharged Date	Discharge Type	Relations ID
(b)(6)		/2000	Guatemala	ENROUTE	Tumbleweed Mountain View				RG69354

I have included Agent (b)(6) Tumbleweed program, Intakes Lead Olivia, FFS to Tumbleweed - Yesenia Heath, and FFS Supervisor James De La Cruz in this email.

You may contact Agent (b)(6);(b)(7 directly at (b)(6) for more information.

Thank you,
(Mimi)
Meron
ORR/DCS Intakes
(202) 401-5709

Sender:	De LA Cruz, James (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2EBA95D119AB4CD6A77B34616DC3366C-DE LA CRUZ,>
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Sent Date:	2016/12/25 10:45:25
Delivered Date:	2016/12/25 10:45:37

Referred to DHS

003508

Referred to DHS

003509

Referred to DHS

003510

Referred to DHS

Referred to DHS

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First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discharged Date	Discharge Type	Relations ID
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Sent Date:	2016/12/25 10:45:25
Delivered Date:	2016/12/25 10:45:37

From:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
To:	"HSITipLine.Collaboration@ice.dhs.gov"
CC:	"icehumantrafficking.helpdesk@ice.dhs.gov"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Report of UAC alelgation: Event ID (b)(6)
Date:	2016/12/29 20:30:57
Priority:	Normal
Type:	Note

Hello,

Please see the attached incident report for possible human trafficking. ORR received additional information from border patrol stating the trafficking concerns, please see attached emails.

We would like to know if you would be starting an investigation on this case.

Please be informed this case is one out of 3 possible cases, 2 out of them are children, one already released to the sponsor, 1 is still in care. This case is the third one however, we have already turned this individual in to ICE due to an age determination of being an adult using his brother's identity.

Please feel free to reach out to me directly with any questions about this case and I can also arrange contact with the shelter where this individual was placed for any questions.

Thanks!
Maria

Maria Riedel, MA
Federal Field Specialist, Oregon
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services

(C) (b)(6)
maria.riedel@acf.hhs.gov
http://www.acf.hhs.gov/programs/orr/programs/ucs

From: (b)(6) [mailto (b)(6) @tumbleweed.org]
Sent: Thursday, December 29, 2016 2:43 PM
To: ACF SIRHOTLINE (ACF); Riedel, Maria E. (ACF); Rowland-Dunn, Caroline (ACF) (CTR); (b)(6) (b)(6) , Joseph (ACF); Guadalupe.Gonzalez@ (b)(6)
Cc: (b)(6)

(b)(6)

Subject: Report of Significant Incident: Event ID (b)(6)

Good Afternoon

Tumbleweed – Mountain View, 12/27/16
Event ID: (b)(6)
SIR ID: (b)(6)

Summary: Possible Trafficking concerns due to email received from ORRducs Intakes.

Reported by: CM (b)(6)

(b)(6)
Case Manager
Tumbleweed, Casa de Sueños
3707 N. 7th St., Suite 305
Phoenix, AZ 85014
Phone: 480-868-2880
E-fax: 1-888-351-0391
paguiniga@tumbleweed.org

tumbleweed_rgb (2).jpg

Tumbleweed supports homeless and forgotten youth to grow and thrive. Donate Now

Sender:	Riedel, Maria E. (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=27B237E95F0944B689414208CA0F5B47-RIEDEL, MAR>
Recipient:	"HSITipLine.Collaboration@ice.dhs.gov"; "icehumantrafficking.helpdesk@ice.dhs.gov"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/12/29 20:30:55
Delivered Date:	2016/12/29 20:30:57
From:	De LA Cruz, James (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2EBA95D119AB4CD6A77B34616DC3366C-DE LA CRUZ,>
To:	"ACF Orrducs_Intakes (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08af2351d38f4195b2a0966a29e06cf4-ACFOrrducs_>"; "(b)(6);(b)(7)(F) @cbp.dhs.gov>"; "Heath, Yesenia (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5adeddce2afd4f72b8df09d8f4958cf9-Heath, Yese>"; "Hogle, Olivia (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fc1dae45760b4d308b77ab96456f6e6e-Hogle, Oliv>"; "Riedel, Maria E. (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=27b237e95f0944b689414208ca0f5b47-Riedel, Mar>"
CC:	(b)(6) @tumbleweed.org"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"

Subject:	Re: Possible trafficking incident
Date:	2016/12/25 10:45:37
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First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discharged Date	Discharge Type	Relations ID
(b)(6)			Guatemala	ENROUTE	Tumbleweed Mountain				RG69354

(b)(6)				View				

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003517

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003518

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003519

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Sent Date:	2016/12/29 12:28:42
Delivered Date:	2016/12/29 12:28:44
From:	De LA Cruz, James (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2EBA95D119AB4CD6A77B34616DC3366C-DE LA CRUZ,>
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Sent Date:	2016/12/25 10:45:25
Delivered Date:	2016/12/25 10:45:37

From:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"
CC:	"De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"; "Volovar, Jill (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f452fce1b8e94751b340f7ebd6f4ee4b-Volovar, Ji>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; "Buchheit, Abigail (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3ad54c1463914f5aa566fb452d4f3871-Buchheit, A>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; "De Puy, Jacqueline (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=002b87c06df24284a692401a9d550500-Melvin, Jac>"; (b)(6) @heartlandalliance.org)"; "Perez, Guadalupe A (Guadalupe.Perez@(b)(6))"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"
Subject:	RE: ORR/FFS Transfer of Custody Request for ICC for Case of (b) (#----(b)(
Date:	2018/02/26 21:50:14
Priority:	Normal
Type:	Note

Thank you for your review Officer (b)(6);(b)(7)

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration for Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

Referred to DHS

Referred to DHS

From: Banzon, Julissa (ACF) <Julissa.Banzon@acf.hhs.gov>
Date: Monday, Feb 26, 2018, 8:23 PM
To: (b)(6);(b)(7)(F) @ice.dhs.gov>, JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>
Cc: Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>, Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>, Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>, Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>, (b)(6) (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, (b)(6) <(b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, De Puy, Jacqueline (ACF) <Jacqueline.DePuy@acf.hhs.gov>, (b)(6) s@heartlandalliance.org) <(b)(6) @heartlandalliance.org>, Perez, Guadalupe A (Guadalupe.Perez@(b)(6) <Guadalupe.Perez@(b)(6) >, (b)(6) @heartlandalliance.org>, Marianela (b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org>
Subject: Re: ORR/FFS Transfer of Custody Request for ICC for Case of (b)(6) (#----(b)( )

Thank you Officer (b)(6);(b)(7)(, due to the amount of evidence secured to date per our joint policy as presented to DHS/FOJC today that this participant is an adult over the age of 18, potentially 20, whose parents also reported they secured multiple passports in India without a registered BC to prove identity or age, I am elevating this case for further review by our Senior FFS Supervisor, Jim De La Cruz at ORR/HQ in DC.

Thank you,

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

(b)(6)

Referred to DHS

From: Banzon, Julissa (ACF) [mailto:Julissa.Banzon@acf.hhs.gov]
Sent: Monday, February 26, 2018 5:05 PM
To: JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>
Cc: Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>; Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>; Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>; Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>; Vanya Cucumanova (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org>(b)(6) (b)(6) @heartlandalliance.org>;(b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>;(b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>(b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>(b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>; De Puy, Jacqueline (ACF) <Jacqueline.DePuy@acf.hhs.gov>;(b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>; Perez, Guadalupe A (Guadalupe.Perez@(b)(6)) <Guadalupe.Perez@(b)(6) >; (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org>(b)(6) (b)(6) @heartlandalliance.org>(b)(6) (b)(6) @heartlandalliance.org>
Subject: ORR/FFS Transfer of Custody Request for ICC for Case of (b)(6) (#----(b)(6)

Good afternoon DHS/FOJC team,

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS jointly devised the Age Determination Procedures for UAC in HHS custody (Age Determination Procedures for Custody Determination TPU 2 and ORR Policy 1.6, 1.61, 1.62- **Attached**), to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS, without requiring information in each category, and specifying that medical age assessments (i.e. dental and skeletal [bone] maturity assessments using radiographs) may be used by the FFS and FFS Supervisor to determine age, but only when other information is inconclusive. Due to multiple concerns that UAC (b)(6) (b)(6) **A#----(b)(6) of India, with reported DOB 6/1/00** may be an adult

over the age of 18, with his age indeterminable, dental and wrist/skeletal age forensic evaluations were completed.

UAC's age was indeterminable due to the following:

- **• Lack of documentation provided for UAC**

  a. UAC's parents did NOT provide a valid BC with a birth registration dated within ONE year of DOB (b)(6), as is required in India
  b. UAC's parents submitted very FEW secondary evidence/oldest available evidence to establish birth or parentage: (as is required in India and by USCIS, for BC's with delayed birth registration) vaccine record, hospital certificate of birth, and a ration card.
  c. No documents were obtained with DOB (b)(6) 98 used by UAC en route to the U.S. (as reported by DHS/FOJC &self-reported by UAC).

- **• Contradictory or fraudulent identity documentation and/or statements;**

  a. **UAC's parents provided a Newspaper clipping dated August 24, 2016 (Attached), in which UAC made an ADULT DECLARATION OF his name change on (b)(6) In India, you must be an ADULT – 18 years of age or older to legally change your name. This proves UAC was at least 18 years of age on (b)(6) For any minors, parents must publish the name change of their child (I've attached guidelines for name changes for minors and for adult/majors, that show UAC's was completed as an ADULT.**
  b. UAC's parents report a Consulate Officer told them, UAC required a registered BC, as hospital certificates of birth are not accepted
  c. UAC's parents sent UAC's BC registered on (b)(6), 17 years after DOB, issued 1/23/18 (several months after UAC left India in 8/2017)
  d. UAC's parents provided a hospital certificate of birth (BC# 2) that has a different name listed for the mother (b)(6)
  e. Upon arrival, (b)(reported his father is age 45 and mother is age 43. However, major discrepancies were noted.
  f. **UAC's parents provided a ration card- where UAC is age 5, his father -age 37 and his mother- age 34. Per parent's BC's and ID's, based on DOB for father (b)(6) 65) &DOB for mother (b)(6) 69), UAC's DOB is in 1998 and once a legal adult in 2016, he changed his name.**
  g. **Indian Consulate has not authenticated BC #1;** verification request was submitted by ICC on 12/27/17.

h. **However, the Indian "Consulate does NOT certify genuineness or attest any document issued by authorities in India", as is noted on ALL their websites (e.g. Chicago, NY, Houston, DC, San Francisco, Atlanta**): "The Consulate does not attest any document issued by authorities in India. If any document issued by authorities in India (such as birth and death certificates, affidavits, diplomas, marriage certificate and educational certificates issued by authorities in India) are required to be presented to authorities in USA, these should be apostilled in India. For details, please check the website "Legalization of Documents" at http://www.mea.gov.in/legalization-of-documents.htm" .

i. As of Jan. 2017, passports in India can be secured WITHOUT a BC. UAC and parents reported UAC changed his name, applied for his passport without a BC, sending an adult declaration of Name change published in 8/24/16, and have sent copies of 2 passports, issued 2/2017 and 8/2017, with 2 different names (b)(6) and (b)(6) (b)(6)

- • **Physical appearance of the UAC; (ATTACHED)**
- • Diminished capacity of the UAC;

Medical Age Assessments used by FFS and FFS Supervisor to determine AGE (as all other information was determined inconclusive):

- • **Dental Forensic** report with **inconclusive results due to the LACK of third molars**; unknown whether UAC's wisdom teeth were removed
- • **Wrist Forensic report**, actual **reading from examining physician, Dr. Richard A Kane of St Francis Hospital**, concluded Diagnosis: Advanced Bone Age determined by X-ray, Findings: "All the epiphyses appear closed, this would be considered a skeletal age of 19 years old."
- • **Wrist forensic report** per professional opinion of Dr. John P Kenney's review of the x-ray, **UAC is older than 18 years of age.**

FFS and FFS supervisor Jill Volovar have reviewed all efforts and documentation completed for this case (attached), including ADULT DECLARATION OF NAME CHANGE- published by (b)(6 in the newspaper on (b)(6) parent's ID's and ages of UAC and parents on the family ration card indicate UAC was born in 1998, age determination/wrist forensic report by the examining doctor at St. Francis Hospital, and second opinion Wrist forensic report by Dr. Kenney, where BOTH physicians have concluded this participant is an ADULT, with a diagnosis of ADVANCED BONE AGE,

with all epiphyses closed (all bones are fused as seen ONLY in adults) and a skeletal age of 19 years old.

Per our joint HHS/DHS policy, as this participant was determined to be an ADULT over the age of 18 per documentation provided by his parents, and due to UAC's skeletal age of 19 years old, ORR/FFS is referring this individual to DHS. Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an ADULT DRO facility.

Thank you,

Julissa Portales Banzon, M.S.
Federal Field Specialist, Chicago
U.S. Dept. of Health and Human Services
Administration for Children and families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
(b)(6)

Sender:	Banzon, Julissa (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=04F16E83DBEC4A298AF72CBA31A4E650-BANZON, JUL>
Recipient:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"; "JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"; "De LA Cruz, James (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2eba95d119ab4cd6a77b34616dc3366c-De LA Cruz,>"; "Volovar, Jill (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f452fce1b8e94751b340f7ebd6f4ee4b-Volovar, Ji>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Gonzalez, Jose (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1e32d334f4814952912651ab60e4fde6-Gonzalez, J>"; "Buchheit, Abigail (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3ad54c1463914f5aa566fb452d4f3871-Buchheit, A>"; "Vanya Cucumanova (VCucumanova@heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; (b)(6) @heartlandalliance.org)"; "De Puy, Jacqueline (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=002b87c06df24284a692401a9d550500-Melvin, Jac>"; (b)(6) @heartlandalliance.org)"; "Perez, Guadalupe A (Guadalupe.Perez@(b)(6) '; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"
Sent Date:	2018/02/26 21:50:08
Delivered Date:	2018/02/26 21:50:14

Referred to DHS

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

Date: Monday, Feb 26, 2018, 8:23 PM

To: (b)(6);(b)(7)(F) @ice.dhs.gov>, JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>

Cc: Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>, Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>, Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>, Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>, (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, De Puy, Jacqueline (ACF) <Jacqueline.DePuy@acf.hhs.gov>, (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>, Perez, Guadalupe A (Guadalupe.Perez@(b)(6) <Guadalupe.Perez@(b)(6) >, (b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org>, (b)(6) @heartlandalliance.org>

Subject: Re: ORR/FFS Transfer of Custody Request for ICC for Case of (b)(6) (#---- (b)(6)

Thank you Officer (b)(6);(b)(7)(F), due to the amount of evidence secured to date per our joint policy as presented to DHS/FOJC today that this participant is an adult over the age of 18, potentially 20, whose parents also reported they secured multiple passports in India without a registered BC to prove identity or age, I am elevating this case for further review by our Senior FFS Supervisor, Jim De La Cruz at ORR/HQ in DC.

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration for Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

Referred to DHS

From: Banzon, Julissa (ACF) [mailto:Julissa.Banzon@acf.hhs.gov]

Sent: Monday, February 26, 2018 5:05 PM

To: JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>

Cc: Volovar, Jill (ACF) <Jill.Volovar@ACF.hhs.gov>; Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>; Gonzalez, Jose (ACF) <Jose.Gonzalez@ACF.hhs.gov>; Buchheit, Abigail (ACF) (CTR) <Abigail.Buchheit@acf.hhs.gov>; (b)(6) (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org> (b)(6) <(b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org) (b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; De Puy, Jacqueline (ACF) <Jacqueline.DePuy@acf.hhs.gov>; (b)(6) (b)(6) @heartlandalliance.org) <(b)(6) @heartlandalliance.org>; Perez, Guadalupe A (Guadalupe.Perez@(b)(6)) <Guadalupe.Perez@(b)(6) >; (b)(6) @heartlandalliance.org>; (b)(6) @heartlandalliance.org>; (b)(6) <(b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org>

Subject: ORR/FFS Transfer of Custody Request for ICC for Case of (b)(6) (#----(b)(6))

Good afternoon DHS/FOJC team,

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS jointly devised the Age Determination Procedures for UAC in HHS custody (Age Determination

Procedures for Custody Determination TPU 2 and ORR Policy 1.6, 1.61, 1.62-**Attached**), to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS, without requiring information in

each category, and specifying that medical age assessments (i.e. dental and skeletal [bone] maturity assessments using radiographs) may be used by the FFS and FFS Supervisor to determine age, but only when other information is inconclusive.
Due to multiple concerns that UAC (b)(6) **A#---(b)(6) of India, with reported DOB**
(b)(6) **00** may be an adult over the age of 18, with his age indeterminable, dental and wrist/skeletal age forensic evaluations were completed.

UAC's age was indeterminable due to the following:

- **• Lack of documentation provided for UAC**

  a. • UAC's parents did NOT provide a valid BC with a birth registration dated within ONE year of DOB (b)(6) 2000, as is required in India
  b. • UAC's parents submitted very FEW secondary evidence/oldest available evidence to establish birth or parentage: (as is required in India and by USCIS, for BC's with delayed
  birth registration) vaccine record, hospital certificate of birth, and a ration card.
  c. • No
  documents were obtained with DOB (b)( )/98 used by UAC en route to the U.S. (as reported by DHS/FOJC &self-reported by UAC).

- **• Contradictory or fraudulent identity documentation and/or statements;**

  a. **• UAC's parents provided a Newspaper clipping dated August 24, 2016 (Attached), in which UAC made an ADULT DECLARATION OF his name change on**
  (b)(6) In India, you must be an ADULT – 18 years of age or older to legally change your name. This proves UAC was at least 18 years of age on (b)(6) For any minors, parents must publish the name change of their child (I've attached guidelines for name changes for minors and for adult/majors, that show UAC's was completed as an ADULT.
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d. • UAC's parents provided a hospital certificate of birth (BC# 2) that has a different name listed for the mother (b)(6).
e. • Upon arrival, (b)(reported his father is age 45 and mother is age 43. However, major discrepancies were noted.
f. **• UAC's parents provided a ration card- where UAC is age 5, his father -age 37 and his mother- age 34. Per parent's BC's and ID's, based on DOB for father ((b)(6)/65) & DOB for mother (b)(6) 69), UAC's DOB is in 1998 and once a legal adult in 2016, he changed his name.**
g. **• Indian Consulate has not authenticated BC #1;** verification request was submitted by ICC on 12/27/17.
h. **• However, the Indian "Consulate does NOT certify genuineness or attest any document issued by authorities in India", as is noted on ALL their websites (e.g. Chicago, NY, Houston, DC, San Francisco, Atlanta)**: "The Consulate does not attest any document issued by authorities in India. If any document issued by authorities in India (such as birth and death certificates, affidavits, diplomas, marriage certificate and educational certificates issued by authorities in India) are required to be presented to authorities in USA, these should be apostilled in India. For details, please check the website "Legalization of Documents" at http://www.mea.gov.in/legalization-of-documents.htm" .

i. • As of Jan. 2017, passports in India can be secured WITHOUT a BC. UAC and parents reported UAC changed his name, applied for his passport without a BC, sending an adult declaration of Name change published in (b)(6), and have sent copies of 2 passports, issued 2/2017 and 8/2017, with 2 different names (b)(6) and (b)(6)

- **• Physical appearance of the UAC; (ATTACHED)**
- • Diminished capacity of the UAC;

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- • **Dental Forensic** report with **inconclusive results due to the LACK of third molars**; unknown whether UAC's wisdom teeth were removed
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  Diagnosis: Advanced Bone Age determined by X-ray,
  Findings: "All the epiphyses appear closed, this would be considered a skeletal age of 19 years old."
- • **Wrist forensic report** per professional opinion of Dr. John P Kenney's review of the x-ray,
  UAC is older than 18 years of age.

FFS and FFS supervisor Jill Volovar have reviewed all efforts and documentation completed for this case (attached), including ADULT DECLARATION OF NAME CHANGE- published by (b)(6) in the newspaper on (b)(6) parent's ID's and ages
of UAC and parents on the family ration card indicate UAC was born in 1998, age determination/wrist forensic report by the examining doctor at St. Francis Hospital, and second opinion Wrist forensic report by Dr. Kenney, where BOTH physicians have concluded
this participant is an ADULT, with a diagnosis of ADVANCED BONE AGE, with all epiphyses closed (all bones are fused as seen ONLY in adults) and a skeletal age of 19 years old.

Per our joint HHS/DHS policy, as this participant was determined to be an ADULT over the age of 18 per documentation provided by his parents, and due to UAC's skeletal age of 19 years old, ORR/FFS is referring this individual to DHS. Please advise how soon DHS/FOJC can coordinate transfer of custody with ICC of this participant to an ADULT DRO facility.

Thank you,

Julissa Portales Banzon, M.S.

Federal Field Specialist, Chicago

U.S. Dept. of Health and Human Services

Administration for Children and families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

Referred to DHS

003537

Referred to DHS

From:	(b)(6) @turnanewleaf.org>
To:	"Fink, David (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a98e80eaf5146c4add7ec6316638bc2-Fink, David>"; "ACF Orrducs_Intakes (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08af2351d38f4195b2a0966a29e06cf4-ACFOrrducs_>"; "JFRMUORRPLACEMENTS@ice.dhs.gov"; "juvplacement.pho@ice.dhs.gov"
CC:	"(b)(6) @turnanewleaf.org>"; (b)(6) @turnanewleaf.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; (b)(6) @turnanewleaf.org>"
Subject:	RE: Placement Confirmation for 6
Date:	2016/01/18 13:39:46
Priority:	Normal
Type:	Note

Good morning,

Yesterday afternoon ANL received UAC BC with the DOB of (b)(6) /1997 . Following ORR Policy an Procedures: case worker immediately notified FFS and cc
Contract Field Specialist with the attached BC so it can be verify by the Guatemalan Consulate. ANL team is pending Verification from the consulate follow by the Memo of Age Determination from FFS.

Please let us know if you have questions or concerns.

Thank you

(b)(6) *BS,BA*

Case Manager

Unaccompanied Children Services Shelter

Dorothy Mitchell Residence

P 480.461.5073 x(b)(6)

C (b)(6)

F 480.641.5165

(b)(6) @turnanewleaf.org

www.TurnaNewLeaf.org

cid:image001.png@01CD0CC5.B62AEED0

cid:image011.jpg@01CD0CC5.B66DC430 cid:image012.jpg@01CD0CC5.B66DC430
cid:image013.jpg@01CD0CC5.B66DC430

From: Fink, David (ACF) [mailto:David.Fink@ACF.hhs.gov]

Sent: Sunday, January 17, 2016 6:14 PM

To: ACF Orrducs_Intakes (ACF) <Orrducs_Intakes@acf.hhs.gov>; JFRMUORRPLACEMENTS@ice.dhs.gov; juvplacement.pho@ice.dhs.gov

Cc: (b)(6) @turnanewleaf.org>; (b)(6) @turnanewleaf.org>; (b)(6) @turnanewleaf.org>; (b)(6) @turnanewleaf.org>; (b)(6) @turnanewleaf.org>; Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>

Subject: Re: Placement Confirmation for 6

Supporting documentation will need to be provided to the ICE/FOJC that confirms the subject is an adult. Please do so ASAP.

Thank you

David Fink

Federal Field Specialist Supervisor

Health and Human Services

ACF/ORR/DCS

Phone: (b)(6)

www.acf.hhs.gov/programs/orr

From: ACF Orrducs_Intakes (ACF)

Sent: Sunday, January 17, 2016 7:45:26 PM

To: JFRMUORRPLACEMENTS@ice.dhs.gov; juvplacement.pho@ice.dhs.gov; uacairtransport@mvminc.com; YUMASCREENERSGML@cbp.dhs.gov; Fink, David (ACF)

Cc: (b)(6)@turnanewleaf.org; (b)(6)@turnanewleaf.org; (b)(6)@turnanewleaf.org; (b)(6)@turnanewleaf.org; TCA-UACPlacementRequest@cbp.dhs.gov; (b)(6);(b)(7)(E)@cbp.dhs.gov

Subject: Re: Placement Confirmation for 6

Hi David,

Please see information below regarding a minor that was determined to be an adult at A New Leaf. The staff members were unaware of who the FFS on call was and expressed concerns

of tomorrow being a holiday and the offices closed. They are currently working together with ICE on retrieving the minor, however, they need your approval per policy.

Thank you,

Stephanie

ORR/DCS Intakes

202-401-5709

From: ACF Orrducs_Intakes (ACF) <Orrducs_Intakes@acf.hhs.gov>

Sent: Sunday, January 17, 2016 6:31 PM

To: JFRMUORRPLACEMENTS@ice.dhs.gov; juvplacement.pho@ice.dhs.gov; uacairtransport@mvminc.com; YUMASCREENERSGML@cbp.dhs.gov

Cc: (b)(6)@turnanewleaf.org; (b)(6)@turnanewleaf.org; (b)(6)@turnanewleaf.org; (b)(6)@turnanewleaf.org; TCA-UACPlacementRequest@cbp.dhs.gov; (b)(6);(b)(7)(E)@cbp.dhs.gov

Subject: Re: Placement Confirmation for 6

Good Evening,

Upon arrival at A New Leaf and further investigation by the case manager for the minor, (b)(6) (b)(6) it was determined he is in fact an adult.

His birth year is 1997. The facility got in contact with the Guatemalan consulate as well as interviewed his family. Both determined the referral form states an incorrect DOB. A new Leaf can only have minors in their care and are requesting that ICE retrieve him.

Thank you,

Stephanie

ORR/DCS Intakes

202-401-5709

From: ACF Orrducs_Intakes (ACF)

Sent: Friday, January 15, 2016 11:53 AM

To: JFRMUORRPLACEMENTS@ice.dhs.gov; juvplacement.pho@ice.dhs.gov; uacairtransport@mvminc.com; YUMASCREENERSGML@cbp.dhs.gov

Cc: (b)(6) @turnanewleaf.org; (b)(6) @turnanewleaf.org; (b)(6) @turnanewleaf.org; (b)(6) @turnanewleaf.org

Subject: Placement Confirmation for 6

Good Morning,

Placement has been approved for the following minors at

A New Leaf.

POC: (b)(6)

(b)(6)			0/1999	16	M	Guate	Good	
			/1999	16	M	Guate	Good	
			5/1998	17	M	Guate	Good	
			/1998	17	M	Guate	Good	
			/2001	14	F	Guate	Good	
			/2001	14	F	El Sal	Good	

Thank you,

Mpinga

ORR/DCS Intakes

202-401-5709

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Sender:	(b)(6) @turnanewleaf.org>
Recipient:	"Fink, David (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a98e80eaf5146c4add7ec6316638bc2-Fink, David>"; "ACF Orrducs_Intakes (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=08af2351d38f4195b2a0966a29e06cf4-ACFOrrducs_>"; "JFRMUORRPLACEMENTS@ice.dhs.gov"; "juvplacement.pho@ice.dhs.gov"; "(b)(6) @turnanewleaf.org>"; (b)(6) @turnanewleaf.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; (b)(6) @turnanewleaf.org>"
Sent Date:	2016/01/18 13:39:25
Delivered Date:	2016/01/18 13:39:46

From:	Laura Belous <lbelous@firrp.org>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov"; (b)(6);(b)(7)(F) @ice.dhs.gov"; (b)(6);(b)(7)(F) @ice.dhs.gov"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ROR request for (b)(6) A (b)(6) (detained UAC)
Date:	2018/10/26 19:46:14
Priority:	Normal
Type:	Note

Dear Officers:

I represent a detained minor, (b)(6), A (b)(6) I have attached a copy of a signed G-28.

The minor is currently being detained at La Palma Detention Center and will be turning 18 this Sunday, (b)(6) We have requested that he be transferred to Tucson, Arizona.

Please note that in a District Court order today, Judge Humetawa ordered that Respondents' age determination is rescinded and DHS shall immediately release him from DHS custody into to the care and custody of ORR. The court ordered that (b)(6) must be considered as within the custody of ORR as of today's date. The order is attached here.

We kindly request your consideration in releasing the minor under his own recognizance for the following reasons:

- (b)(6) has been declared dependent in Pima County Juvenile Court and has a pending I-360 Special Immigrant Juvenile Status visa and concurrently filed I-485. Because I filed the I-360 and I-485 this week, I do not yet have a receipt, but I attach the juvenile court orders regarding Special Immigrant Juvenile Status here.

- (b)(6) also has a pending I-589 asylum application. The receipt and completed biometrics notice are attached.

(b)(6) also attached a Best Interest Report in support of ROR from his Young Center Advocate. It states,

> (b)(6) is motivated to attend his appointments and hearings, especially because he has applications pending and legal representation through the Florence Project.

(b)(6) has a pending petition for special immigrant juvenile classification and he has pending applications for adjustment of status and asylum. Both the Florence Project and the Young Center are committed to ensuring that Lukas continues to have legal representation if released. Finally, (b)(6) does not have any arrest or criminal record in the United States or any other country, showing that he is not a danger to the community.

If released, the minor will live with at (b)(6) Tucson AZ (b)(6). His letter of acceptance to the program is attached.

Please do not hesitate to contact me should you need any additional information and once a decision has been made. I am available over email or on my cell at (b)(6)

Thank you for your time and consideration in assessing this request.

Thanks,
Laura Belous

Laura Belous, Esq.
Managing Attorney, Tucson Office
Children's Program
Florence Immigrant and Refugee Rights Project
p. 520-269-7153
f. 520-829-4154

{"email-policy":{"state":"closed","expirationUnit":"days","disableCopyPaste":false,"disablePrint":false,"disableForwarding":false,"enableNoauth":false,"expires":false,"isManaged":false},"attachments":{},"compose-id":"1","compose-window":{"secure":false}}

Sender:	Laura Belous <lbelous@firrp.org>
Recipient:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6) @ice.dhs.gov"; (b)(6);(b)(7)(E) @ice.dhs.gov"; (b)(6);(b)(7)(E) @ice.dhs.gov"; (b)(6) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2018/10/26 19:44:35
Delivered Date:	2018/10/26 19:46:14

003552

MW

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

L.B.,

Petitioner,

v.

Charles Keeton, et al.,

Respondents.

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

ORDER

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

I. Background

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

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

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

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

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

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

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

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

II. Habeas Corpus Petition

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

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

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

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

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

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

III. Motion for Temporary Restraining Order

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

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

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

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

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

A. Likelihood of Success on the Merits

In 2002, Congress enacted the Homeland Security Act (HSA), which transferred responsibility to HHS for "'coordinating and implementing the care and placement of unaccompanied alien children,' 'ensuring that the best interests of the child are

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

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

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

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

> Each agency acknowledges the challenges in determining the age of individuals in custody. These challenges include, but are not limited to:
>
> - Unavailable documentation;
> - Contradictory or fraudulent identity documentation and/or statements;
> - Physical appearance of the individual; and
> - Diminished capacity of the individual.

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

> ***The TVPRA requires the age determination procedures, at a minimum, to take into account multiple forms of evidence***. Accordingly, under these procedures, each case must be evaluated carefully based on the totality of all available evidence, including the statement of the individual in question.

ORR Guide § 1.6 (emphasis added).

> HHS may make age determinations of UAC when they are in HHS custody on a reasonable suspicion that a child in HHS custody is 18 years or older.
>
> In the event there is conflicting evidence regarding the age of an unaccompanied alien child in HHS custody, the HHS funded care provider case worker shall immediately notify the HHS Federal Field Specialist (FFS). The FFS will make the age determination based on his/her review of the multiple forms of evidence collected by the care provider. Until the age determination is made, the unaccompanied alien child is entitled to all services provided to UAC in HHS care and custody.

ORR Guide § 1.6.1.

> Case managers should seek the following as evidence when conducting age determinations. Information from each category is not required.
>
> Documentation:
>
> - Official government-issued documents, including birth certificates…
> - Other reliable records (e.g., baptismal certificates, school records, medical records) that indicate the unaccompanied alien child's date of birth.
>
> Statements by individuals (including the unaccompanied alien child) determined to have personal knowledge of the unaccompanied alien child's age, and who HHS concludes can credibly attest to the age of the unaccompanied alien child:
>
> - Statements provided by the unaccompanied alien child regarding his or her age or birth date. (An unaccompanied alien child's uncorroborated declaration regarding age is not used as the sole basis for an age determination.)
> - Statements from the unaccompanied alien child's parent(s) or legal guardian(s), if such persons can be

identified and contacted.

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

Medical Age Assessments:

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

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

ORR Response to Medical Age Assessments:

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

> Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the unaccompanied alien child's A-file.
>
> … If the new information or evidence indicates that an individual who is presumed to be an unaccompanied alien child is actually an adult, then HHS will coordinate with the assigned FOJC to immediately transfer the individual to an adult DRO facility.

ORR Guide § 1.6.2 (emphasis added).

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

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

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

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

B. Likelihood of Irreparable Harm

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

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

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

C. Public Interest and Balance of Equities

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

D. Bond

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

IV. Conclusion

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

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

IT IS ORDERED:

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

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

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

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

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

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

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

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

Dated this 26th Day of October, 2018.

Honorable Diane J. Humetewa
United States District Judge

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

Referred to DHS

From: Velazquez, Ivonne (ACF) [mailto:Ivonne.Velazquez@ACF.hhs.gov]

Sent: Monday, June 13, 2016 2:17 PM

To: Lagassey, Jessica L

Subject: FW: (Glendale) AULT - Age Redetermination for (b)(6) A#(b)(6)

FFS Alex

Never provided me with this information and per policy FFS Supervisor must review and approve all age determination

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Children's Services

Cell: (b)(6)

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

Get answers about the Health Insurance Marketplace & Obamacare

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

From: Sanchez, Alex (ACF)

Sent: Monday, June 13, 2016 1:55 PM

To: (b)(6) @swkey.org);
(b)(6);(b)(7)(E) @ice.dhs.gov;
juvplacement.PHO@ice.dhs.gov; (b)(6) @swkey.org)

Cc: Toscano, Patricia (ACF) (CTR); Velazquez, Ivonne (ACF)

Subject: FW: (Glendale) AULT - Age Redetermination for (b)(6) (b)(6) (b)(6) A# (b)(6)

Dear Officer (b)(6);(b), Attached you will find an age redetermination memo illustrating how we have verified the true age of this young lady. Please advise as
to how quickly a pick-up can be arranged. Please let us know how we can help facilitate the process. Thank you very much,

Respectfully yours,

Alex Sanchez, M.A.

Federal Field Specialist

The United States Department of Health &Human Services

Administration for Children &Families

The Office of Refugee Resettlement

Division of Children Services

202-494-0394

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

Sent: Monday, June 13, 2016 10:54 AM

To: Sanchez, Alex (ACF)

Cc: Toscano, Patricia (ACF) (CTR); (b)(6); (b)(6) 927 Case Managers

Subject: Fw: (Glendale) AULT - Age Redetermination for (b)(6) (b)(6) A# (b)(6)

Sorry, sent the first notice to the wrong Alex. Please see below.

Thank you,

(b)(6)

From: (b)(6)

Sent: Monday, June 13, 2016 10:38 AM

To: Alex Fernandez

Cc: Patricia Toscano; Chuchro, Franchesca T; (b)(6) (b)(6) 927 Case Managers (b)(6)

Subject: (Glendale) AULT - Age Redetermination for (b)(6) A# (b)(6)

Good Morning Alex,

As you know, (b)(6) (b)(6) (b)(6) was admitted to our shelter on 6/5/16 and we had been pending to confirm her real DOB since 6/8/16 when the CM first received a very noticeably
altered BC from the client's family in COO.

Last Wednesday 6/8/16, the case was elevated to CFS Patricia Toscano and yourself for BC verification and the client was placed on Close Observation here at the shelter due
to her adult like appearance.

On Thursday 6/9/16, the Guatemalan Consulate responded via email indicating that the client's BC was not valid and that there was no record found with the information provided.

On Friday 6/10/16, the Guatemalan Consulate responded via email with a certification indicating that the client's real DOB is (b)(6) 1992 and CFS requested their assistance
to obtain the real BC.

On Friday 6/10/16, the CM attempted to obtain the real document from the client's family as well by doing a confrontation with the client and her family; however, both client
and family in COO and in the US tried to deny knowing what was the real DOB therefore were asked by the CM to obtain a new copy of the client's BC at their local RENAP office.

The family has provided the real BC as of this morning and I have personally verified the BC though the RENAP Webpage. The BC submitted this morning was found to be valid
by RENAP and shows a clear picture of the client. The Verified BC shows the DOB to be as previously indicated by the consulate: (b)(6) /1992 which makes this client 23 y/o.

(b)(6) (b)(6) is medically cleared for transfer to ICE with no pending medical follow ups and or medication.

Please let us know if we may proceed to separate this client from the rest of the population?

Also, please keep us informed of ICE's ETA for pick up of this adult or let us know if you need further information to proceed.

Thank you,

(b)(6), BSW

Lead Case Manager

Southwest Key, Casa Glendale

Unaccompanied Minor Program

Direct: (b)(6)

Cell:
(b)(6)

Main:
623.500.3660

Our Mission

Opening doors to opportunity so individuals can achieve their dreams.

Referred to DHS

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(E) @ice.dhs.gov>"
CC:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	RE: URGENT PREGNANT ADULT Age Re-Determination (b)(6) (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX
Date:	2016/03/30 16:33:06
Priority:	Normal
Type:	Note

Thank you for your response.

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

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

Thank you,

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

Referred to DHS

Referred to DHS

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

Good afternoon,

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

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

(b)(6) is (b)(weeks pregnant with a due date (b)(6)

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

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

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

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

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

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

Respectfully,

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

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

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

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Sent Date:	2016/03/30 16:33:02
Delivered Date:	2016/03/30 16:33:06

From:	Nott Villamercado, Emily (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=84678AB5B10049869B3206675BA17CD8-NOTT, EMILY>
To:	"JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"
CC:	(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "Gabbard, Michael (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11149b1152964673a641440628535550-Gabbard, Mi>"; "(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "Gabbard, Michael (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11149b1152964673a641440628535550-Gabbard, Mi>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "'Stice, Oscar' <Oscar.Stice@(b)(6) '; "(b)(6) @heartlandalliance.org>"
Subject:	RE: ORR/FFS Requests Transfer of Custody at ICRC: M.Y. A#xxx-xxx-496
Date:	2018/04/18 13:09:10
Priority:	Normal
Type:	Note

Good afternoon,

Please include the attached documents in the participant's file.

Thank you,

Emily Nott Villamercado, LCSW
Federal Field Specialist - Chicago
U.S. Department of Health and Human Services
ACF/ORR/DUCO
(b)(6)

From: Nott Villamercado, Emily (ACF)
Sent: Friday, January 5, 2018 5:09 PM
To: JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>
Cc: (b)(6) @heartlandalliance.org>; (b)(6)
<(b)(6) @heartlandalliance.org>; Gabbard, Michael (ACF) (CTR)
<Michael.Gabbard@acf.hhs.gov>; (b)(6) @heartlandalliance.org>;
(b)(6) @heartlandalliance.org>; (b)(6)
(b)(6) @heartlandalliance.org>; Gabbard, Michael (ACF) (CTR)
<Michael.Gabbard@acf.hhs.gov>; (b)(6) @heartlandalliance.org>;
(b)(6) @heartlandalliance.org>; (b)(6)
<(b)(6) @heartlandalliance.org>; Velazquez, Ivonne (ACF)

<Ivonne.Velazquez@ACF.hhs.gov>; 'Stice, Oscar' <Oscar.Stice@(b)(6)>; (b)(6)
(b)(6) @heartlandalliance.org>
Subject: ORR/FFS Requests Transfer of Custody at ICRC: (b)(6) A#xxx-xxx-(b)(6)

Good afternoon DHS/FOJC team,

This is 1 of 2 Eritrean cases being sent this evening.

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised age determination procedures for UAC in HHS custody to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS. An age determination was completed for: (b)(6) **A#**(b)(6) from **Eritrea** with stated DOB of (b)(6) **2000** per concerns noted below indicating that the individual may be over 18 years old:

- The participant appears to be over 18 years old.
- The participant has no identifying documentation and no contact information for family in the U.S. or Eritrea.
- The participant has been exhibiting signs of being a flight risk (dressing in layers, hiding money, asking when outdoor time is). SIR attached.

Please see attached documentation (NTA, participant's photo, and SIR) along with dental forensic results indicating that there is a 92.55% chance the individual is an adult. FFS Supervisor has reviewed determination regarding the individual's statement. Please advise whether DHS/FOJC can coordinate transfer of custody with Heartland ICRC of this participant to an adult DRO facility.

Thank you,

Emily Nott Villamercado, LCSW
Federal Field Specialist - Chicago
U.S. Department of Health and Human Services
ACF/ORR/DUCO
(b)(6)

Sender:	Nott Villamercado, Emily (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=84678AB5B10049869B3206675BA17CD8-NOTT, EMILY>
Recipient:	"JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "Gabbard, Michael (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11149b1152964673a641440628535550-Gabbard,

	Mi>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "Gabbard, Michael (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11149b1152964673a641440628535550-Gabbard, Mi>"; "(b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; (b)(6) @heartlandalliance.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "'Stice, Oscar' <Oscar.Stice@(b)(6) ; (b)(6) @heartlandalliance.org>"
Sent Date:	2018/04/18 13:09:02
Delivered Date:	2018/04/18 13:09:10

DEPARTMENT OF HEALTH & HUMAN SERVICES

ACF Administration For Children and Families	**OFFICE OF REFUGEE RESETTLEMENT**	
	1. Log No.: 09-02	**2. Issuance Date**: September 15, 2010
	3. Originating Program: Division of Unaccompanied Children's Services	
	4. Key Words: unaccompanied alien children, age determination, Department of Homeland Security (DHS), evidence, forensic	

PROGRAM INSTRUCTION

Subject: Age Determinations of Aliens in the Custody of HHS and DHS

Legal and Related: The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA of 2008), Pub. L. No. 110-457, § 235(b)(4); Homeland Security Act of 2002, 6 U.S.C. § 279.

Purpose: The TVPRA of 2008 instructs HHS to devise age determination procedures for aliens in consultation with the U.S. Department of Homeland Security.

Typically, DHS is the agency that apprehends aliens, including unaccompanied alien children (UAC), while HHS is the agency responsible for care and custody of UAC. Each agency acknowledges the challenges in determining the age of aliens in custody. These challenges include, but are not limited to:

- Unavailable documentation
- Contradictory or fraudulent identity documentation and/or statements
- Physical appearance of the alien
- Diminished capacity of the alien

The TVPRA of 2008 requires the age determination procedures, at a minimum, to take into account multiple forms of evidence. Accordingly, under these procedures, each case must be evaluated carefully based on the totality of all available evidence, including the statement of the alien in question.

Unaccompanied Alien Children (UAC) in HHS Custody
HHS may make age determinations of UAC when they are in HHS custody.

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

There may be occasions when an alien's age is questioned at the time of admission to a HHS-funded care provider facility by a facility case manager who is completing the required intakes

process. In that case, the intakes process is not to be completed and the HHS FFS shall be notified and consulted for making the age determination.

Instructions: Effective immediately, the following types of information will be sought as evidence, to conduct age determinations. Information from each category is not required.

1. Documentation:
    a. Official government-issued documents, including birth certificates. If the alien in question is not in possession of original documentation, or if the authenticity of the original documentation is in question, government officials of the alien's home country must be consulted in order to verify the validity of the documentation.
    b. Other objective documentation (e.g. baptismal certificates, school records, medical records) that indicate the alien's date of birth.
2. Statements by individuals (including the alien) determined to have personal knowledge of the alien's age, and whom HHS conclude can credibly attest to the age of the alien.
    a. Statements provided by the alien regarding his/her age or birth date. (Generally, an alien's uncorroborated declaration regarding age is not used as the sole basis for an age determination.)
    b. Statements from the alien's parent(s) or legal guardian(s), if such persons can be identified and contacted.
    c. Statements from other persons.
3. Information from another government agency (Federal, State, local or foreign).
    a. State/local arrest records.
    b. Child welfare agency records.
4. Medical age determination procedures (i.e. forensic dental examinations, radiographs and bone density tests) may be used as a last resort if no other information is available. Ambiguous, debatable or borderline forensic examinations will be resolved in favor of determining the alien as a minor (e.g. if the forensic exam indicates an age range between 16 and 18 years of age, the alien will be designated as a 16 year old).
    a. The examining doctor must submit a written report indicating the probability percentage that the alien is a minor or an adult.
    b. The FFS supervisor must review the determination regarding the age.

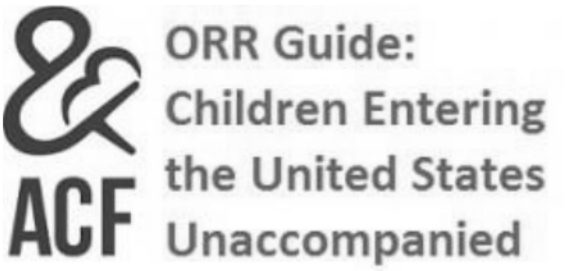
All pertinent information (e.g. the information referenced, individuals or agencies consulted, statements, and conclusions) will be compiled and documented in a memorandum format and reviewed and approved by the FFS Supervisor. The FFS will forward the memo to the care provider facility case manager to be included in the alien's case file and to the ICE Detention and Removal Office (DRO) Field Office Juvenile Coordinator (FOJC) for inclusion in the alien's A-file.

At any time, an alien or his/her designated legal representative may present new information or evidence for re-evaluation of an age determination. New information will be forwarded to the Federal Field Specialist (FFS) for review. New information will be reviewed and evaluated by FFS and if necessary, the FFS Supervisor, in a timely manner and shared with the Detention and Removal (DRO) Field Office Juvenile Coordinator (FOJC) to determine if current placement is appropriate. If the new information or evidence indicates a presumed UAC is actually an adult, then HHS will coordinate with the assigned FOJC to ensure an immediate transfer of custody to an adult DRO facility.

Inquiries: Maureen Dunn, Director, Division of Unaccompanied Children's Services, at 202-401-5523.

(b)(6)

Eskinder Negash
Director
Office of Refugee Resettlement



Children Entering the United States Unaccompanied: Section 1

Placement in ORR Care Provider Facilities

Published: January 30, 2015
Categories: **Unaccompanied Children's Services**

http://www.acf.hhs.gov/programs/orr/resource/children-entering-the-united-states-unaccompanied-section-1#1.6

1.6 Determining the Age of an Individual without Lawful Immigration Status

The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). ***To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures in this section.***

Typically, DHS is the agency that apprehends individuals without lawful immigration status, including unaccompanied children (UC). , while HHS is the agency responsible for the care and custody of UC transferred to its care. HHS authority to provide care and custody applies only to individuals who have not attained 18 years of age.

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

- Unavailable documentation;
- Contradictory or fraudulent identity documentation and/or statements;
- Physical appearance of the individual; and
- Diminished capacity of the individual.

The TVPRA requires the age determination procedures, at a minimum, to take into account multiple forms of evidence. Accordingly, under these procedures, each case must be evaluated carefully based on the totality of all available evidence, including the statement of the individual in question.

Revised 8/31/15

1.6.1 Unaccompanied Children in HHS Custody

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

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

There may be occasions when an unaccompanied child's age is questioned at the time of admission to an HHS funded care provider facility during the intakes process. In those cases, the case manager does not complete the intakes process, but consults with the HHS FFS to make the age determination.

Revised 8/31/15

1.6.2 Instructions

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

Documentation:

- Official government-issued documents, including birth certificates. If the unaccompanied child in question is not in possession of original documentation, or if the authenticity of the original documentation is in question, government officials of the unaccompanied child's home country must be consulted in order to verify the validity of the documentation.
- Other reliable records (e.g., baptismal certificates, school records, medical records) that indicate the unaccompanied child's date of birth.

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

- Statements provided by the unaccompanied child regarding his or her age or birth date. (An unaccompanied child's uncorroborated declaration regarding age is not used as the sole basis for an age determination.)
- Statements from the unaccompanied child's parent(s) or legal guardian(s), if such persons can be identified and contacted.
- Statements from other persons.
- Information from another government agency (Federal, State, local or foreign):
- State/local arrest records.
- Child welfare agency records.

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

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

ORR Response to Medical Age Assessments:

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

At any time, an unaccompanied child in ORR care or his/her designated legal representative may present new information or evidence that he/she is 18 or older for re-evaluation of an age determination. New information will be reviewed and evaluated by the FFS and, if necessary, the FFS Supervisor, in a timely manner and shared with the DRO FOJC to determine if the current placement is appropriate. If the new information or evidence indicates that an individual who is presumed to be an unaccompanied child is actually an adult, then HHS will coordinate with the assigned FOJC to immediately transfer the individual to an adult DRO facility.

Revised 7/05/16

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

From: Nott Villamercado, Emily (ACF)
Sent: Friday, January 5, 2018 5:09 PM
To: JUVENILE CHICAGO <Juvenile.Chicago@ice.dhs.gov>
Cc: Thomas M. Perry <tmperry@heartlandalliance.org>; (b)(6) <(b)(6)@heartlandalliance.org>; Gabbard, Michael (ACF) (CTR) <Michael.Gabbard@acf.hhs.gov>; (b)(6) (b)(6)@heartlandalliance.org>; (b)(6) @heartlandalliance.org>; (b)(6) (b)(6) @heartlandalliance.org>; Gabbard, Michael (ACF) (CTR) <Michael.Gabbard@acf.hhs.gov>; (b)(6) @heartlandalliance.org>; (b)(6) (b)(6)@heartlandalliance.org>; (b)(6) @heartlandalliance.org>; Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>; 'Stice, Oscar' <Oscar.Stice@(b)(6) >; (b)(6) @heartlandalliance.org>
Subject: ORR/FFS Requests Transfer of Custody at ICRC: (b)(6) A#xxx-xxx-(b)(6)

Good afternoon DHS/FOJC team,

This is 1 of 2 Eritrean cases being sent this evening.

Per the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), HHS and DHS have jointly devised age determination procedures for UAC in HHS custody to ensure multiple forms of evidence are collected by the care provider and reviewed by the FFS. An age determination was completed for: (b)(6) **A#**(b)(6) from **Eritrea** with stated DOB of (b)(6) **/2000** per concerns noted below indicating that the individual may be over 18 years old:

- The participant appears to be over 18 years old.
- The participant has no identifying documentation and no contact information for family in the U.S. or Eritrea.
- The participant has been exhibiting signs of being a flight risk (dressing in layers, hiding money, asking when outdoor time is). SIR attached.

Please see attached documentation (NTA, participant's photo, and SIR) along with dental forensic results indicating that there is a 92.55% chance the individual is an adult. FFS Supervisor has reviewed determination regarding the individual's statement. Please advise whether DHS/FOJC can coordinate transfer of custody with Heartland ICRC of this participant to an adult DRO facility.

Thank you,

Emily Nott Villamercado, LCSW
Federal Field Specialist - Chicago
U.S. Department of Health and Human Services
ACF/ORR/DUCO
(b)(6)

From:	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
To:	"(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	Re: (Glendale Swkey) ADULT AGE OUT: (b)(6) (b)(6 (b)(6) (b)(6)
Date:	2016/05/14 22:08:46
Priority:	Normal
Type:	Note

I concur. Maybe she will disclose who she really is to you folks when you interview. I did not want to push the age redetermination

---

From: (b)(6);(b)(7)(E) @ice.dhs.gov>

Sent: Saturday, May 14, 2016 5:59:05 PM

To: Calero, Wilfred (ACF); PHO, Juv Placement; Velazquez, Ivonne (ACF); (b)(6) (b)(6)

Subject: RE: (Glendale Swkey) ADULT AGE OUT: (b)(6) (b)(6) (b)(6) A#(b)(6) (b)(6)

Mr. Calero,

We'll get her picked up tonight after midnight. The medical age determination fits within our policy to proceed as an adult. I don't think we will be considering a release since her identity has not yet been confirmed.

Thanks for following up!

Sent with Good (www.good.com)

From: Calero, Wilfred (ACF)

Sent: Saturday, May 14, 2016 5:14:28 PM

To: PHO, Juv Placement; (b)(6); Velazquez, Ivonne (ACF); (b)(6)
(b)(6)

Subject: Re: (Glendale Swkey) ADULT AGE OUT: (b)(6) (b)(6) (b)(6)
(b)(6)

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

Just following up to see if you have any questions regarding case.

If not Ms. (b)(6) will be ready for pick up tomorrow.

Thanks for your attention on this matter.

Will Calero

(b)(6)

From: Calero, Wilfred (ACF)

Sent: Friday, May 13, 2016 6:31:16 PM

To: Juvenile Coordinator ICE; (b)(6);(b)(7)(F) Velazquez, Ivonne (ACF); (b)(6)
(b)(6)

Subject: Fw: (Glendale Swkey) ADULT AGE OUT: (b)(6) (b)(6) (b)(6) A# (b)(6)
(b)(6)

Officer (b)(6);(b

The above referenced case is being referred as an Age Out. Please be advised though the UCs identity could not be confirmed and there is some evidence that the UC is an adult and lying about who she is.

As such, although we have a Dental Forensics indicating a high statistical probability, more than 75 percent, that the UC is an adult she would not disclose her true identity to the Program.

In light of her alleged impending birth date, (b)(6) 2016, we are requesting that she be picked up by ICE for adult custody.

If you have any questions give me a call.

Will Calero

2026954996

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

Sent: Friday, May 13, 2016 5:08:49 PM

To: Calero, Wilfred (ACF)

Cc: (b)(6) (b)(6) Centeno, Raquel (ACF) (CTR); Melissa Iniguez; 927 Case Managers

Subject: (Glendale Swkey) AGE OUT: (b)(6) (b)(6) (b)(6) (b)(6)

Good afternoon Mr. Calero,

Please be informed that client mentioned above will age out on Sunday May 15, 2016.

Find attached the Birth certificate denoting the client's name and DOB as follows:

True Name: (b)(6) (b)(6) (b)(6)

AKA: (b)(6) (b)(6)

DOB: (b)(6) /1998

The client arrived to the program on 05/05/16. Client was placed in close observation due to concerns in her a physical appearance as well as inconsistencies

with her story. During the initial interview on 05/06/16, CM noted that the client behaved and expressed like an adult. The client reported that she is 17 and her date of birth did not remember very well. According to her birthdate, and I-216 form, she will be turning 18 years on Sunday (b)(6) However, since that date we suspected she could already be an adult. The assigned CLN, (b)(6) also shared that same date her concerns of a possible age redetermination case. We both believed there was a possibility that she may be someone trying to obtain information for other individuals trying to use our system. She seemed interested in how things worked and process. On that same date, the case was staffed and elevated to FFS for further guidance.

The BC that the minor brought upon intake was submitted to CFS for verification with the consulate and a dental forensic exam was approved, the process was expedited due to the short time we had to establish the client's age.

On 5/9/16, CFS Raquel provided the verification received from the consulate which indicated that the BC is a valid document. At this time we believed that dental forensic exam results were needed to make a determination and exclude the possibility of an impersonation case.

The client was screened by the FIRRP legal team and Adriana Moreno is currently representing the client on "some sort of legal relief case" as indicated by her attorney of record, G-28 in file. Ms. Adriana Moreno Supervising Attorney, Children's Program interviewed the client on 05/13/16 and provided legal documents for the client on 5/13/16 to request the ICE officer to not send her to adult detention.

Due to the gang affiliation comments the client made, it was recommend that an Interpol search be conducted and this CM conducted the Interpol search as of 5/06/16 for the clients name and the client sisters name, no record were found. See it attached.

On 5/13/16, the dental forensic exam results were received denoting the following (also attached):

According to the mean age of attainment of stages of the third molar crown-root formation, (b)(6) (b)(6) is 20.8+/-2.2years old if you consider the maxillary third molars, and 21.7+/-1.8 years old if you consider the mandibular third molars. The empirical probability of (b)(6) (b)(6) being under 18 years of age based on third molars developmental stages is 16% for tooth #1, 21% for tooth #16,

9% for tooth #17, and 8% for tooth #32.

The client was expecting to live with (b)(6) who currently resides in (b)(The sponsor completed all reunification requirements and FP results were obtained as of 5/12/16 with no records.

Although the client's mother has provided supportive documentation on 5/13/16 from COO, this CM noticed that the records could be altered as the client's picture on the certificate appears to have been placed on the certificate on top of the seal. (School records also attached). CM elevated the records to CFS for verification with the Honduran consulate.

At this time a release recommendation can't be completed due to the identity concerns with the client.

Client's TB skin test was read on 05/08/16 with negative result for Tuberculosis.

Client's final chest X-ray report was reviewed and signed by medical provider on 05/08/2016 with negative findings of active TB. Client is not pregnant.

Client is able to travel per provider and has no medical ailments at the moment.

This case is being sent to you for coordination with ICE as she turns 18 years old on Sunday (b)(6) (b)(6) aging out of our system.

Please be advised that this client will be ready to proceed with transfer to ICE custody upon your approval and coordination.

Thank you,

(b)(6)

Case Manager

Southwest Key Program 927

Glendale, AZ

Office (623)500-3660 Ext. (b)(6)

Fax (623)207-4954

(b)(6) @swkey.org

Sender:	Calero, Wilfred (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7FCD1FABEF934452BFF7378F6365FA8E-CALERO, WIL>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Juvenile Coordinator ICE <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/05/14 22:08:44
Delivered Date:	2016/05/14 22:08:46

From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userec70385b>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"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>"
Subject:	RE: Bangladesh Cases
Date:	2018/10/31 14:08:00
Priority:	Normal
Type:	Note

Dear Officer (b)(6);(b),

I was just wondering if you have been able to obtain any other documentation on these Bangladesh cases to support the memos of age determination.

Thanks Ivonne

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

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http://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-16.html

---

From: Velazquez, Ivonne (ACF)
Sent: Friday, October 26, 2018 9:27 AM
To: (b)(6);(b)(7)(F) @ice.dhs.gov; Rogers, Sudi; Salazar, Roberto R
Cc: Hillin, Myriam (ACF); Calero, Wilfred (ACF)

Subject: FW: Bangladesh Spreadsheet Fraud Cases - Attachment- Phoenix
Importance: High

Dear (b)(6)
Attached you will find information on (b)(6) who are suspected to be adults due to the discrepancy of information that they have provided, their looks and dental Forensics. On one of them we were able to obtained information on his Facebook account that shows that he was enrolled in college.

Please let us know if this is enough information for ICE to take these individuals in to their custody.

Thanks Ivonne
Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

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Sender:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userec70385b>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "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>"
Sent Date:	2018/10/31 14:17:40
Delivered Date:	2018/10/31 14:08:00
From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6) @ice.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userec70385b>"; (b)(6);(b)(7)(F) @ice.dhs.gov>";

	(b)(6);Referred to DHS @ice.dhs.gov>"
CC:	"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>"
Subject:	FW: Bangladesh Spreadsheet Fraud Cases - Attachment- Phoenix
Date:	2018/10/26 12:21:00
Priority:	Urgent
Type:	Note

Dear (b)(6)
Attached you will find information on 4 Bangladeshis who are suspected to be adults due to the discrepancy of information that they have provided, their looks and dental Forensics. On one of them we were able to obtained information on his Facebook account that shows that he was enrolled in college.

Please let us know if this is enough information for ICE to take these individuals in to their custody.

Thanks Ivonne
Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

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	"Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"
Sent Date:	2018/10/26 12:26:46
Delivered Date:	2018/10/26 12:21:00
From:	Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>
To:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Adult - Age Redetermination Bangladeshi (b)(6) /SWK Casa Phoenix
Date:	2018/10/25 22:16:09
Priority:	Normal
Type:	Note

Good evening Ivonne,

Attached please find a memo of age redetermination for a Bangladish individual placed at SWK Casa Phoenix. The dental forensic is 74.06%

v/r

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

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Sent Date:	2018/10/25 22:16:04
Delivered Date:	2018/10/25 22:16:09
From:	Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>
To:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Adult - Age Redetermination Bangladish (b)(6) /SWK Casa Phoenix
Date:	2018/10/25 10:57:34
Priority:	Urgent
Type:	Note

Good morning Ivonne,

Attached please find a memo of age redetermination for a Bangladish individual placed at SWK Casa Phoenix. The dental forensic is 87.70%

v/r

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

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Sent Date:	2018/10/25 10:57:31
Delivered Date:	2018/10/25 10:57:34

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

Memo of Age Redetermination
December 8, 2016

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an UC in ORR care

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

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on December 4th, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) misreporting her date of birth as (b)(6) upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6), to whom it became immediately apparent that Ms. (b)(6) (b)(6) could be overage. A copy of Ms. (b)(6) (b)(6) birth certificate was provided from her uncle, Mr. (b)(6) (b)(6) (b)(6) who resides in (b)(6) Mr. (b)(6) Hernandez faxed to the Case Manager a copy of Ms. (b)(6) (b)(6) birth certificate showing a date of birth of (b)(6) which did not match with the verbal date of birth provided by Ms. (b)(6) (b)(6) upon apprehension.

Case Manager then provided Ms. (b)(6) (b)(6) an opportunity to explain why her verified birth certificate was showing a different date of birth and Ms. (b)(6) (b)(6) admitted that her correct date of birth is (b)(6) and not (b)(6) (b)(6)

While in ORR care Ms. (b)(6) (b)(6) reported that she was seeking reunification with her uncle (b)(6) (b)(6) (b)(6) residing at (b)(6) with phone number (b)(6) who migrated to the US in 2013.

Ms. (b)(6) (b)(6) is not disputing that she misreported her birth year with the purpose of deceiving those who would review the documents with the intent to misrepresent herself as a minor so she could be reunited as a minor with her alleged uncle.

Along with this Memo is submitting the following documents:

- Original BC
- Photograph
- TB Clearance (Chest X-ray)
- Self-Statement.

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for her care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.08 17:14:00 -07'00'

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

Approved by:

Ivonne Velazquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

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

Memo of Age Redetermination
November 3, 2018

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

Through: SWK Casa Lighthouse

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

SUBJECT: Age Redetermination of an individual in ORR care

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

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Lighthouse on September 3, 2018 with date of birth (b)(6) 2001.

Following placement in ORR care, the case manager received a copy of the birth certificate of Mr. (b)(6) from his parents Mr. (b)(6) (b)(6) and (b)(6) who reside in Bangladesh. The case manager requested a second type of identification for Mr. (b)(6) and mother, Ms. (b)(6) reported that her son does not have a second identification.

The case manager had the birth certificate of Mr. (b)(6) verified by the Bangladesh consulate on September 8, 2018 that then reported on October 5, 2018 that the birth certificate provided was authentic. Mr. (b)(6) was interviewed by the Bangladesh consulate on October 3, 2018, however they have not responded.

A dental forensic exam was conducted on October 17, 2018 and Dr. Arvanitis concluded that the probability of Mr. (b)(6) having attained 18 years old of age is 59.92%.

Mr. (b)(6) reported that he departed his country on May 29, 2018 from Dhaka International Airport and arrived at San Paolo, Brazil on May 30, 2018 and denied recalling the airline. He added that from Brazil he traveled to Peru by bus about 9 days, then from Peru to Ecuador by bus for about six days, then from Ecuador to Colombia via bus and walking through the Colombia Mountains about eight days with the guide and ten other people from different countries. Once Mr. (b)(6) arrived to Panamanian border this guide left him alone and indicated that he needed to cross the Panama River and go to Costa Rica by bus for another six days. He then went from Costa Rica to Nicaragua taxi and then to Honduras, to Guatemala, Mexico City and then to the Monterey.

Mr. (b)(6) reported that he departed his country with a passport and instructions provided to him by his guide. Mr. (b)(6) denies recalling the name or expiration date on the passport, but does state that passport had the DOB of 1997. He added that when traveling from country to country the guides would provide the documentation and would take care of everything throughout their journey such as obtaining their bus tickets, food, and places to stay and that his brother in law and father in Bangladesh made all the arrangements and paid for the journey.

Mr. (b)(6) reported that while crossing the Panama River he had to swim and due to almost drowning he left his belongings including his clothes and passport.

Mr. (b)(6) reported coming to the U.S. to live with a reported uncle, but no proof of a bonafide relationship was established.

Along with this Memo ORR is submitting the following documents:

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

Mr. (b)(6) acknowledged that he was not permitted to leave his country of origin as a minor and had traveled with documents indicating that he is an adult, but he refuses to provide any further details about this misrepresentation of identity.

In accordance with ORR age redetermination policy and procedures, (b)(6) (b)(6) (b)(6) dental forensics results returned with 59.92% and ORR requests that FOJC coordinates and ensures the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

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

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

Memo of Age Redetermination
November 3, 2018

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an individual in ORR care

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

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

The Case Manager requested a copy of the birth certificate from his alleged mother, Ms. (b)(6), who resides in Bangladesh. A copy of the formal document was received showing a date of birth of (b)(6) 2001.

On October 19, 2018, Dr. Arvanitis concluded that the probability that Mr. (b)(6) having attained 18 years of age is 68.45%.

When asked about his journey to the US Mr. (b)(6) stated that his mother spoke to an agent who was going to meet him at the airport and help him board the plane. He stated that he did not know this agent and that he knows that all his family contributed to paying this agent's fee, but he is unaware of the total amount. He stated that he traveled from Bangladesh to Qatar, Tanzania, where he spent 10 hours. He traveled then to Brazil, Peru, Ecuador, Columbia, Panama, Costa Rica, Nicaragua, Honduras, Guatemala, Mexico, and lastly to Texas. He stated that he does not know the time frames of when he arrived at a country and when he left. He stated that the whole trip took about 6 months.

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

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

Mr. (b)(6) acknowledged that he was not permitted to leave his country of origin as a minor and had traveled with documents indicating that he was an adult, but he was hesitant to provide any further details about this misrepresentation of identity. He kept stating that documents presented here are the originals and that he does not know about the passport information.

Along with this Memo ORR is submitting the following documents:

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

In accordance with ORR age redetermination policy and procedures, Mr. (b)(6) (b)(6) (b)(6) dental forensics results are 68.45% and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

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

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

Memo of Age Redetermination
October 25, 2018

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an individual in ORR care

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

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

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

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

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

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

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic

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

Respectfully,
MBH

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

003606
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	Re: ADULT- Age Redetermination/ (b)(6) AKA: (b)(6) (b)(6) A#: Referred to A New Leaf
Date:	2016/02/13 18:53:27
Priority:	Normal
Type:	Note

Thank you so much !

Referred to DHS

003608

Referred to DHS

From: Velazquez, Ivonne (ACF)

Sent: Saturday, February 13, 2016 3:13:03 PM (UTC-07:00) Arizona

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

Subject: Fw: ADULT- Age Redetermination/(b)(6) AKA: (b)(6) (b)(6) A#: (b)(6) A New Leaf

Dear officer (b)(6);(b)(7)(F),

Attache you will find supporting documentation showing the this individual (b)(6) (b)(6) is an adult.

Please let us how soon your officer would be able to take this individual in to your custody.

Thanks, ivonne

From: (b)(6)@turnanewleaf.org>

Sent: Saturday, February 13, 2016 2:30:58 PM

To: Velazquez, Ivonne (ACF)

Cc: LaGrow, Debra (ACF); Heath, Yesenia (ACF); (b)(6) (b)(6);(b)(7)(F) (b)(6)

Subject: ADULT- Age Redetermination/(b)(6) AKA: (b)(6) (b)(6) A#: (b)(6) A New Leaf

Good afternoon:

We have an adult at ANL and ICE will only pick up an adult with an Age Redetermination Memo from ORR per ORR's policy.

We received client (b)(6) on 02/10/2016. Per conversation with her mother and client, she is 22 years old and was using her sister's information.

Client reports her real name is: (b)(6) and her DOB: (b)(6) 1993. Again this information was confirmed by client and her mother on 02/11/2016.

Client was interviewed by Guatemalan Consulate representative (Mr. Rudy Soto) on 02/12/16 and she confirmed the same information. Mr. Soto agreed to assist ANL locating the Birth Certificate for this client, having that CM had not receive it from family in COO.

Birth Certificate was received 02/13/2016 with the assistance of the Guatemalan Consulate in Phoenix. Per Birth Certificate client's information is:

BC NAME: (b)(6)

AKA: (b)(6)

BC DOB: (b)(6) 1993
(ADULT- 22 years old)

AKA DOB: (b)(6) 1999

COB: Guatemala

A (b)(6)

Client had her physical exam (b)(6) and we are only pending the TB clearance that should be obtained by Monday 02/15/2016.

At this time, client has been placed in 1:1 monitoring and separated from the rest of the clients until she is removed from the facility by ICE.

- **• The memo needs to be sent to the following email addresses along with the BC.**

  - **• Juvenile.phoenix@ice.dhs.gov**
  - **• Juvplacement.pho@ice.dhs.gov**
  - **• Robert.L.Moore@ice.dhs.gov**
  - **• Debra.LaGrow@acf.hhs.gov**

Best regards,

(b)(6)

Case Manager

Unaccompanied Children Services Shelter

Dorothy Mitchell Residence

P 480.461.5073 x(b)(6)

C (b)(6)

F 480.641.5165

(b)(6) @turnanewleaf.org

www.TurnaNewLeaf.org

cid:image001.png@01CD0CC5.B62AEED0

cid:image011.jpg@01CD0CC5.B66DC430 cid:image012.jpg@01CD0CC5.B66DC430
cid:image013.jpg@01CD0CC5.B66DC430

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From: Juan Carlos Santos Calderon [mailto:jcalderon@minex.gob.gt]

Sent: Saturday, February 13, 2016 1:55 PM

To: (b)(6) @turnanewleaf.org>

Cc: Jessica Maria Mendoza Barquin <JMendoza@minex.gob.gt>; consguatearizona2@hotmail.com

Subject: Re: Acta Nacimiento (b)(6)

Estimada:

(b)(6)

Case Manager.

Respetuosamente me dirijo a usted para trasladarle el Acta de Nacimiento de la Joven (b)(6)

la cual fue proporcionada por su posible patrocinador aqui en Estados Unidos. y sea tan amable de trasladarla a donde corresponda.

Sin otro particular aprovecho la oportunidad para reiterarle las muestras de mi distinguida consideracion y estima.

Atentamente:

Refer Carlos Santos Calderón

Consulado General de Guatemala

Phoenix, Arizona

Tel. 602-200-3660 / 602-859-2484

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Sender:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
Recipient:	"(b)(6);(b)(7)(F) @ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Sent Date:	2016/02/13 18:53:26
Delivered Date:	2016/02/13 18:53:27

ADMINISTRATION FOR
CHILDREN & FAMILIES
370 L'Enfant Promenade, S.W., Washington, DC 20447 www.acf.hhs.gov

Age Redetermination Memo

Date: May 6, 2016

To: (b)(6);(b)(7)(F) **and/or** (b)(6);(b)(7)(F)

From: Debra LaGrow, ORR FFS

Re: (b)(6)

This individual is placed at SWK Hacienda Del Sol. His DOB is (b)(6) **1998. Once the birth certificate was received, this individual, his family in country or origin, and his potential sponsor all agreed this was real and did not contest it in any way. This follows ORR policies and ORR has determined him to be an adult.**

From:	Heath, Yesenia (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5ADEDDCE2AFD4F72B8DF09D8F4958CF9-HEATH, YESE>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @tumbleweed.org)"; (b)(6) @tumbleweed.org"; (b)(6) @tumbleweed.org)"
Subject:	Re: Age Redetermination Memo for (b)(6) (b)(6) (b)(6) a.k.a. (b)(6) (b)(6) (b)(6) A# (b)(6)
Date:	2016/08/10 17:26:14
Priority:	Normal
Type:	Note

Thank you

Referred to DHS

Referred to DHS

From: Heath, Yesenia (ACF) [mailto:Yesenia.Heath@ACF.hhs.gov]

Sent: Wednesday, August 10, 2016 11:14 AM

To: PHO, Juv Placement

Cc: Velazquez, Ivonne (ACF);(b)(6) @tumbleweed.org);
(b)(6) @tumbleweed.org (b)(6) @tumbleweed.org)

Subject: RE: Age Redetermination Memo for (b)(6) (b)(6) (b)(6) a.k.a. (b)(6) (b)(6) (b)(6) A# (b)(6)

Importance: High

Good morning Mr (b)(6);(b)(7)(E)

I have updated the memo to reflect the a.k.a. and in addition I'm providing you with her "true" BC as it was sent by her sister today via fax, as well as her RENAP.

I thank you for all your help. Please let me know when this young lady will be picked up.

Thank you,

Yesenia Heath

(b)(6)

Referred to DHS

003619

Referred to DHS

From: Heath, Yesenia (ACF) [mailto:Yesenia.Heath@ACF.hhs.gov]

Sent: Tuesday, August 09, 2016 10:50 AM

To: PHO, Juv Placement

Cc: Velazquez, Ivonne (ACF); (b)(6) @tumbleweed.org); (b)(6) @tumbleweed.org

Subject: RE: Age Redetermination Memo for (b)(6) (b)(6) (b)(6) A# (b)(6) (b)(6)

Good morning Officer,

Per her case manager she was interviewed on July 28th and she confirmed she was a Guatemalan National. Attached is a RENAP she provided which she later admitted was not hers own BC as she is 20 years
old per her own statement. Thus we suspect she provided someone else's BC.

Thanks

Yesenia Heath

(b)(6)

Referred to DHS

Referred to DHS

Referred to DHS

From: Heath, Yesenia (ACF) [mailto:Yesenia.Heath@ACF.hhs.gov]

Sent: Tuesday, August 09, 2016 10:28 AM

To: PHO, Juv Placement

Cc: Velazquez, Ivonne (ACF); (b)(6) @tumbleweed.org); (b)(6) @tumbleweed.org

Subject: FW: Age Redetermination Memo for (b)(6) (b)(6) (b)(6) A# (b)(6) (b)(6)

Importance: High

Hello,

I'm attaching an age redetermination memo and the dental records of the young lady (b)(6) (b)(6) (b)(6) A# (b)(6) whom is currently at Tumbleweed ORR program in phoenix and I'm asking that you please pick her up and transfer custody to your facility as she has been predetermined to be an adult.

Please let the program know when you would be able to pick this young lady.

Thank you,

Yesenia Heath, MSW

Federal Field Specialist, WA. Region

U.S. Department of Health and Human Services

Office of Refugee Resettlement

Division of Children Services

(b)(6)

Yesenia.Heath@acf.hhs.gov

Sender:	Heath, Yesenia (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5ADEDDCE2AFD4F72B8DF09D8F4958CF9-HEATH, YESE>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @tumbleweed.org)"; (b)(6) @tumbleweed.org"; (b)(6) @tumbleweed.org)"
Sent Date:	2016/08/10 17:26:14

From:	Heath, Yesenia (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5ADEDDCE2AFD4F72B8DF09D8F4958CF9-HEATH, YESE>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @tumbleweed.org)"; (b)(6) @tumbleweed.org"
Subject:	Re: Age Redetermination Memo for (b)(6) A# (b)(6)
Date:	2016/08/10 12:17:04
Priority:	Normal
Type:	Note

Thank you officer (b)(6);(b)(7)(E)

We are waiting on minors sister to send us the new BC to reflect her true DOB.

Referred to DHS

003625

Referred to DHS

From: Heath, Yesenia (ACF) [mailto:Yesenia.Heath@ACF.hhs.gov]

Sent: Tuesday, August 09, 2016 10:50 AM

To: PHO, Juv Placement

Cc: Velazquez, Ivonne (ACF); (b)(6) @tumbleweed.org); (b)(6) @tumbleweed.org

Subject: RE: Age Redetermination Memo for (b)(6) A# (b)(6) (b)(6)

Good morning Officer,

Per her case manager she was interviewed on July 28th and she confirmed she was a Guatemalan National. Attached is a RENAP she provided which she later admitted was not hers own BC as she is 20 years
old per her own statement. Thus we suspect she provided someone else's BC.

Thanks

Yesenia Heath

(b)(6)

Referred to DHS

003627

Referred to DHS

Referred to DHS

From: Heath, Yesenia (ACF) [mailto:Yesenia.Heath@ACF.hhs.gov]

Sent: Tuesday, August 09, 2016 10:28 AM

To: PHO, Juv Placement

Cc: Velazquez, Ivonne (ACF); (b)(6) @tumbleweed.org); (b)(6) @tumbleweed.org

Subject: FW: Age Redetermination Memo for (b)(6) A# (b)(6) (b)(6)

Importance: High

Hello,

I'm attaching an age redetermination memo and the dental records of the young lady (b)(6) A# (b)(6) whom is currently at Tumbleweed ORR program in phoenix and I'm asking that you please pick her up and transfer custody to your facility as she has been predetermined to be an adult.

Please let the program know when you would be able to pick this young lady.

Thank you,

Yesenia Heath, MSW

Federal Field Specialist, WA. Region

U.S. Department of Health and Human Services

Office of Refugee Resettlement

Division of Children Services

(b)(6)

Yesenia.Heath@acf.hhs.gov

Sender:	Heath, Yesenia (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5ADEDDCE2AFD4F72B8DF09D8F4958CF9-HEATH, YESE>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @tumbleweed.org)"; (b)(6) @tumbleweed.org"
Sent Date:	2016/08/10 12:17:04

From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6);Referred to DHS @ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Subject:	Fw: ADULT Not picked up by ICE AGE REDETERMINATION (b)(6) (b)(6 AKA (b)(6) (b)(6) /SWK CASA PHOENIX
Date:	2017/08/02 20:38:22
Priority:	Urgent
Type:	Note

Password is (b)(6)

From: Hillin, Myriam (ACF)

Sent: Wednesday, August 2, 2017 5:21:04 PM

To: Velazquez, Ivonne (ACF)

Subject: ADULT Not picked up by ICE AGE REDETERMINATION (b)(6) AKA (b)(6) /SWK CASA PHOENIX

Ivonne,

This person was not picked by ICE nor did ICE ever respond to the email. The program is concerned that they have had in care this 22-year-old individual for six consecutive days.

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

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From: Hillin, Myriam (ACF)

Sent: Wednesday, August 02, 2017 1:02 PM

To: 'PHO, Juv Placement'; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Eva Torres

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

Importance: High

Good afternoon,

The person listed in the subject line has a verified DOB: (b)(6) **/1995**.

Please note that this person admitted immediately upon arrival on 07/28 that his is 22 years old. He arrived to ORR care with (b)(6) and ORR was not informed of his medical needs. As of this morning he also complained of (b)(6) and was taken to Urgent Care and prescribed antibiotics however the prescription has not yet been filled. Going forward this person is ambulant and walking, however, he does have needs for treating his (b)(6) and (b)(6) needs by an adult detention facility.

He was prescribed with the following medication:

(b)(6)

Instructions:

(b)(6)

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

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Sender:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
Recipient:	(b)(6);(b)(7)(F) s@ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2017/08/02 20:38:21
Delivered Date:	2017/08/02 20:38:22

From:	Heath, Yesenia (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5ADEDDCE2AFD4F72B8DF09D8F4958CF9-HEATH, YESE>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @tumbleweed.org)"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @tumbleweed.org)"; (b)(6) @tumbleweed.org"
Subject:	RE: Age Redetermination Memo for (b)(6)
Date:	2016/08/09 19:23:51
Priority:	Urgent
Type:	Note

Hello officer,
I just received a call from the program, as they have not received confirmation that this minor will be picked up yet. Could you please let us know what time this minor will be picked up.
Thank you,
Yesenia Heath

From: Heath, Yesenia (ACF)
Sent: Tuesday, August 09, 2016 10:49 AM
To: 'PHO, Juv Placement'
Cc: Velazquez, Ivonne (ACF) (b)(6) @tumbleweed.org); (b)(6) @tumbleweed.org
Subject: RE: Age Redetermination Memo for (b)(6)

Good morning Officer,

Per her case manager she was interviewed on July 28th and she confirmed she was a Guatemalan National. Attached is a RENAP she provided which she later admitted was not hers own BC as she is 20 years old per her own statement. Thus we suspect she provided someone else's BC.
Thanks
Yesenia Heath
(b)(6)

Referred to DHS

Referred to DHS

From: Heath, Yesenia (ACF) [mailto:Yesenia.Heath@ACF.hhs.gov]
Sent: Tuesday, August 09, 2016 10:28 AM
To: PHO, Juv Placement
Cc: Velazquez, Ivonne (ACF); (b)(6)@tumbleweed.org); (b)(6)@tumbleweed.org
Subject: FW: Age Redetermination Memo for (b)(6) A# (b)(6)
Importance: High

Hello,
I'm attaching an age redetermination memo and the dental records of the young lady (b)(6) A# (b)(6) whom is currently at Tumbleweed ORR program in phoenix and I'm asking that you please pick her up and transfer custody to your facility as she has been predetermined to be an adult.

Please let the program know when you would be able to pick this young lady.

Thank you,

Yesenia Heath, MSW
Federal Field Specialist, WA. Region
U.S. Department of Health and Human Services
Office of Refugee Resettlement

Division of Children Services
202 604 0301
Yesenia.Heath@acf.hhs.gov

Sender:	Heath, Yesenia (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=5ADEDDCE2AFD4F72B8DF09D8F4958CF9-HEATH, YESE>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6) @tumbleweed.org)"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @tumbleweed.org)"; (b)(6) @tumbleweed.org"
Sent Date:	2016/08/09 19:23:50
Delivered Date:	2016/08/09 19:23:51

From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
CC:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	Re: ADULT Not picked up by ICE AGE REDETERMINATION (b)(6) AKA (b)(6) (b)(6) SWK CASA PHOENIX
Date:	2017/08/02 20:50:30
Priority:	Normal
Type:	Note

Thank you so much!

Referred to DHS

Referred to DHS

From: Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>

Date: Wednesday, Aug 02, 2017, 5:32 PM

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

Subject: Fw: ADULT Not picked up by ICE AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) /SWK CASA PHOENIX

From: Velazquez, Ivonne (ACF)

Sent: Wednesday, August 2, 2017 5:29:21 PM

To: (b)(6);(b)(7)(F) Hillin, Myriam (ACF)

Subject: Fw: ADULT Not picked up by ICE AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) /SWK CASA PHOENIX

Dear Officer (b)(6);(b)

This individual is 22 years old and needs to be placed in to your custody today or the program is going to be forced to let him go. It is against program licensing to have an adult in their program. Also, it is against ORR policy to provide services to adult

Can you please have one of your officer pickup this adult ASAP

Thanks, ivonne

From: Hillin, Myriam (ACF)

Sent: Wednesday, August 2, 2017 5:21:04 PM

To: Velazquez, Ivonne (ACF)

Subject: ADULT Not picked up by ICE AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) /SWK CASA PHOENIX

Ivonne,

This person was not picked by ICE nor did ICE ever respond to the email. The program is concerned that they have had in care this 22-year-old individual for six consecutive days.

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

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From: Hillin, Myriam (ACF)

Sent: Wednesday, August 02, 2017 1:02 PM

To: 'PHO, Juv Placement'; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Eva Torres

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

Importance: High

Good afternoon,

The person listed in the subject line has a verified

DOB: (b)(6) **/1995**.

Please note that this person admitted immediately upon arrival on 07/28 that his is 22 years old. He arrived to ORR care with (b)(6) (b)(6) and ORR was not informed of his medical needs. As of this morning he

also complained of (b)(6) and was taken to Urgent Care and prescribed antibiotics however the prescription has not yet been filled. Going forward this person is ambulant and walking, however, he does have needs for treating his (b)(6)
needs by an adult detention facility.

He was prescribed with the following medication:

(b)(6)

Instructions:

(b)(6)

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

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Sender:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Sent Date:	2017/08/02 20:50:28
Delivered Date:	2017/08/02 20:50:30

From:	Larry Levi Sandigo <lsandigo@firrp.org>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Subject:	Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(AKA (b)(6) (b)(6) (b)(6) (b)(6) - SWK Sol
Date:	2016/07/29 15:16:05
Priority:	Normal
Type:	Note

(b)(6), can you follow up with the godfather and ask about purchasing for that time? FYI I am unavailable for the next hour and a half.

Referred to DHS

Referred to DHS

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

Sent: Friday, July 29, 2016 11:54 AM

To: (b)(6) Larry Levi Sandigo; PHO, Juv Placement

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hello Larry,

In regards to the bus ticket for the client, her 'Godfather' has been unable to purchase an open ticket as they are not offering them to him at his nearest

locations in Florida. Open tickets can only be purchased at full-serviced stations, but there are exclusions. It appears his nearest location is excluded. He may possibly be allowed to purchase a ticket if given an exact date and time for her travel to FL.

We ask that you follow-up with the contact for further options that may be available to him.

Thank you,

(b)(6)

Southwest Key Programs

Hacienda del Sol

P: 623-565-5701 ext. (b)(6)

From: (b)(6)

Sent: Friday, July 29, 2016 11:03:08 AM

To: (b)(6) Larry Levi Sandigo; PHO, Juv Placement

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Good morning,

After an interval review with our PD, we unfortunately cannot provide a COV for the client. We cannot provide a COV for an age re-determination client,

we can only complete a COV for a client who is being reunified after an approval from ORR as usual. We kindly ask that a COV be completed once the client has been transferred to ICE custody.

Thank you,

(b)(6)

Southwest Key Programs

Hacienda del Sol

P: 623-565-5701 ext. (b)(6)

From: (b)(6)

Sent: Friday, July 29, 2016 10:10:20 AM

To: Larry Levi Sandigo; PHO, Juv Placement

Cc: (b)(6), LaGrow, Debra (ACF); Cecilia Medrano; Centeno, Raquel (ACF) (CTR); Ivonne Velazquez; (b)(6)

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hi Larry,

We are working on the COV. We will send it to Mr. (b)(6);(b)(7)(E)

Thank you,

(b)(6)

Lead Case Manager

SWK-Hacienda del Sol

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

(623)565-5701 Ext (b)(6)

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From: Larry Levi Sandigo <lsandigo@firrp.org>

Sent: Friday, July 29, 2016 12:09 PM

To: PHO, Juv Placement

Cc: (b)(6) LaGrow, Debra (ACF); Cecilia Medrano; Centeno, Raquel (ACF) (CTR); Ivonne Velazquez; (b)(6)

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

(b)(6)

Can the shelter do the COV? We normally don't do them for situations like these.

Referred to DHS

Referred to DHS

Referred to DHS

From: Larry Levi Sandigo [mailto:lsandigo@firrp.org]

Sent: Friday, July 29, 2016 9:43 AM

To: PHO, Juv Placement

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

I believe the shelter is working on getting the address as we speak. Court update: the judge granted her a continuance until September 9, 2016. Will ICE or the shelter be filing the change of venue?

Referred to DHS

Referred to DHS

Referred to DHS

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

Sent: Friday, July 29, 2016 9:10 AM

To: Larry Levi Sandigo

Cc: (b)(6) LaGrow, Debra (ACF); PHO, Juv Placement; (b)(6) Centeno, Raquel (ACF) (CTR); Ivonne Velazquez; (b)(6)

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hi Larry,

We were able to contact client 's godfather in FL and he is going to buy an open bus ticket for client in case that she is released. His correct phone number is (b)(6)

Thank you.

Sent from my iPhone

On Jul 29, 2016, at 7:46 AM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi Rafael,

Thank you for everything you and your team are doing. I'd like to speak to her on the phone. Can you arrange for a private room so she and I can chat? The sooner the better. I'm here at my desk so let me know what time you can make her available.

Best,

Larry

On Thu, Jul 28, 2016 at 9:33 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Thank you. I'm not saying that's what we are advocating for, I just want to know if it is an option if needed.

On Thursday, July 28, 2016, Rafael Quintero <(b)(6)@swkey.org>wrote:

Hi Larry,

We will contact the godfather. I'll keep everyone posted.

Thank you

Sent from my iPhone

On Jul 28, 2016, at 9:18 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6),

Thank you. Is she allowed to call him? If ICE approves and it comes down to it , can the shelter reach out to him to buy a bus ticket?

On Thursday, July 28, 2016, (b)(6) <(b)(6)@swkey.org> wrote:

Hi Larry,

Client (b)(6) (b)(6) made her phone call with family in COO. Client stated that she wants to stay here in US and go to Florida with (b)(6) her godfather)

and she provided two phone numbers for him: (b)(6)
(b)(6)

Hope this information can help.

Thank you

Sent from my iPhone

On Jul 28, 2016, at 8:01 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6)

Thank you for the update. Can you please arrange for her to speak to her family in COO tonight so she can discuss with them what she wants to do/where she wants to go? Also, is there any contact information for friends/family here in the United States?

I can speak with her tomorrow morning to see where she feels comfortable going and include that as part of our advocacy, but she will likely

want to speak to her family first and that's why I'm asking if she can call them tonight.

Thank you.

Larry

On Thu, Jul 28, 2016 at 7:52 PM, (b)(6) (b)(6) @swkey.org>wrote:

Hi Everyone:

SWK won't be able to Take the client (b)(6) (b)(6) to her court hearing tomorrow morning . Reason being we provide services to minors including transportation and limit us to transport adults even though they were admitted in our care
as a minor.

Thank you all!

(b)(6)

Sent from my iPhone

On Jul 28, 2016, at 7:33 PM, LaGrow, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>wrote:

Hello,

I reviewed her case in the ORR records available to me. She was actually at another program when the decisions were initially made on her case under another FFS' assignment.

She arrived into care in January. She found out she was pregnant and stated she no longer wanted to go to the sponsor who was an unrelated male (godfather was reportedly the relationship
but this was never confirmed by any baptismal certificates). She wanted voluntary departure to be with her mother and for her mother to be with her with the baby.

Her NTA was requested January 26, 2016.

The sponsor was not pursued due to this. This case was originally at another shelter and I was not the FFS assisting in any final decisions. However, this was the direction in
this case for the past 7 months pending court.

I am unsure as to the ability of SWK Sol to transport her to court since she is determined to be an adult. I do not know if they are able to do this with their contract/licensure.
I am hopeful FIRRP can represent this information to the immigration court tomorrow and SWK Sol can inform what they are truly permitted to do or not.

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

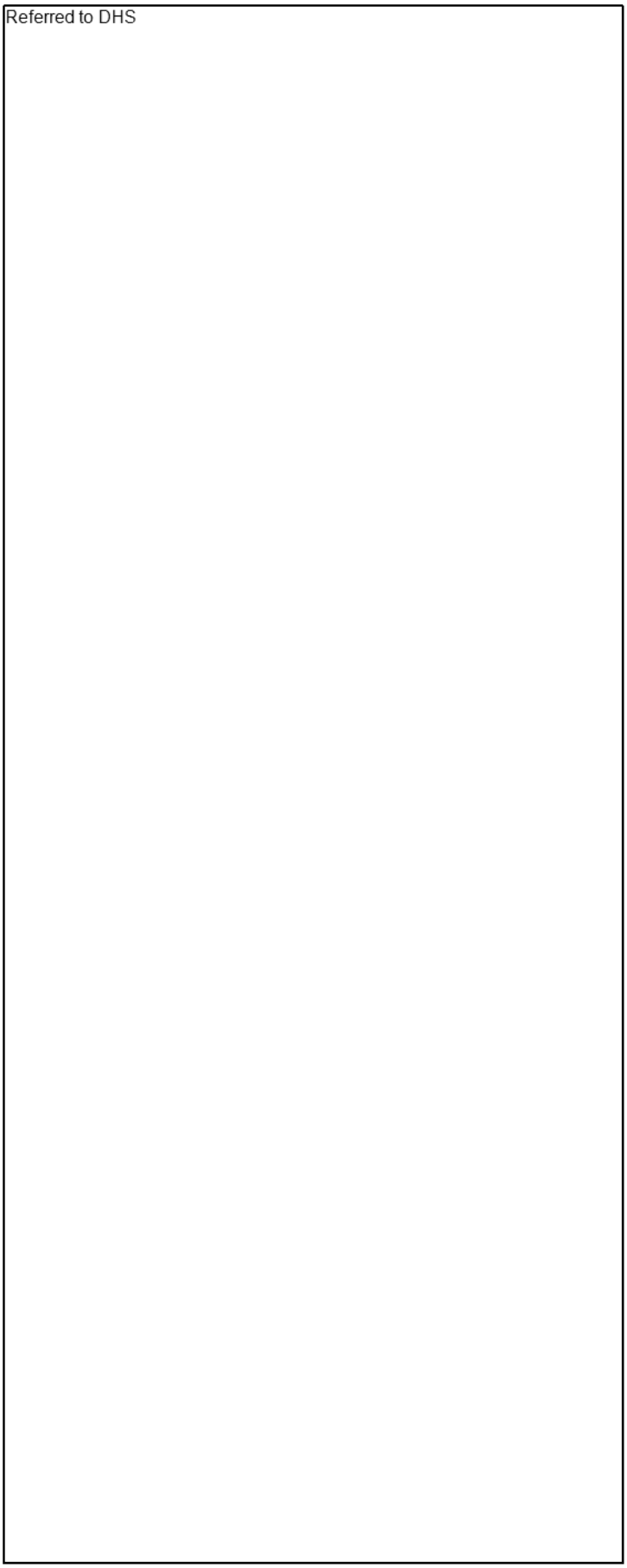
Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

Referred to DHS

003672



003673

Referred to DHS

Referred to DHS

Referred to DHS

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

Sent: Thursday, July 28, 2016 4:14 PM

To: PHO, Juv Placement; LaGrow, Debra (ACF)

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Good afternoon,

The Dream Center was not contacted for assistance. We have requested the assistance of The Florence Project for assistance with possible housing. The attorney

has requested for an ICE Officer to contact him directly. The FIRRP Attorney is Larry Sandigo, Larry can be reached at (602) 274-0152.

Thank you,

Cecilia Medrano, ALCM

Southwest Key Programs

Hacienda del Sol

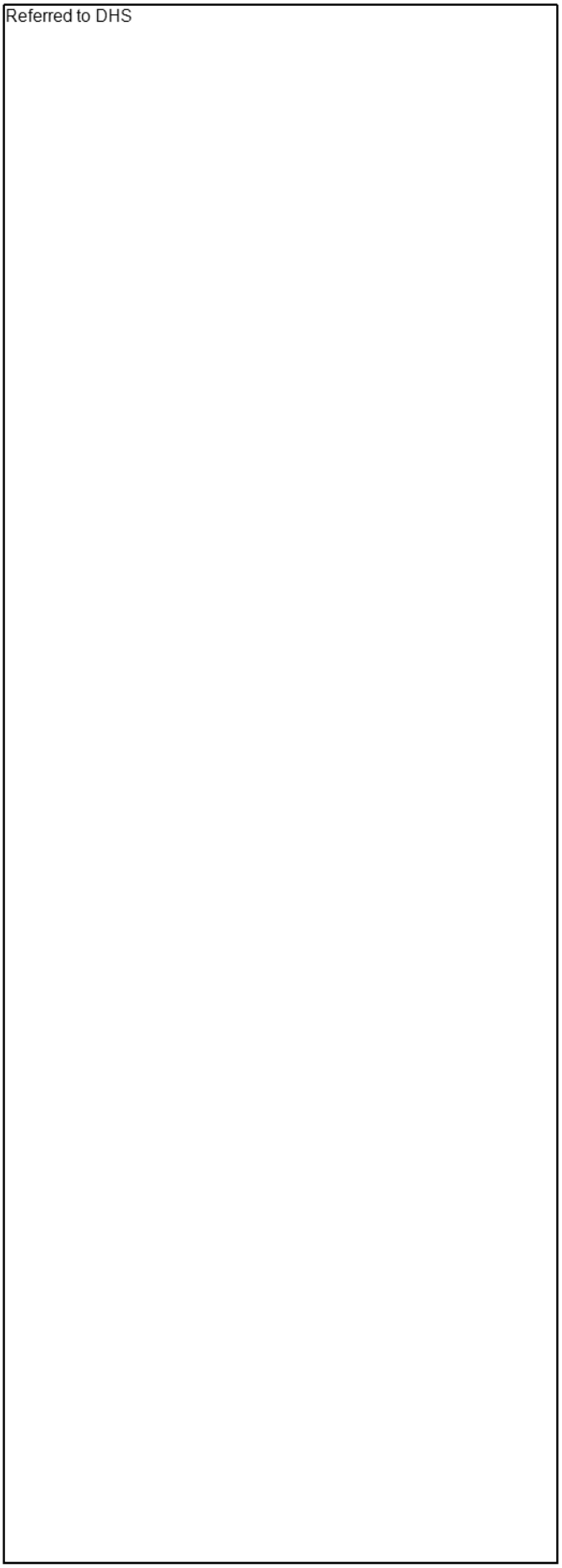
P:

623-565-5701 ext. (b)(6)

Referred to DHS

Referred to DHS

003679



From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Thursday, July 28, 2016 3:19 PM

To: PHO, Juv Placement; Phoenix, Juvenile

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

Subject: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

---

Hello Officers,

This individual is at SWK Sol.

Please note she is (b)(6) **days pregnant.** Per the case manager, she is not supposed to travel.

She is also scheduled for

immigration court on 7/29/16 as she was planning to request Voluntary Departure for a juvenile.

She disclosed she borrowed her cousins' birth certificate and her mother admitted to all of this too. She reported her real identity and DOB that was

verified with the consulate and makes her an adult.

On the ORR memo is a contact name and phone number for a (b)(6) who could not meet ORR release requirements. He is in (b)(6) She has nobody else

in the U.S.

The program will need to respond to any other questions you may have. Please make arrangements.

Thank you,

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

--

Larry Levi Sándigo, Esq.

Pro Bono

Florence Immigrant &Refugee Rights Project

Telephone: (602) 274-0152

Fax : (602) 340-0596

E-mail:
lsandigo@firrp.org

www.firrp.org

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prohibited.

--

Larry Levi Sándigo, Esq.

Pro Bono

Florence Immigrant &Refugee Rights Project

Telephone: (602) 274-0152

Fax : (602) 340-0596

E-mail: _

lsandigo@firrp.org

www.firrp.org

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FLORENCE
IMMIGRANT
& REFUGEE
RIGHTS PROJECT

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Sender:	Larry Levi Sandigo <lsandigo@firrp.org>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Cecilia Medrano <cecilia.medrano@swkey.org>"; "Rafael Quintero <rquintero@swkey.org>";

	(b)(6) @swkey.org>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/29 15:15:24
Delivered Date:	2016/07/29 15:16:05

From:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
To:	"Juvenile.Phoenix@ice.dhs.gov"; "Juvplacement@ice.dhs.gov"
CC:	"Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: ADULT - Age redetermination at Southwest Key Hacienda del Sol - (b)(6) AKA (b)(6) (b)(6) (b)(A# (b)(6)
Date:	2016/01/11 12:16:25
Priority:	Normal
Type:	Note

Thanks. I sent it to the same email addresses that I just sent it to now. I assume it was an oversight. Thank you for moving quickly on this.

Heidi Staples, FFS

Referred to DHS

Referred to DHS

From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]
Sent: Monday, January 11, 2016 9:53 AM
To: Casciato, Todd; Phoenix, Juvenile; Juvplacement@ice.dhs.gov
Cc: Centeno, Raquel (ACF) (CTR); Velazquez, Ivonne (ACF)
Subject: FW: ADULT - Age redetermination at Southwest Key Hacienda del Sol - (b)(6) AKA (b)(6) (b)(6) (b)(6) A# (b)(6)
Importance: High

It appears that this UC is still in the facility? This notification was sent Friday morning about this admitted adult. Please advise.
Thank you.

Heidi Staples, FFS
(b)(6)

From: Staples, Heidi (ACF)
Sent: Friday, January 08, 2016 10:45 AM
To: (b)(6);(b)(7)(F) @ice.dhs.gov); Casciato, Todd; Phoenix, Juvenile; Phoenix, Juvenile
Cc: Centeno, Raquel (ACF) (CTR)
Subject: ADULT - Age redetermination at Southwest Key Hacienda del Sol

Please review the attached memo and documentation of this adult at Southwest Key Hacienda del Sol.

Heidi Staples, FFS
ORR/DCS
(b)(6)

From: Velazquez, Ivonne (ACF)
Sent: Friday, January 08, 2016 10:38 AM
To: Staples, Heidi (ACF)
Subject: FW: ADULT - Age redetermination at Southwest Key Hacienda del Sol
Importance: High

Heidi

Please move forward in contacting ICE to transfer this individual to ICE Custody,

Thanks Ivonne
Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Inf\'f3rmese acerca del mercado de seguros m\'e9dicos y sus nuevas opciones de cobertura.

From: Staples, Heidi (ACF)
Sent: Friday, January 08, 2016 11:30 AM
To: Velazquez, Ivonne (ACF)
Subject: ADULT - Age redetermination at Southwest Key Hacienda del Sol
Importance: High

Please review the attached memo and documentation of this adult at Southwest Key Hacienda del Sol.

Heidi Staples, FFS
ORR/DCS
(b)(6)

Sender:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
Recipient:	"Juvenile.Phoenix@ice.dhs.gov"; "Juvplacement@ice.dhs.gov"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/01/11 12:16:21
Delivered Date:	2016/01/11 12:16:25

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6 (b)(6) (b)(6) (b)(6) (b)(SWK CASA PHOENIX
Date:	2017/03/30 11:51:10
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with true name (b)(6) (b)(6) (b)(6) (b)(6) DOB (b)(6) /1992.

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2017/03/30 11:51:05
Delivered Date:	2017/03/30 11:51:10

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

Memo of Age Determination
March 30, 2017

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

Through: SWK Casa Phoenix

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

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

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on February 6, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) (b)(6) knowingly misreporting his name and date of birth different from what he and his family have now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

While in ORR care he was transferred twice before arriving to SWKEY Casa Phoenix; he was initially placed at Homestead on December 4, 2016 and transferred to Ft. Bliss on December 16, 2016. Upon initial assessment and interview conducted by assigned Case Manager (b)(6) at SWK Casa Phoenix and while reviewing Mr. (b)(6) (b)(6) file it became apparent to the assigned Case Manager that Mr. (b)(6) (b)(6) could be overage. Case Manager proceeded to send the birth certificate that Mr. (b)(6) (b)(6) family provided on his behalf to the Dallas Honduras Consulate for verification.

On March 1, 2017 ORR received a copy of the verified formal document from the Dallas Honduras Consulate confirming that birth certificate provided for Mr. (b)(6) (b)(6) was a verified birth certificate with name (b)(6) (b)(6) (b)(6) and date of birth (b)(6) 1999. Additionally, the Dallas Honduras consulate provided a family tree for (b)(6) (b)(6) (b)(6) and a Honduras Identification for an older sibling, (b)(6) (b)(6) (b)(6) with date of birth (b)(6) 1987. Photograph on Identification did not match (b)(6) (b)(6) (b)(6)

Case Manager then proceeded to interview Mr. (b)(6) (b)(6) (b)(6) and asked Mr. (b)(6) (b)(6) to identify the person in the photograph on the Identification provided for Mr. (b)(6) (b)(6) (b)(6) Mr. (b)(6) (b)(6) was unable to identify the person in the photograph, who was the verified legal brother of (b)(6) (b)(6) (b)(6)

Thus, on March 8, 2017 Mr. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine his chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached his 18th birthday as a percentage is 80.85%**".

Case Manager then proceeded to contact and interview Mr. (b)(6) (b)(6) (b)(6) father, (b)(6) (b)(6) (b)(6) regarding the true identity of Mr. (b)(6) (b)(6) (b)(6) After further interviewing Mr. (b)(6) (b)(6) (b)(6) and his alleged family in Honduras, Case Manager was able to receive further clarification that individual in ORR care was using a document that belonged to another individual.

003702
Mr. (b)(6) (b)(6) real name is (b)(6) (b)(6) (b)(6) (b)(6) **and he was born on** (b)(6) **1992**. Mr. (b)(6) (b)(6) (b)(6) in Honduras also admitted his true identity to be (b)(6) (b)(6) (b)(6) brother of Mr. (b)(6) (b)(6) (b)(6) (b)(6) Mr (b)(6) (b)(6) (b)(6) admitted that they had been using the identity of his partner's brother, (b)(6) (b)(6) (b)(6)

On March 29, 2017 Mr. (b)(6) (b)(6) (b)(6) provided a copy of his brother, Mr. (b)(6) (b)(6) (b)(6) (b)(6) birth certificate with his correct name (b)(6) (b)(6) (b)(6) (b)(6) and date of birth of (b)(6) **1992**.

Case Manager then provided an opportunity to the individual in ORR care to explain the new acquired information and he acknowledged to be (b)(6) (b)(6) (b)(6) (b)(6) and not (b)(6) (b)(6) (b)(6) and confirmed that the new information provided by his brother is correct and provided a self-statement confirming his true identity.

The Division of Children's Services' Federal Field Specialist (DUCO FFS) received and reviewed the information gathered and agrees that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is an adult with a date of birth (b)(6) **1992**. Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- BC (b)(6) (b)(6) (b)(6)
- BC (b)(6) (b)(6) (b)(6) (b)(6)
- Photograph
- TB Clearance
- Immunizations
- Self-statement

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 25 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

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

003703

Dr. Peter Arvanitis Family Dentistry

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

Date: 03/08/2017 **Case #:** (b)(6)
First Name: (b)(6) **Last Name:** (b)(6) (b)(6)
Sex: Male **Ancestry:** American Hispanic
Reported DOB: (b)(6) /1999
Reported Age: 17
Case Agency: Office of Refugee Resettlement
Location: Phoenix
Odontologist: Peter Arvanitis DDS PC
Radiologist: Peter Arvanitis DDS PC

(b)(6)

Maxillary

Right		Left
H	H	
H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) (b)(6) (b)(6) is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)(6) (b)(6) (b)(6) (b)(6) having attained 18 years of age is 80.85.

Respectfully Submitted,
Peter Arvanitis DDS PC

003704

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

Nº (b)(6)

(b)(6)

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

Numero de Identidad

del Año 1992 y que pertenece a:

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

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

c) (b)(6) (b)(6) *Nombre*

SEXO F ☐ M ☒

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) (b)(6) Municipio

b) *SANTA BÁRBARA* Departamento

c) *HONDURAS* País

d) (b)(6) Día

e) (b)(6) Mes

f) *1992* Año

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

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

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

c) (b)(6) *Nombre*

d) *HONDUREÑA* Nacionalidad

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

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

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

c) (b)(6) *Nombre*

d) *HONDUREÑA* Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en *SAN PEDRO ZACAPA* Municipio *SANTA BÁRBARA* Departamento

a los: *VEINTINUEVE* días del mes de *MARZO*

del DOS MIL *DIECISIETE*

(b)(6)

FIRMA Y SELLO DEL REGISTRADOR CIVIL

003705

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

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

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

del año y que pertenece a:

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

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

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

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

d) ***UN*** **e)** ***OCTUBRE*** **f)** ***1999***
dìa *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

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

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

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

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

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

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

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

del dos mil ***DIECISIETE***

(b)(6)

C0801197303448
172.20.1.1

firma y sello del registrador civil municipal

RbmvCl3HAjR5aCf1@\Q0x5gs+fmdnqNS@vE+EzcKD7uy@wpU@ hB8PaK@SNhos0@xu3/@BpPlt/\SXHNCj/W\xYI5tb@fmQ@qr1Gv\0hzhS\7Ak5wNEf 16sPF[@SZ5esa@pu+0@BytblV/Yjhl2C4/o\4xu5$X

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

HOJA DE FAMILIA

No. Identidad: (b)(6)

	IDENTIDAD	NOMBRE	PARIENTE
Seleccionar	(b)(6)		ABUELA MATERNA
Seleccionar			ABUELO MATERNO
Seleccionar			ABUELA PATERNA
Seleccionar			ABUELO PATERNO
Seleccionar			MADRE
Seleccionar			PADRE
Seleccionar			PRINCIPAL
Seleccionar			HERMANO(A)
Seleccionar			HERMANO(A)
Seleccionar			HERMANO(A)
Seleccionar			SOBRINO(A) (b)(6)
Seleccionar			SOBRINO(A) (b)(6)

003707

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: (b)(6)

Nombre identificación: (b)(6) / (b)(6) (b)(6)

Nombre Registro Civil: (b)(6) / (b)(6) (b)(6)

Sexo: MASCULINO

Fecha nacimiento: (b)(6) 1987

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud (b)(6)

(b)(6)

(b)(6) 003708

(b)(6)

003709

oxford
DIAGNOSTIC LABORATORIES®

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

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /2000
Collection Date/Time: 12/06/2016 9:30AM EST

Provider: Mignogna, Joseph J., MD
Location: Comprehensive Health Services, Inc.
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 12/07/2016 12:00PM EST
Approval Date/Time: 12/08/2016 3:56PM EST

T-SPOT.TB

T-SPOT.TB	Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4. This includes values less than zero.
Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (http://www.cdc.gov/tb/publications/guidelines/default.htm) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

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

12/9/16
(b)(6)

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

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

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

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

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

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

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

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

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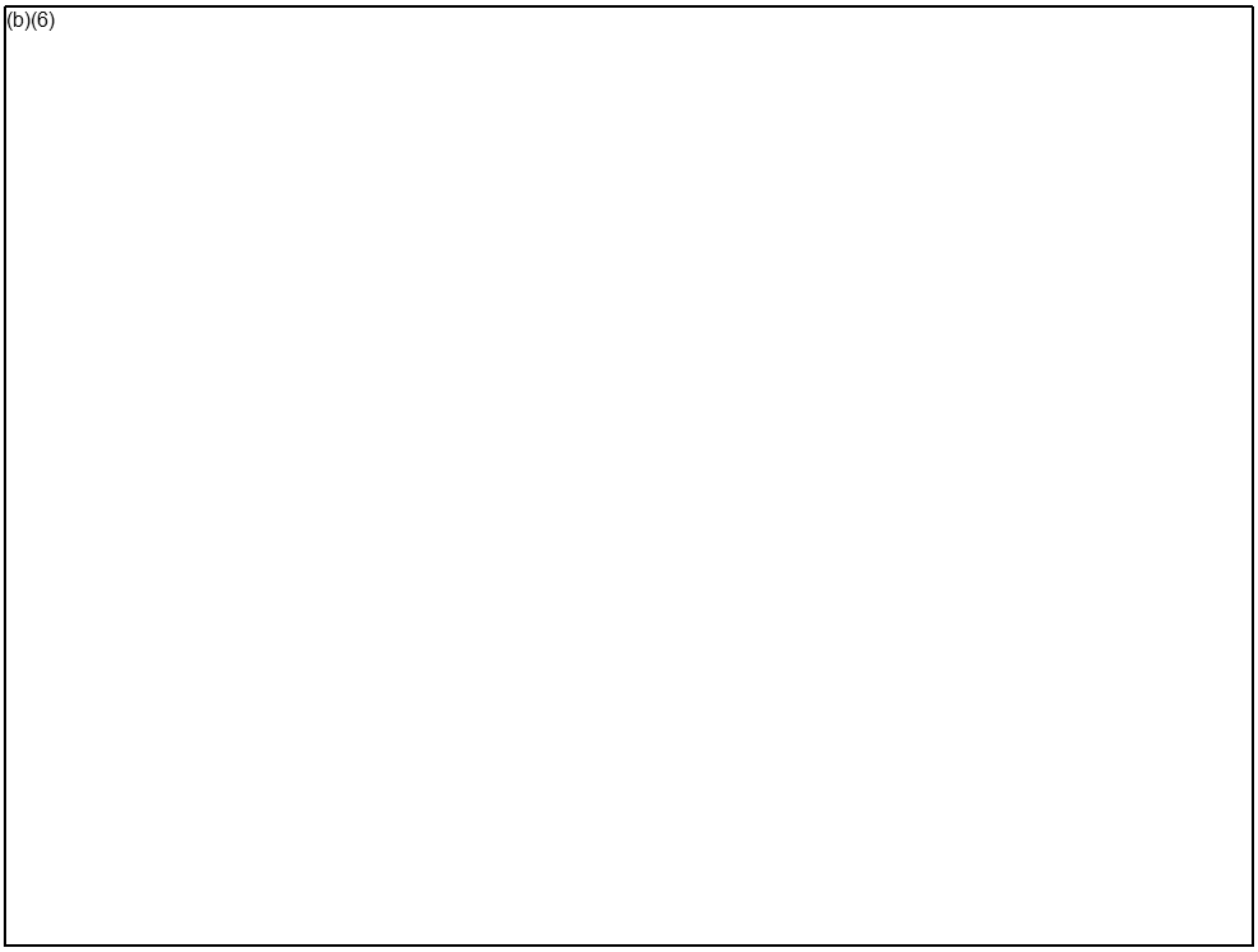
(b)(6)

From:	Larry Levi Sandigo <lsandigo@firrp.org>
To:	"(b)(6) @swkey.org>"
CC:	(b)(6) @swkey.org>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Subject:	Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6 (b)(6 (b)(AKA (b)((b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol
Date:	2016/07/29 15:00:05
Priority:	Normal
Type:	Note

If she can't fly, then Greyhound is the only way for her to travel. I'm not sure what other options are available to him. ICE would be able to tell us when they could have her at the bus station to have an exact date and time.

On Friday, July 29, 2016, Cecilia Medrano <(b)(6) @swkey.org>wrote:

Hello Larry,

In regards to the bus ticket for the client, her 'Godfather' has been unable to purchase an open ticket as they are not offering them to him at his nearest locations in Florida. Open tickets can only be purchased at full-serviced stations, but there are

exclusions. It appears his nearest location is excluded. He may possibly be allowed to purchase a ticket if given an exact date and time for her travel to FL.

We ask that you follow-up with the contact for further options that may be available to him.

Thank you,

(b)(6)

ALCM

Southwest Key Programs

Hacienda del Sol

P:

623-565-5701 ext. (b)(6)

From: (b)(6)

Sent: Friday, July 29, 2016 11:03:08 AM

To: (b)(6); Larry Levi Sandigo; PHO, Juv Placement

Cc: Griselda Neri; LaGrow, Debra (ACF); Centeno, Raquel (ACF) (CTR); Ivonne Velazquez; (b)(6)

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6 AKA Icela (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Good morning,

After an interval review with our PD, we unfortunately cannot provide a COV for the client. We cannot provide a COV for an age re-determination client, we can only complete a COV for a client who is being reunified after an approval from ORR as usual. We

kindly ask that a COV be completed once the client has been transferred to ICE custody.

Thank you,

(b)(6)

ALCM

Southwest Key Programs

Hacienda del Sol

P:

623-565-5701 ext.(b)(6)

From: (b)(6)

Sent: Friday, July 29, 2016 10:10:20 AM

To: Larry Levi Sandigo; PHO, Juv Placement

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hi Larry,

We are working on the COV. We will send it to Mr.(b)(6);(b)(

Thank you,

(b)(6)

Lead Case Manager

SWK-Hacienda del Sol

Email (b)(6) @swkey.org

(623)565-5701 Ext (b)(6)

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review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please destroy all copies of the original message.)

From: Larry Levi Sandigo <lsandigo@firrp.org>

Sent: Friday, July 29, 2016 12:09 PM

To: PHO, Juv Placement

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Rafael,

Can the shelter do the COV? We normally don't do them for situations like these.

Referred to DHS

003718

Referred to DHS

Referred to DHS

From: Larry Levi Sandigo [mailto:lsandigo@firrp.org]

Sent: Friday, July 29, 2016 9:43 AM

To: PHO, Juv Placement

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

I believe the shelter is working on getting the address as we speak. Court update: the judge granted her a continuance until September 9, 2016. Will ICE or the shelter be filing the change of venue?

Referred to DHS

Referred to DHS

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

Sent: Friday, July 29, 2016 9:10 AM

To: Larry Levi Sandigo

Cc: (b)(6) ; LaGrow, Debra (ACF); PHO, Juv Placement; (b)(6) Centeno, Raquel (ACF) (CTR); Ivonne Velazquez; (b)(6)

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA Icela (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hi Larry,

We were able to contact client 's godfather in FL and he is going to buy an open bus ticket for client in case that she is released. His correct phone number is

(b)(6)

Thank you.

Sent from my iPhone

On Jul 29, 2016, at 7:46 AM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi Rafael,

Thank you for everything you and your team are doing. I'd like to speak to her on the phone. Can you arrange for a private room so she and I can chat? The sooner the better. I'm here at my desk so let me know what time you can make her available.

Best,

Larry

On Thu, Jul 28, 2016 at 9:33 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Thank you. I'm not saying that's what we are advocating for, I just want to know if it is an option if needed.

On Thursday, July 28, 2016, (b)(6) (b)(6) @swkey.org>wrote:

Hi Larry,

We will contact the godfather. I'll keep everyone posted.

Thank you

Sent from my iPhone

On Jul 28, 2016, at 9:18 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6)

Thank you. Is she allowed to call him? If ICE approves and it comes down to it , can the shelter reach out to him to buy a bus ticket?

On Thursday, July 28, 2016, (b)(6) (b)(6) @swkey.org>wrote:

Hi Larry,

Client (b)(6) (b)(6) made her phone call with family in COO. Client stated that she wants to stay here in US and go to Florida with (b)(6) (her godfather) and she provided two phone numbers for him: (b)((b)(6).

Hope this information can help.

Thank you

Sent from my iPhone

On Jul 28, 2016, at 8:01 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6)

Thank you for the update. Can you please arrange for her to speak to her family in COO tonight so she can discuss with them what she wants to do/where she wants to go? Also, is there any contact information for friends/family here in the United States?

I can speak with her tomorrow morning to see where she feels comfortable going and include that as part of our advocacy, but she will likely want to speak to her family first and that's why I'm asking if she can call them tonight.

Thank you.

Larry

On Thu, Jul 28, 2016 at 7:52 PM, (b)(6) <(b)(6)@swkey.org>wrote:

Hi Everyone:

SWK won't be able to Take the client (b)(6) (b)(6) to her court hearing tomorrow morning . Reason being we provide services to minors including transportation and limit us to transport adults even though they were admitted in our care as

a minor.

Thank you all!

(b)(6)

Sent from my iPhone

On Jul 28, 2016, at 7:33 PM, LaGrow, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>wrote:

> Hello,
>
> I reviewed her case in the ORR records available to me. She was actually at another program when the decisions were initially made on her case under another
>
> FFS' assignment.

She arrived into care in January. She found out she was pregnant and stated she no longer wanted to go to the sponsor who was an unrelated male (godfather

was reportedly the relationship but this was never confirmed by any baptismal certificates). She wanted voluntary departure to be with her mother and for her mother to be with her with the baby.

Her NTA was requested January 26, 2016.

The sponsor was not pursued due to this. This case was originally at another shelter and I was not the FFS assisting in any final decisions. However, this

was the direction in this case for the past 7 months pending court.

I am unsure as to the ability of SWK Sol to transport her to court since she

is determined to be an adult. I do not know if they are able to do this with

their contract/licensure. I am hopeful FIRRP can represent this information to the immigration court tomorrow and SWK Sol can inform what they are truly permitted to do or not.

Debra LaGrow, BSW, MPA

Federal Field Specialist

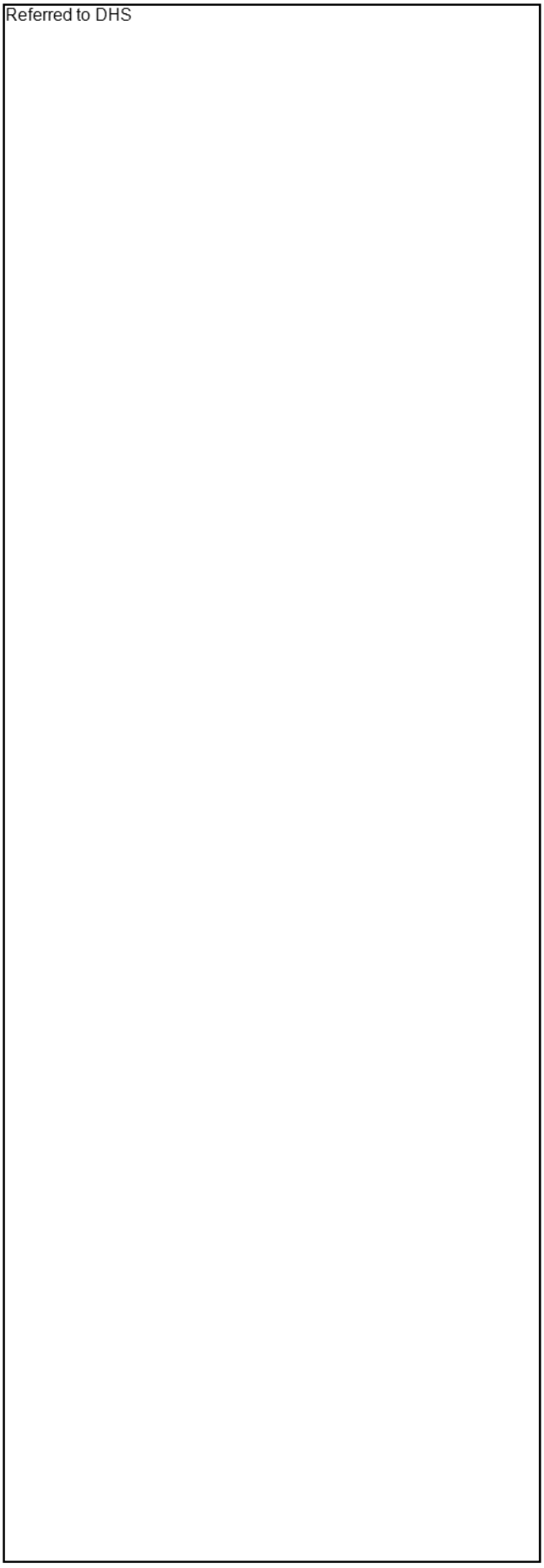
Division of Children's Services

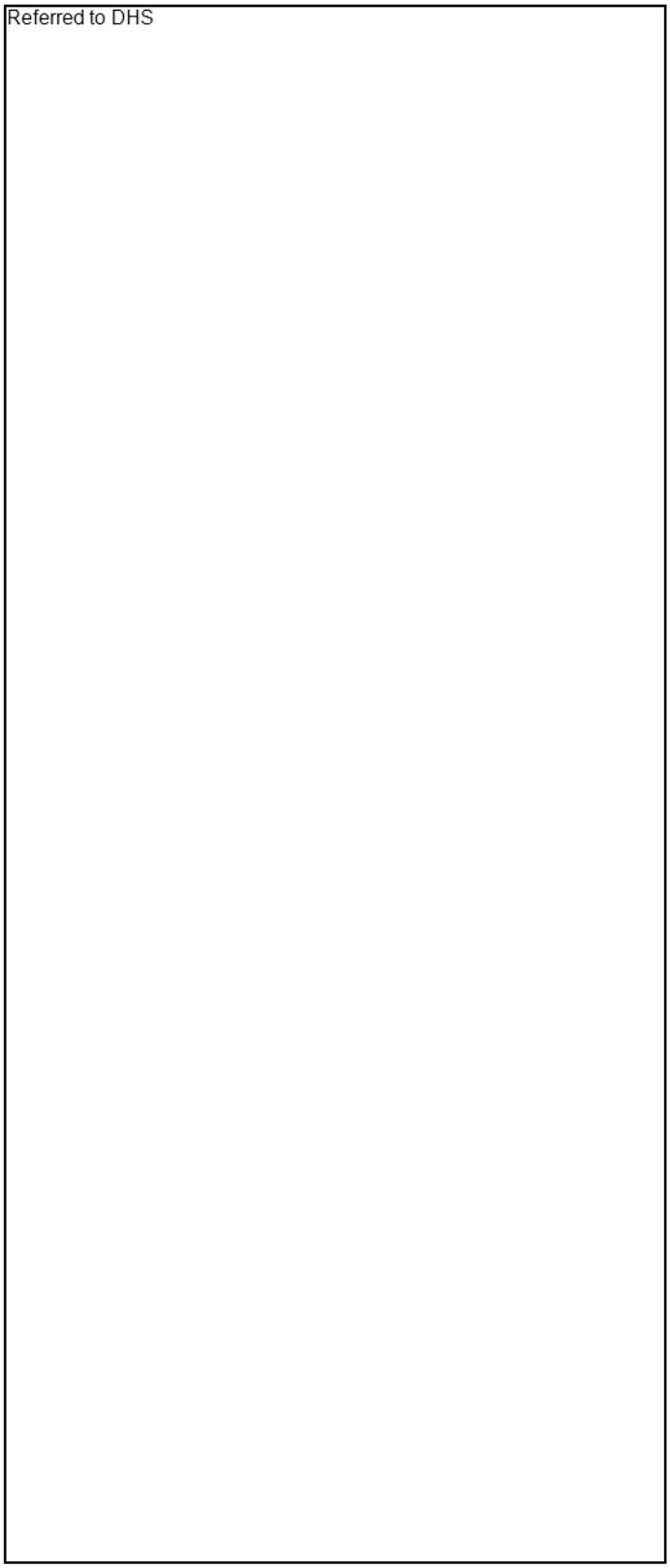
Office of Refugee Resettlement

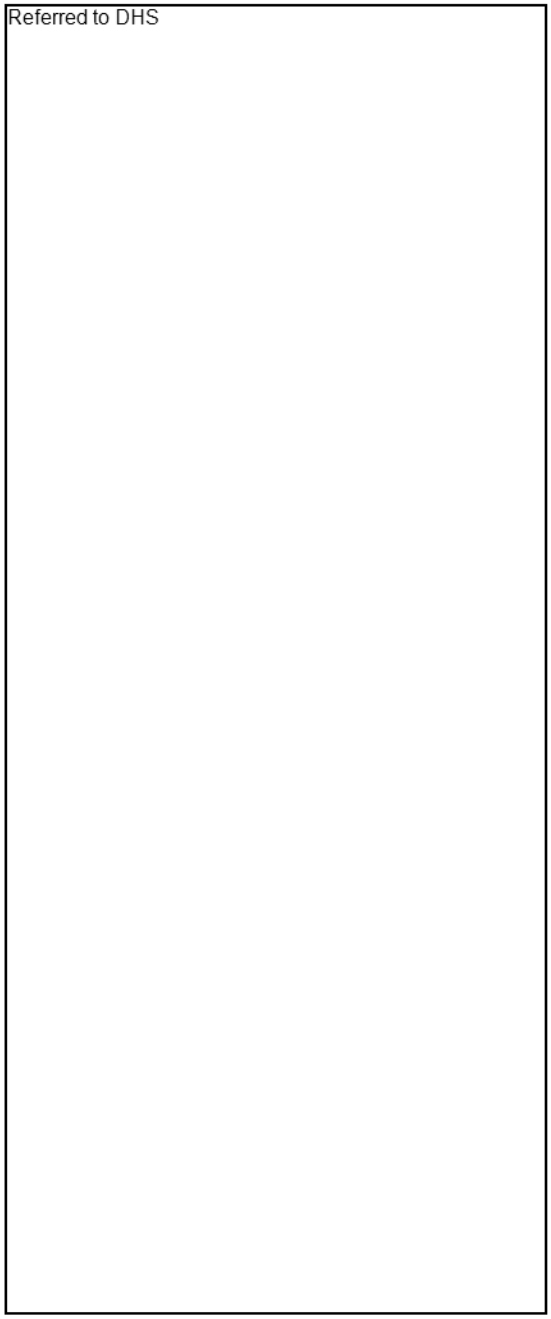
(b)(6)

Debra.LaGrow@acf.hhs.gov

003734




Referred to DHS


Referred to DHS

Referred to DHS

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

Sent: Thursday, July 28, 2016 4:14 PM

To: PHO, Juv Placement; LaGrow, Debra (ACF)

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Good afternoon,

The Dream Center was not contacted for assistance. We have requested the assistance of The Florence Project for assistance with possible housing. The

attorney has requested for an ICE Officer to contact him directly. The FIRRP Attorney is Larry Sandigo, Larry can be reached at (602) 274-0152.

Thank you,

(b)(6)

Southwest Key Programs

Hacienda del Sol

P:

623-565-5701 ext. (b)(6)

Referred to DHS

Respectfully,

Referred to DHS

Referred to DHS

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Thursday, July 28, 2016 3:19 PM

To: PHO, Juv Placement; Phoenix, Juvenile

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

Subject: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA Icela (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hello Officers,

This individual is at SWK Sol.

Please note she is (b)(6) (b)(6) **pregnant.** Per the case manager, she is not supposed to travel.

She is also scheduled for

immigration court on 7/29/16 as she was planning to request Voluntary Departure for a juvenile.

She disclosed she borrowed her cousins' birth certificate and her

mother admitted to all of this too. She reported her real identity and DOB that

was verified with the consulate and makes her an adult.

On the ORR memo is a contact name and phone number for a godfather who could not meet ORR release requirements. He is in Florida. She has nobody

else in the U.S.

The program will need to respond to any other questions you may have. Please make arrangements.

Thank you,

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

--

Larry Levi Sándigo, Esq.

Pro Bono

Florence Immigrant &Refugee Rights Project

Telephone: (602) 274-0152

Fax : (602) 340-0596

E-mail:

lsandigo@firrp.org

www.firrp.org

FLORENCE
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& REFUGEE
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Sender:	Larry Levi Sandigo <lsandigo@firrp.org>
Recipient:	(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/29 14:59:41
Delivered Date:	2016/07/29 15:00:05

From:	(b)(6) @swkey.org>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Subject:	Re: ADULT AGE REDETERMINATION (b)((b)((b)(6) (b)((b)(6) CASA PHOENIX
Date:	2016/12/03 15:32:28
Priority:	Normal
Type:	Note

Hello,

Sorry for the inconvenience, I have fixed the A# in the memo for minor in the subject line and have attached it to this email.

Thank You,

(b)(6)

Case Manager

SWK-Casa Phoenix

Phone: 602-396-7040 EXT. (b)(6)

Fax: 602-801-3465

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

Referred to DHS

Referred to DHS

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

Sent: Friday, December 02, 2016 4:06 PM

To: Phoenix, Juvenile; PHO, Juv Placement

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

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

Importance: High

Good afternoon,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct
DOB (b)(6) /1997. She is medically cleared.

Contact information for transfer arrangements:

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

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	(b)(6) @swkey.org>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Sent Date:	2016/12/03 15:31:53
Delivered Date:	2016/12/03 15:32:28

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

Memo of Age Determination
December 2, 2016

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

Through: SWK CASA PHOENIX

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

SUBJECT: Age Re-Determination of an Adult

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

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

Following placement in ORR care Mrs. (b) (b) (b)(6 (b)(6) was interviewed by assigned Case Manager (b)(6) who on November 28, 2016 verified the birth certificate, which Mrs. (b) (b) (b)(6 (b)(6) mother faxed to case manager from home country, with the Guatemalan Consulate. The verification of the document revealed that the correct date of birth is (b)(6), **1997**.

Case Manager provided an opportunity for Ms. (b) (b) (b)(6 (b)(6) to explain the discrepancy between the birth certificate she provided and the Consulate Verification results and Ms. (b) (b) (b)(6 (b)(6) stated that she never knew her date of birth until about 6 months prior to coming to the United States and she was told by her mother that her date of birth was (b)(6), 1999.

Case manager spoke to mother in home country who stated that she paid 1,300 quetzals for the altered document a week before her daughter was on her way to the United States. She stated she did not know the person's name who altered it but this occurred in her village. She stated it was suggested by the smuggler to change the minor's age, since it was a safer and faster process for her to be reunified in case she was apprehended. She states she did not know the smuggler's name.

The Division of Children's Services Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Mr. (b)((b) (b) (b)(6 (b)(6) and FFS agrees that the individual in question is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Consular Verification of BC
- Photograph
- TB clearance
- Immunizations

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

Respectfully,

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

Approved by:

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

003765

Referred to DHS

003766

Referred to DHS

Referred to DHS

From: Mortuiccio, Beth E (ACF) [mailto:beth.mortuiccio@acf.hhs.gov]

Sent: Friday, June 24, 2016 6:27 AM

To: Mortuiccio, Beth E (ACF); Velazquez, Ivonne (ACF); PHO, Juv Placement; Harristhal, Jeremy; (b)(6);(b)(7)(F)

Cc: (b)(6) s@swkey.org); (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); Buriel, Celestina (ACF) (CTR)

Subject: Age Redetermination (b)(6)

Good morning,

Attached are the RENAP of (b)(6), the Age Redetermination Memo and the dental forensics completed on 6-23-16. The dental forensics show that there is a 75% probability that this individual is an adult. This individual

needs to be picked up by one of your officers as soon as possible. The point of contact for SWK Campbell is (b)(6). Could one of your officers contact Ms. (b)(6) to notify her when your officer will be picking up this individual?

Thank you,

Beth Mortuiccio

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Referred to DHS

003769

Referred to DHS

Referred to DHS

From: Calero, Wilfred (ACF) <Wilfred.Calero@acf.hhs.gov>

Date: Friday, Mar 02, 2018, 8:40 PM

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

Cc: (b)(6) @swkey.org>, (b)(6) @swkey.org>, (b)(6) <(b)(6) @swkey.org>, (b)(6);(b)((b)(6);(b)(7)(F) @ice.dhs.gov>, Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>

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

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

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

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

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

Thanks for your attention on this matter.

Will Calero

Referred to DHS

Referred to DHS

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

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

To: PHO, Juv Placement

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

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

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

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

003773

Referred to DHS

Referred to DHS

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

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

To: PHO, Juv Placement

Cc: (b)(6)

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

Please see attached.

Wilfred Calero

Federal Field Specialist

US Dept of Health &Human Services

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

(b)(6)

(b)(6)

wilfred.calero@acf.hhs.gov

003776

Referred to DHS

Referred to DHS

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

Sent: Friday, May 06, 2016 1:55 PM

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

Cc: Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF); PHO, Juv Placement

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

Oh shoot sorry I forgot to attach it! here you go

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

(b)(6)

"Vision is seeing the opportunity within the challenge."

Referred to DHS

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

Sent: Friday, May 06, 2016 1:34 PM

To: PHO, Juv Placement; Phoenix, Juvenile; Juvplacement@ice.dhs.gov; juvenile.phoenix@dhs.gov

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

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

Importance: High

Please advise when you are able to transport this ADULT at CASA LIGHTHOUSE facility.

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

(b)(6)

"Vision is seeing the opportunity within the challenge."

Referred to DHS

003782

From:	(b)(6) @swkey.org>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	Re: Age Redetermination for (b)(6) (b) ((b)(6 (b)(6)
Date:	2016/06/29 18:27:09
Priority:	Normal
Type:	Note

Good Afternoon,

Per your request this client does not have any viable support within the community.

Thank you,

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

Southwest Key Programs-
Casa Campbell 928

Office: (602)
841-1038 Ext: (b)(6)

Fax: (602) 650-0564

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

Referred to DHS

003785

Referred to DHS

Referred to DHS

From: Mortuiccio, Beth E (ACF) [mailto:beth.mortuiccio@acf.hhs.gov]

Sent: Wednesday, June 29, 2016 2:30 PM

To: Mortuiccio, Beth E (ACF); Velazquez, Ivonne (ACF); PHO, Juv Placement; Moore, Robert L

Cc: (b)(6) @swkey.org); (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) @swkey.org); Buriel, Celestina (ACF) (CTR)

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

Good afternoon,

Attached is the verified RENAP and Age Redetermination Memo for this individual. The point of contact at SWK Campbell is (b)(6). Could one of your officers please contact Ms. (b)(6) to notify her when your officer would be coming to pick up this individual?

Thank you,

Beth Mortuiccio

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

202-689-4243

Sender:	(b)(6) @swkey.org>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/06/29 18:26:52
Delivered Date:	2016/06/29 18:27:09

003789

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-08-02

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: Nicolás

Segundo Apellido: (b)(6)

Apellido Casada:

CUI: (b)(6)

ID Partida: (b)(6)

Sexo: MASCULINO

Fecha de Nacimiento: (b)(6) /1995

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

Libro: (b)(6)

Folio: (b)(6)

Partida: (b)(6)

Estado civil: (b)(6)

Teléfono casa:

Teléfono celular: (b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción: (b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia: ESTADOS UNIDOS DE AMÉRICA | ARIZONA | PHOENIX

Entrega de documento (Courier/consulado): CONSULADO: PHOENIX, ARIZONA

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

Firma titular

Firma cónsul u operador

FW: Verificación de Acta de Nacimiento: (b)(6) (b)(6)

Hernandez Martinez, Dora (ACF) (CTR) <Dora.HernandezMartinez@acf.hhs.gov>

Fri 6/10/2016 12:07 PM

To:Sanchez, Alex (ACF) <Alex.Sanchez@ACF.hhs.gov>; Patricia Toscano <patricia.toscano@acf.hhs.gov>; (b)(6) (b)(6) @swkey.org>;

Cc (b)(6) s@swkey.org>; (b)(6) @swkey.org>; (b)(6) (b)(6) @swkey.org> (b)(6) @swkey.org>;

2 attachments (383 KB)

(b)(6)

Good afternoon,

Please find attached RENAP document for UC (b)(6) (b)(6) *I have also asked the consulate assistance with obtaining the actual BC for the UC in question. Once I receive it I will send it your way.*

Thank you,

Dora Hernandez Martinez
Contract Field Specialist (CTR)
U.S. Department of Health & Human Services
Division of Children Services
Office of Refugee Resettlement
Northern California Area
Mobile # (b)(6)
Dora.HernandezMartinez@acf.hhs.gov

From: CONSULADO GUATEMALA PHOENIX [mailto:consguateazuac@gmail.com]
Sent: Friday, June 10, 2016 11:59 AM
To: Hernandez Martinez, Dora (ACF) (CTR)
Subject: Fwd: Verificación de Acta de Nacimiento: (b)((b)(6)

Estimada señora Hernandez,

Adjunto la copia de la constancia de verificación

Gracias

Respetuosamente,

(b)(6)

003791

Asistente en documentación consular
Consulado General de Guatemala
Phoenix, arizona

---------- Forwarded message ----------
From: **CONSULADO GUATEMALA PHOENIX** <consguateazuac@gmail.com>
Date: 2016-06-10 11:51 GMT-07:00
Subject: Re: Verificación de Acta de Nacimiento: (b)(6) (b)(6)
To: "Hernandez Martinez, Dora (ACF) (CTR)" <Dora.HernandezMartinez@acf.hhs.gov>

Buen dia Señora Hernandez,

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

ESTOS SON LOS DATOS CORRECTOS:

1. Datos coinciden con RENAP
(b)((b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) 1992
LdN: Guatemala (b)(6)
CdN: (b)(6)

* Adjunto copia de la constancia de verficación

NOTA: Disculpe una pregunta, aun necesita la copia del acta de nacimiento?? para solicitarla a la sede central o esta bien con la constancia de verificación?? le agradezco mucho si me puede indicar.

Atentamente,

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

2016-06-10 11:17 GMT-07:00 Hernandez Martinez, Dora (ACF) (CTR) <Dora.HernandezMartinez@acf.hhs.gov>:
Buenos Dais Señora Cónsul,

Espero que al recibir esta carta electrónica se encuentre bien. Mi colega Patricia Toscano pidió unos días de descanso y yo estoy asistiendo a sus programas. Comprendo que la información que tiene el programa no coinciden con RENAP. Quisiera saber si nos puede asistir en obtener una copia de la acta de nacimiento dela menor (b)(6) (b)(6)

Muchas gracias por su ayuda con esta situación.

Atentamente,
Dora Hernandez Martinez
Contract Field Specialist (CTR)
U.S. Department of Health & Human Services
Division of Children Services
Office of Refugee Resettlement
Northern California Area
Mobile # (b)(6)
Dora.HernandezMartinez@acf.hhs.gov

On Jun 9, 2016, at 4:47 PM, Toscano, Patricia (ACF) (CTR) <Patricia.Toscano@acf.hhs.gov> wrote:

Good Afternoon (b)(6),
I just received the bc verirfication. It appears UC's documents are not authentic. Please read email below. Please let me know if you have any further questions.
Patricia

From: CONSULADO GUATEMALA PHOENIX [mailto:consguateazuac@gmail.com]
Sent: Thursday, June 09, 2016 4:44 PM
To: Toscano, Patricia (ACF) (CTR)
Subject: Re: Verificacion de Acta de Nacimiento

Estimado señora Toscano

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

1. Datos NO coinciden con RENAP (No aparecen registros con los datos proporcionados)
(b)((b)(6) (b)(6)
Fecha de nacimiento: (b)(6) 1998
LdN: Guatemala, (b)(6)
CdN (b)(6)

NOTA: Se envio el acta a la sede Central para segunda Verificación

Atentamente,

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

On Wed, Jun 8, 2016 at 4:42 PM, Toscano, Patricia (ACF) (CTR) <Patricia.Toscano@acf.hhs.gov> wrote:
Buenas Tardes Sra. Wendy,

003793

Le mando este correo electronico para solicitar su asistencia con la verificacion de acta de nacimiento de la menor, (b)(6 (b)(6) quien esta bajo cuidado de ORR en el area de Phoenix, Arizona. Le agradesco en adelantado su asistencia.

Respetuosamente,
Patricia Toscano

Patricia Toscano, MFTI
Contract Field Specialist (CTR)
U.S. Department of Health & Human Services
Division of Children Services
Office of Refugee Resettlement
San Diego Area
Mobile # (b)(6)
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.

003794

RENAP

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-06-10

No. solicitud: 49103

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(		
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) 1992

Pais, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(6)	(b)(6)	(b)(6)

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

Pais, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

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

(b)(6)

Firma titular

Firma cónsul /operador

RENAP
Registro Nacional de las Personas

orrelativo: 10001034809062016

(b)(6)

VERIFICADOR: (b)(6)
ID

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Zacualpa, departamento de Quiche,

CERTIFICA

que con fecha dos de diciembre de mil novecientos noventa y ocho, en la partida 1033, folio 260 del libro 15, del Registro Civil del Municipio de CUBULCO, Departamento de BAJA VERAPAZ, quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

Cubulco, B.V.

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

Cubulco, B.V.

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio Cubulco, departamento de Baja Verapaz, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 07/02/2011, por lo que corresponde el Código Único de Identificación - CUI - 2188842571504

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

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Brenda Ester , Chóm Jimón
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 348
ZACUALPA,
QUICHE

Este certificado fue impreso en papel bond el día nueve de junio del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1616.

DE :LIBRERIA ELSAGRADO CORAZON N°DE TEL :77559005 9 JUN. 2016 12:53 P3

From:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"
Subject:	RE: Age Redetermination ADULT - (b)(6) (b)(6) (b)((b)(6)
Date:	2016/05/24 14:46:17
Priority:	Normal
Type:	Note

or if you want me to change the memo to say RENAP instead of BC, yes I can resend

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
(b)(6)

"Vision is seeing the opportunity within the challenge."

From: Staples, Heidi (ACF)
Sent: Tuesday, May 24, 2016 11:42 AM
To: 'PHO, Juv Placement'
Cc: Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)
Subject: RE: Age Redetermination ADULT - (b)(6) (b)(6) (b)(6) (b)(6)

The birth certificate has been altered. Do you want us to provide the incorrect/altered BC? The individual and family members are not cooperating in providing the true version of the BC.

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

(b)(6)

"Vision is seeing the opportunity within the challenge."

Referred to DHS

From: Staples, Heidi (ACF) [mailto:Heidi.Staples@acf.hhs.gov]
Sent: Tuesday, May 24, 2016 10:20 AM
To: PHO, Juv Placement; Phoenix, Juvenile; Juvplacement@ice.dhs.gov; juvenile.phoenix@dhs.gov
Cc: Velazquez, Ivonne (ACF); Agredano-Lozano, Obed (ACF) (CTR)
Subject: Age Redetermination ADULT - (b)(6) (b)(6) (b)(6) (b)(6)
Importance: High

This individual claims to be a minor but per consulate/RENAP, he is an adult. Please arrange to pick him up from CASA LIGHTHOUSE facility.

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
(b)(6)

"Vision is seeing the opportunity within the challenge."

Sender:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
Recipient:	"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>"
Sent Date:	2016/05/24 14:46:15
Delivered Date:	2016/05/24 14:46:17

003801

Referred to DHS

Referred to DHS

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

Sent: Friday, December 09, 2016 12:22 PM

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

Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Maria Rios (b)(6);(b)(7)(F)

Subject: RE: ADULT AGE REDETERMINATION Family Unit-Pair mom/child (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) & (b)(6) (b)(6) (b)(6) (b)(6) SWK Casa Phoenix

Good morning Officer (b)(6);(b)(

The Florence Project was informed about this case and they stated that ICE will have to reach directly to them for assistance in this matter. Cristina is the person to contact. They can assist with adults that will be ROR. Below is her email address:

Cristina Infanzon cinfanzon@firrp.org

(b)(6)

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

003804

Referred to DHS

Referred to DHS

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

Sent: Friday, December 09, 2016 10:30 AM

To: PHO, Juv Placement; Hillin, Myriam (ACF)

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

Subject: RE: ADULT AGE REDETERMINATION Family Unit-Pair mom/child (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix

Good Morning,

Yes, he is will to purchase the ticket. Contact number for (b)(6) (b)(6) is (b)(6)

Thank you,

(b)(6)

Case Manager

Southwest Key Programs-Casa Phoenix 922

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

Fax:
602-926-2708

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

Tue-Sat: 9-5pm

1455658092830_Southwest

Opening doors to opportunity so individuals can achieve their dreams!!

Abriendo puertas a la oportunidad para que los individuos pueden alcanzar sus sueños!!

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

003807

Referred to DHS

Referred to DHS

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

Sent: Thursday, December 08, 2016 5:48 PM

To: PHO, Juv Placement; Phoenix, Juvenile

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

Subject: ADULT AGE REDETERMINATION Family Unit-Pair mom/child (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix

Importance: High

Good evening/morning,

The mother/daughter pair listed in the subject line were placed in ORR care at SWK Casa Phoenix on 12/04/2016. The mom has been determined to be an adult with a verified DOB (b)(6) /1996. They are both healthy with no outstanding medical needs. The Florence Project was informed about this case and they informed that their understanding is that in these matters ICE might
reach out to the Restoration Project to be involved for ROR.

Please let us know if anything else is needed for their transfer to your custody.

Contact information for transfer arrangements:

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

Name	Title	Phone	Email
	Lead Case Manager	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Referred to DHS

003812

Referred to DHS

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
Subject:	ADULT STILL IN CARE AT SHELTER FW: ADULT AGE REDETERMINATION (b)(6) (b)(6) AKA (b)(6) SWK Casa Phoenix
Date:	2017/01/26 19:07:47
Priority:	Urgent
Type:	Note

Good afternoon,

This individual is still at Casa Phoenix and has not been transferred to adult detention.

Could someone please respond if this email was received?

Thanks,

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

From: Hillin, Myriam (ACF)
Sent: Tuesday, January 24, 2017 7:50 PM
To: PHO, Juv Placement; Phoenix, Juvenile
Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); Rebecca Madrigal; Maria Rios
Subject: ADULT AGE REDETERMINATION (b)(6) AKA (b)(6), (b)(6) /SWK Casa Phoenix
Importance: High

Good evening,

Attached please find a memo of age redetermination for the above listed person with a correct verified DOB (b)(6) /1997.

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

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
Sent Date:	2017/01/26 19:07:43
Delivered Date:	2017/01/26 19:07:47

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Adult Age Redetermination (b)(6) /SWK Lighthouse RE: x2 Bangladeshi checks please
Date:	2018/11/04 14:30:42
Priority:	Normal
Type:	Note

Please see attached documentation for this person who is placed at SWK Lighthouse.

Thank you!

Myriam

Referred to DHS

Referred to DHS

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2018/11/04 14:30:37
Delivered Date:	2018/11/04 14:30:42

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

Memo of Age Redetermination
November 3, 2018

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

Through: SWK Casa Lighthouse

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

SUBJECT: Age Redetermination of an individual in ORR care

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

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Lighthouse on September 3, 2018 with date of birth (b)(6) 2001.

Following placement in ORR care, the case manager received a copy of the birth certificate of Mr. (b)(6) from his parents, Mr. (b)(6) and (b)(6), who reside in Bangladesh. The case manager requested a second type of identification for Mr. (b)(6) and mother, Ms. (b)(6) reported that her son does not have a second identification.

The case manager had the birth certificate of Mr. (b)(6) verified by the Bangladesh consulate on September 8, 2018 that then reported on October 5, 2018 that the birth certificate provided was authentic. Mr. (b)(6) was interviewed by the Bangladesh consulate on October 3, 2018, however they have not responded.

A dental forensic exam was conducted on October 17, 2018 and Dr. Arvanitis concluded that the probability of Mr. (b)(6) having attained 18 years old of age is 59.92%.

Mr. (b)(6) reported that he departed his country on May 29, 2018 from Dhaka International Airport and arrived at San Paolo, Brazil on May 30, 2018 and denied recalling the airline. He added that from Brazil he traveled to Peru by bus about 9 days, then from Peru to Ecuador by bus for about six days, then from Ecuador to Colombia via bus and walking through the Colombia Mountains about eight days with the guide and ten other people from different countries. Once Mr. (b)(6) arrived to Panamanian border this guide left him alone and indicated that he needed to cross the Panama River and go to Costa Rica by bus for another six days. He then went from Costa Rica to Nicaragua taxi and then to Honduras, to Guatemala, Mexico City and then to the Monterey.

Mr. (b)(6) reported that he departed his country with a passport and instructions provided to him by his guide. Mr. (b)(6) denies recalling the name or expiration date on the passport, but does state that passport had the DOB of 1997. He added that when traveling from country to country the guides would provide the documentation and would take care of everything throughout their journey such as obtaining their bus tickets, food, and places to stay and that his brother in law and father in Bangladesh made all the arrangements and paid for the journey.

Mr. (b)(6) reported that while crossing the Panama River he had to swim and due to almost drowning he left his belongings including his clothes and passport.

Mr. (b)(6) reported coming to the U.S. to live with a reported uncle, but no proof of a bonafide relationship was established.

On November 4, 2018 ORR received information from ICE indicating that Mr. (b)(6) has an issued passport number (b)(6) showing a date of birth of (b)(6) 1998 thus making him 20 years of age.

Along with this Memo ORR is submitting the following documents:

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

Mr. (b)(6) acknowledged that he was not permitted to leave his country of origin as a minor and had traveled with documents indicating that he is an adult, but he refuses to provide any further details about this misrepresentation of identity.

In accordance with ORR age redetermination policy and procedures, (b)(6) (b)(6) (b)(6) is 20 years of age and ORR requests that FOJC coordinates and ensures the immediate transfer of custody of this individual to an adult DRO facility.

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Adult age redetermination (b)(6) SWK Casa Phoenix
Date:	2018/11/04 14:13:13
Priority:	Normal
Type:	Note

Please see attached for (b)(6)

Thanks,

Myriam

Referred to DHS

Referred to DHS

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2018/11/04 14:13:09
Delivered Date:	2018/11/04 14:13:13

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

Memo of Age Redetermination
November 4, 2018

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an individual in ORR care

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

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

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

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

Mr. (b)(6) reported that he left his village to go to (b)(International Airport in (b)(6) city on May 15, 2018 where an unknown male was waiting for him. He was provided a cellphone to communicate with that individual who also provided the passport for him to travel and this passport had his personal information including a photograph and his date of birth that presenting him an adult in order for him to pass immigration checkpoint and to be able to depart (b)(6) to (b)(6) and then from (b)(6) to (b)(6) using the same passport. Once he arrived to the (b)(6) airport on May 17, 2018 he met another unknown Bangladeshi male, who was waiting for him. This person had Mr. (b)(6) picture and then this person provided a bus ticket to another city (cannot recall name) where another unknown male (Hispanic) was waiting for him to take him to (b)(6). Once he arrived to (b)(6) on May 25, 2018 an unknown Hispanic woman was waiting for him and drove him to the house of a Bangladeshi and he stayed there for 20 days. From (b)(6) he walked along Panama river with 25 other people from different countries. While walking in (b)(6) river armed people in the jungle took everything away from the group. He then walked to (b)(6) and stayed four days with a Hispanic unknown male. From (b)(6) an unknown Hispanic male drove him along with six other people to (b)(6) and stayed there for 20 days with another Hispanic male. He then arrived to (b)(6) where another Hispanic unknown male was waiting for him and another six people and he stayed there for four days. From there he reached Mexico and a Hispanic male drove him and he stayed there another twenty-five days. Mr. (b)(6) indicated that around August 2018 they decided to cross the border and afterward they were apprehended by ICE.

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

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

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

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

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

Along with this Memo ORR is submitting the following documents:

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

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

Respectfully,
MBH

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
CC:	"Rodriguez, Erika <Erika.Rodriguez1@(b)(6) "; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Kokopelli
Date:	2016/12/08 22:45:19
Priority:	Urgent
Type:	Note

Good evening,

I am resending this email with the correct Memo. Please disregard the prior attachments.

From: Hillin, Myriam (ACF)
Sent: Thursday, December 08, 2016 8:18 PM
To: 'PHO, Juv Placement'; 'Phoenix, Juvenile'; Velazquez, Ivonne (ACF); Centeno, Raquel (ACF) (CTR)
Cc: Rodriguez, (b)(6)
(b)(6) @swkey.org'
Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Kokopelli

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) /1996. He is medically cleared.

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Rodriguez, Erika <Erika.Rodriguez1@(b)(6) "; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org"
Sent Date:	2016/12/08 22:45:15
Delivered Date:	2016/12/08 22:45:19

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

Memo of Age Redetermination
December 8, 2016

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an UC in ORR care

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Key Casa Kokopelli on November 26, 2016 as a juvenile as a result of Mr. (b)(6) misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager (b)(6) (b)(6) who requested a copy of Mr. (b)(6) birth certificate from his family in Guatemala. Upon receipt of the formal document Case Manager proceeded to submit the document for verification with the Guatemalan Consulate in Phoenix.

On December 8, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) family sent on his behalf. **According to the verification of the official RENAP (Registro Nacional de las Personas) archives** (b)(6) (b)(6) (b)(6) (b)(6) **was registered with a date of birth** (b)(6) **1996** and not (b)(6) as the altered document provided by the family shows.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) Consular Verification of date of birth and agrees that he is 20 years old and that there is sufficient objective strong evidence to support the claim that he is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Consular Verification of DOB
- Photograph
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

003826
Myriam B. Hillin -S
Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=20016966475, cn=Myriam B. Hillin -S
Date: 2016.12.08 20:41:49 -07'00'

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

Approved by:
Ivonne Velazquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

003827

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
0	(b)(6)	MASCULINO	(b)(6) /1996

País, departamento y municipio de nacimiento:

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

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

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

(b)(6)

Firma titular

Firma cónsul u operador

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PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: (b)(6)

003828

(b)(6)

RENAP Registro Nacional de las Personas

Republica de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registro Civil de las Personas del Registro Nacional de las Personas del municipio de Nebaj, departamento de Quiche,
CERTIFICA

Que con fecha dieciséis de abril de mil novecientos noventa y nueve, en la partida (b)(6), Folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de NEBAJ, Departamento de QUICHE, quedó inscrito el nacimiento de:

(b)(6) (b)(6) (b)(6) (b)(6) –

Nombres y apellidos del inscrito

Fotografía No disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Genero

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

Nebaj

Lugar de origen

Fotografía No disponible

Fotografía No disponible

Datos del padre

(b)(6)

Nombres y apellidos de padre

–

Fecha de nacimiento

Nebaj

Lugar de origen

1 de 2

(b)(6)

(b)(6)

1980125981413
02/10/2015 11:16:39a.m.
001AAD6FD630

El Renap cuida y valora tu identidad

003829

Observaciones

NO CONSTA NINGUNA ANOTACION

ULTIMA LINEA

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

ULTIMA LINEA

Doy fe

(b)(6)

Justo, Cadillo Ramírez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 111
NEBAJ,
QUICHE

Notas Referenciales:

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

Este certificado fue impreso el dia 2 de octubre de dos mil quince y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-cerficado o bien llamado al 1516.

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DIAGNOSTIC LABORATORIES®

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

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 1999
Collection Date/Time: 11/28/2016 11:00AM EST

Provider: (b)(6)
Location: SKW-Kokopelli
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 11/29/2016 4:00AM EST
Approval Date/Time: 11/30/2016 3:13PM EST

T-SPOT.TB

T-SPOT.TB	Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4. This includes values less than zero.
Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (http://www.cdc.gov/tb/publications/guidelines/default.htm) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

Nil (Neg) Control Spot Count	0
Panel A Spot Count	3
Panel B Spot Count	0
Positive Control Spot Count	>20

Negative 12/01/2016 08:19:48 (b)(6)

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

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

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

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

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

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

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

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

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PACIFIC MOBILE diagnostics 87
PMDXRAY.com

Pacific Mobile Diagnostics, Inc.
615 East Palo Verde Drive
Phoenix, AZ 85012
Phone: (602) 249-4790
FAX: (602) 241-1711

FINAL

PATIENT: (b)(6) (b)(6) DOB: (b)(1999
PATIENT ID: (b)(6) DOS: (b)(6) 2016 8:57:08 AM
PHYSICIAN: CHEYBANI, KIANOUSH
LOCATION: CASA KOKOPELLI
EXAM(S): CHEST
REASON: TB SCREENING

PORTABLE CHEST:
The single view of the chest shows no infiltrate, effusion or mass. The heart size is normal, and the pulmonary vascular flow pattern is physiologic. The sulci are clear. The bony structures are intact and free of obvious metastatic disease. There are no findings of active tuberculosis.

CONCLUSION:
1. Negative chest.
2. No radiographic evidence of active tuberculosis.

Signed by MCCLELLAN, ROGER MD at 11/28/2016 7:32:06 PM

11/28/2016 5:23:00 PM

T: AHP

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Facility #003832

Date: Dec 1, 2016

Time: 10:19:13 MT

Casa Kokopelli Mesa

Immunization Report

Facility Code: —

User: (b)(6)

Resident: (b)(6) Date Range: 11/1/2016 - 12/31/2016

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

(b)(6) - DOB: (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 11/28/2016	
Hepatitis A	Consented	Left Deltoid - 11/28/2016	
Hepatitis B	Consented	Left Deltoid - 11/28/2016	
Influenza	Consented	Right Deltoid - 11/28/2016	
Meningicoccal	Consented	Left Deltoid - 11/28/2016	
MMR	Consented	Left Deltoid - 11/28/2016	
IPV	Consented	Right Deltoid - 11/28/2016	
Tdap	Consented	Right Deltoid - 11/28/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 11/28/2016	

(b)(6)

003833

From:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
Subject:	RE: Age Redetermination - ADULT (b) (b) (b)(6) (b)(6) A# (b)(6) at Casa Lighthouse
Date:	2016/07/01 17:24:28
Priority:	Normal
Type:	Note

Note I just checked and it said it was the same email address that I had already, so I can't figure it out.

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
(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: Friday, July 01, 2016 2:13 PM
To: PHO, Juv Placement
Cc: Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF)
Subject: RE: Age Redetermination - ADULT (b)((b)((b)(6) (b)(6) A# (b)(6) at Casa Lighthouse
Importance: High

Hello the program says no one has picked up this UC yet. Please confirm this email was received that was sent at 11:49 today

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
(b)(6)

"Vision is seeing the opportunity within the challenge."

From: Staples, Heidi (ACF)
Sent: Friday, July 01, 2016 11:49 AM
To: JuvPlacement.PHO@ice.dhs.gov
Cc: Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF)
Subject: Age Redetermination - ADULT (b)((b)((b)(6) (b)(6) A# (b)(6) at Casa

Lighthouse
Importance: High

Hello this UC at Casa Lighthouse admits that he is 18 years old. Please arrange transport.

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
(b)(6)

"Vision is seeing the opportunity within the challenge."

Sender:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
Sent Date:	2016/07/01 17:24:26
Delivered Date:	2016/07/01 17:24:28

From:	(b)(6) @swkey.org>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
CC:	"(b)(6) s@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	Re: Age Redetermination for (b)(6) (b) ((b)(6)(b)(6)
Date:	2016/06/29 20:04:18
Priority:	Normal
Type:	Note

Thank you!

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

Southwest Key Programs-
Casa Campbell 928

Office: (602)
841-1038 Ext: (b)(6)

Fax: (602) 650-0564

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

003838

Referred to DHS

Referred to DHS

From: Mortuiccio, Beth E (ACF) [mailto:beth.mortuiccio@acf.hhs.gov]

Sent: Wednesday, June 29, 2016 2:30 PM

To: Mortuiccio, Beth E (ACF); Velazquez, Ivonne (ACF); PHO, Juv Placement; Moore, Robert L

Cc: (b)(6) @swkey.org); (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) @swkey.org); (b)(6) @swkey.org); Buriel, Celestina (ACF) (CTR)

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

Good afternoon,

Attached is the verified RENAP and Age Redetermination Memo for this individual. The point of contact at SWK Campbell is (b)(6). Could one of your officers please contact Ms. (b)(6) to notify her when your officer would be coming to pick up this individual?

Thank you,

Beth Mortuiccio

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Sender:	(b)(6) @swkey.org>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/06/29 20:04:11
Delivered Date:	2016/06/29 20:04:18

From:	Larry Levi Sandigo <lsandigo@firrp.org>
To:	(b)(6) @swkey.org>"
CC:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "(b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"
Subject:	Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6 (b)(6 (b)(AKA (b)(6 (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol
Date:	2016/07/29 12:49:52
Priority:	Normal
Type:	Note

Hi Officer (b)(6),(b)(7)(E)

I spoke with her again and explained that we could find her a shelter here in Phoenix and she insisted on going to her godfather in Florida despite the pregnancy and other concerns.

We can try to have a volunteer meet her at the bus station - around what time do you think she will be dropped off?

Thanks.

Larry

On Fri, Jul 29, 2016 at 9:41 AM, (b)(6) @swkey.org> wrote:

Good morning,

The address provided is (b)(6)

(b)(6)

Thank you,

(b)(6)

Lead Case Manager

SWK-Hacienda del Sol

Email:rquintero@swkey.org

(623)565-5701 Ext (b)(6)

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review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please destroy all copies of the original message.)

Referred to DHS

003844

Referred to DHS

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

Sent: Friday, July 29, 2016 9:10 AM

To: Larry Levi Sandigo

Cc: Griselda Neri; LaGrow, Debra (ACF); PHO, Juv Placement; (b)(6) Centeno, Raquel (ACF) (CTR); Ivonne Velazquez; (b)(6)

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hi Larry,

We were able to contact client 's godfather in FL and he is going to buy an open bus ticket for client in case that she is released. His correct phone number is (b)(6) .
(b)(6)

Thank you.

Sent from my iPhone

On Jul 29, 2016, at 7:46 AM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6)

Thank you for everything you and your team are doing. I'd like to speak to her on the phone. Can you arrange for a private room so she and I can chat? The sooner the better. I'm here at my desk so let me know what time you can make her available.

Best,

Larry

On Thu, Jul 28, 2016 at 9:33 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Thank you. I'm not saying that's what we are advocating for, I just want to know if it is an option if needed.

On Thursday, July 28, 2016, (b)(6) <(b)(6)@swkey.org>wrote:

Hi Larry,

We will contact the godfather. I'll keep everyone posted.

Thank you

Sent from my iPhone

On Jul 28, 2016, at 9:18 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6)

Thank you. Is she allowed to call him? If ICE approves and it comes down to it , can the shelter reach out to him to buy a bus ticket?

On Thursday, July 28, 2016, (b)(6)
<(b)(6) @swkey.org>wrote:

Hi Larry,

Client (b)(6) (b)(6) made her phone call with family in COO. Client stated that she wants to stay here in US and go to Florida with (b)(6) (her godfather) and she provided two phone numbers for him: (b)(6)
(b)(6)

Hope this information can help.

Thank you

Sent from my iPhone

On Jul 28, 2016, at 8:01 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6)

Thank you for the update. Can you please arrange for her to speak to her family in COO tonight so she can discuss with them what she wants to do/where she wants to go? Also, is there any contact information for friends/family here in the United States?

I can speak with her tomorrow morning to see where she feels comfortable going and include that as part of our advocacy, but she will likely want to speak to her family first and that's why I'm asking if she can call them tonight.

Thank you.

Larry

On Thu, Jul 28, 2016 at 7:52 PM, (b)(6)
<(b)(6)@swkey.org>wrote:

Hi Everyone:

SWK won't be able to Take the client (b)(6) (b)(6) to her court hearing tomorrow morning . Reason being we provide services to minors including transportation and limit us to transport adults even though they were admitted in our care as a minor.

Thank you all!

(b)(6)

Sent from my iPhone

On Jul 28, 2016, at 7:33 PM, LaGrow, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>wrote:

Hello,

I reviewed her case in the ORR records available to me. She was actually at another program when the decisions were initially made on her case under another FFS' assignment.

She arrived into care in January. She found out she was pregnant and stated she no longer wanted to go to the sponsor who was an unrelated male (b)(6) was reportedly the

relationship but this was never confirmed by any baptismal certificates). She wanted voluntary departure to be with her mother and for her mother to be with her with the baby.

Her NTA was requested January 26, 2016.

The sponsor was not pursued due to this. This case was originally at another shelter and I was not the FFS assisting in any final decisions. However, this was the direction
in this case for the past 7 months pending court.

I am unsure as to the ability of SWK Sol to transport her to court since she is determined to be an adult. I do not know if they are able to do this with their contract/licensure.
I am hopeful FIRRP can represent this information to the immigration court tomorrow and SWK Sol can inform what they are truly permitted to do or not.

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

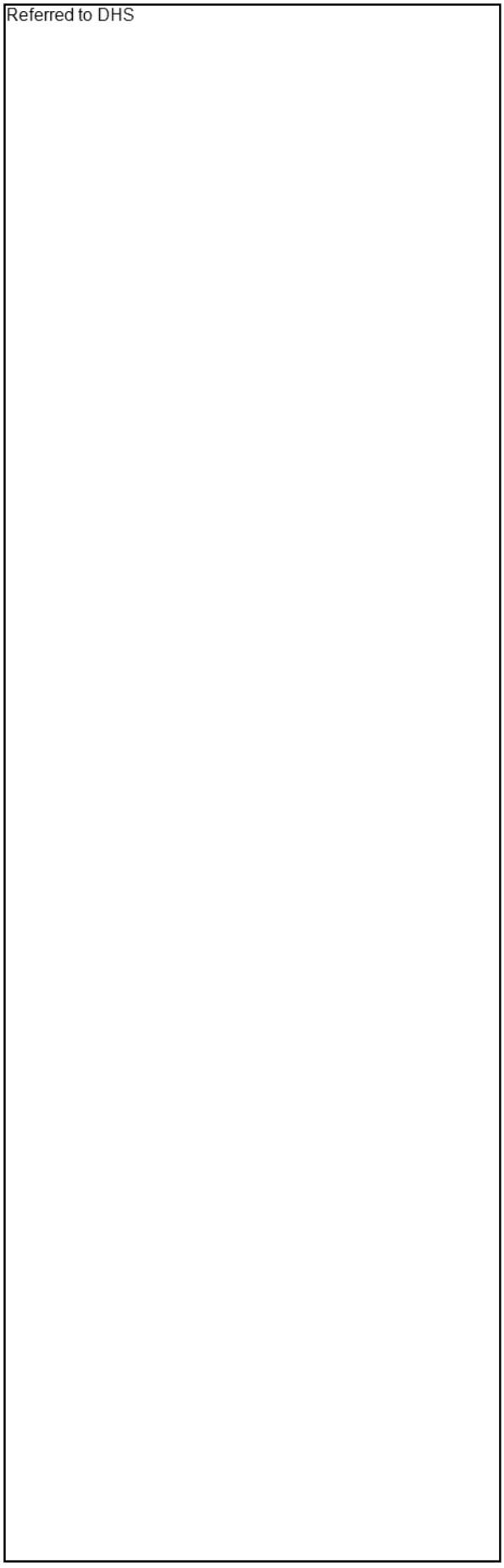
Office of Refugee Resettlement

(b)(6)

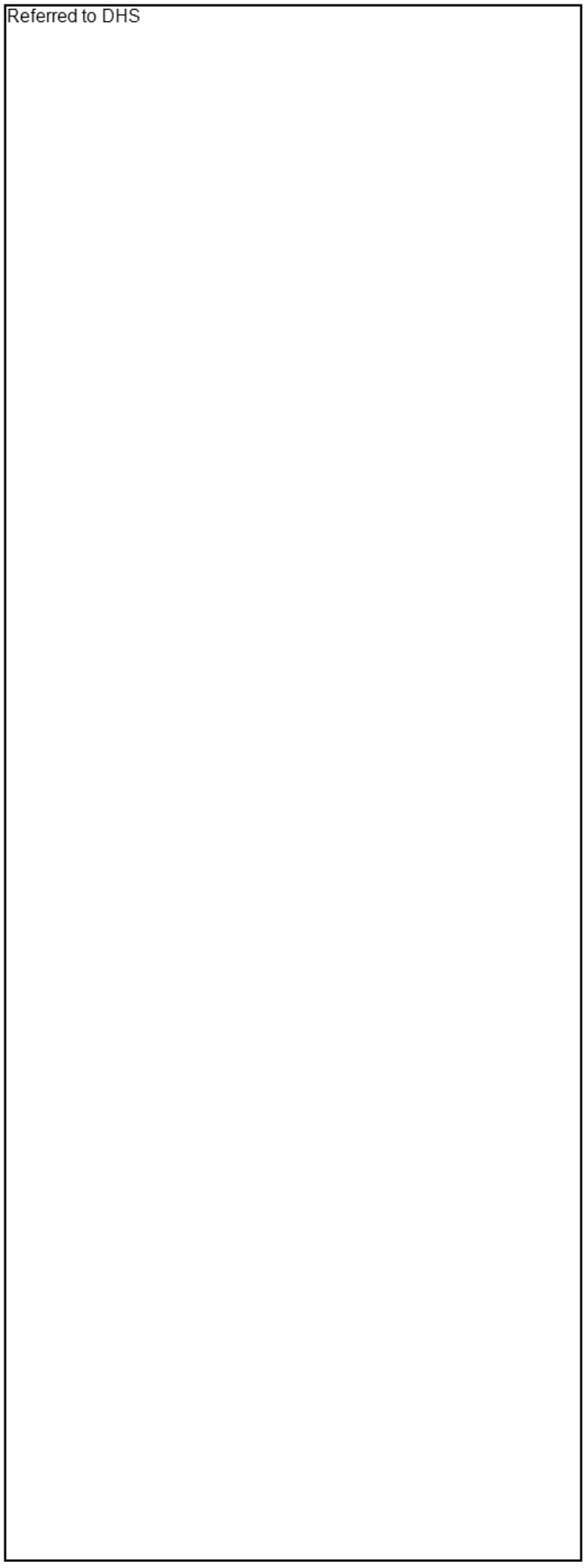
Debra.LaGrow@acf.hhs.gov

Referred to DHS

003856



003857



Referred to DHS

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

Sent: Thursday, July 28, 2016 4:14 PM

To: PHO, Juv Placement; LaGrow, Debra (ACF)

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

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - A# (b)(6) (b)(6) - SWK Sol

Good afternoon,

The Dream Center was not contacted for assistance. We have requested the assistance of The Florence Project for assistance with possible housing. The

attorney has requested for an ICE Officer to contact him directly. The

FIRRP Attorney is Larry Sandigo,
Larry can be reached at

(602) 274-0152.

Thank you,

(b)(6) **ALCM**

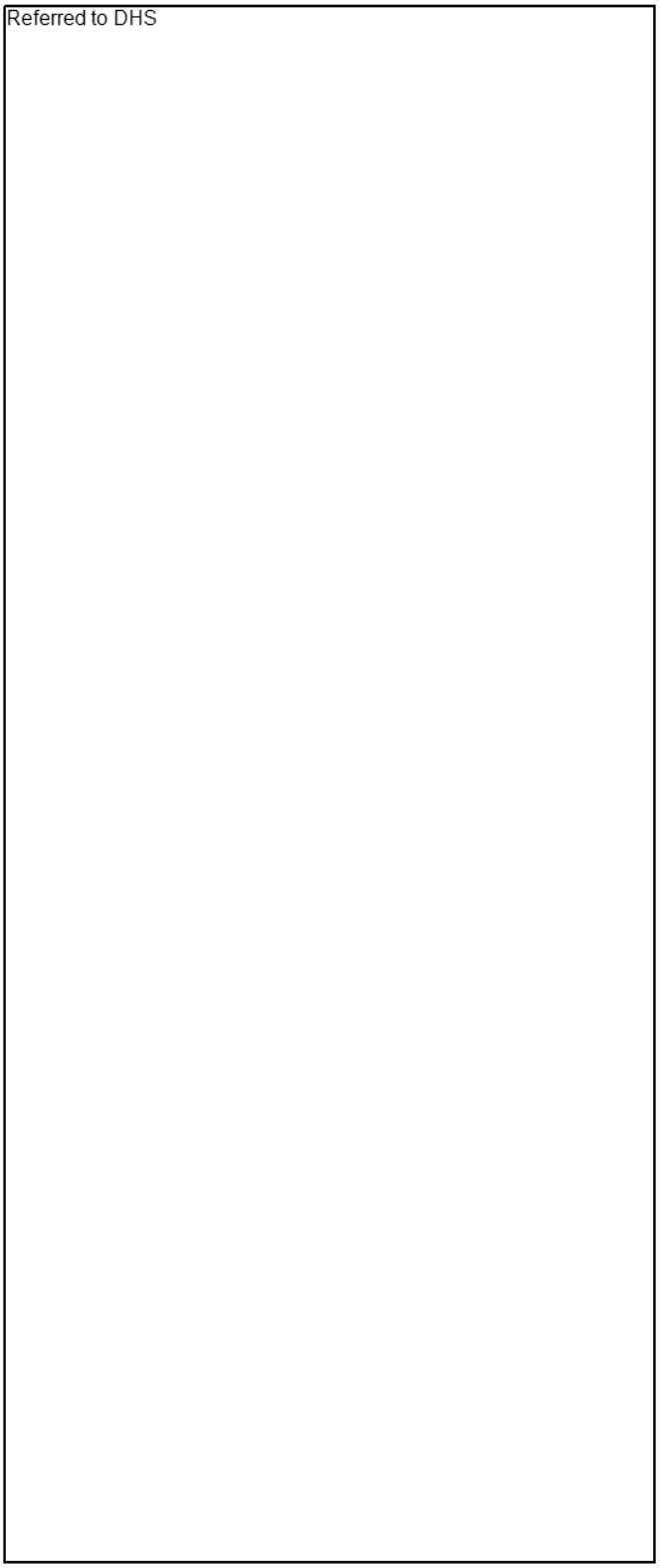
Southwest Key Programs

Hacienda del Sol

P:

623-565-5701 ext. (b)(6)

003861



003862

Referred to DHS

Referred to DHS

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Thursday, July 28, 2016 3:19 PM

To: PHO, Juv Placement; Phoenix, Juvenile

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

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

(b)(6) (b)(6) (b)(6) - A#(b)(6)
(b)(6) - SWK Sol

Hello Officers,

This individual is at SWK Sol.

Please note she is (b)(6) (b)(6) **pregnant.** Per the case manager, she is not supposed to travel.

She is also scheduled for

immigration court on 7/29/16 as she was planning to request Voluntary Departure for a juvenile.

She disclosed she borrowed her cousins' birth certificate and her mother admitted to all of this too. She reported her real identity and DOB that

was verified with the consulate and makes her an adult.

On the ORR memo is a contact name and phone number for a godfather who could not meet ORR release requirements. He is in Florida. She has nobody

else in the U.S.

The program will need to respond to any other questions you may have. Please make arrangements.

Thank you,

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

--

Larry Levi Sándigo, Esq.

Pro Bono

Florence Immigrant &Refugee Rights Project

Telephone: (602) 274-0152

Fax : (602) 340-0596

E-mail:
lsandigo@firrp.org

www.firrp.org

FLORENCE
IMMIGRANT
& REFUGEE
RIGHTS PROJECT

Important: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law.
If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly
prohibited.

--

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Sender:	Larry Levi Sandigo <lsandigo@firrp.org>
Recipient:	(b)(6) @swkey.org>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; (b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/29 12:49:10
Delivered Date:	2016/07/29 12:49:52

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/11/22 21:07:48
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) /1996.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

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

Respectfully,

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

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

	(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/11/22 21:07:44
Delivered Date:	2016/11/22 21:07:48

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

Memo of Age Determination
November 22, 2016

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

Through: SWK Casa Phoenix

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

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

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

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix by November 13, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting her date of birth upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Ms. (b)(6) (b)(6) birth certificate from her mother, Mrs. (b)(6) who resides in Guatemala.

On November 15, 2016 Ms. (b)(6) (b)(6) was interviewed by the Guatemala Consulate. On November 17, 2016 the Guatemalan Consulate provided the results of the verification of the birth certificate for Ms. (b)(6) (b)(6) (b)(6) indicating a correct date of birth of (b)(6) **1996**.

Case Manager, (b)(6) provided then an opportunity to Ms. (b)(6) (b)(6) o explain the discrepancy between the verified birth certificate and her statement and she admitted she altered the document because she thought it would be much easier to enter to United States as a minor.

Case Manager (b)(6) then contacted Ms. (b)(6) (b)(6) s mother again to address the fact that the verification of the birth certificate sent on behalf of her daughter showed that she was an adult. Mrs. (b)(6) reported she requested all the documents in Guatemala and that she provided the document she received from the Guatemala "Registro Nacional de Personas" RENAP.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Ms. (b)(6) (b)(6) (b)(6) including her verified birth certificate indicating a correct date of birth of (b)(6) 1996, her own retraction of her first provided incorrect date of birth including admitting that she is 20 years old and her mother's corroboration of this information including admitting that they had provided an altered document to create a false date of birth with the purpose of misleading authorities to believe she was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Immunizations
- Consulate verification of DOB
- Photograph
- TB Clearance
- Altered BC

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

Respectfully,

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

Approved by:

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

003878

DE : EL ESTUDIANTE NO. DE FAX : 77559069 04 NOV. 2016 08:43AM P1

RENAP
Registro Nacional de las Personas

Correlativo: I0003900612102016

(b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Joyabaj, departamento de Quiche,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

FEMENINO

Género

Fotografía no disponible

Fotografía no disponible

Datos del padre

-(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

este municipio

Lugar de origen

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

este municipio

Lugar de origen

(b)(6)

(b)(6)

12/10/2016 11:50:18a.m.

0023AE6ADBDC

(b)(6)

Página 1 de 2

003879

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	28/05/1996

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	JOYABAJ

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6)	(b)(	(b)(6)

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

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

(b)(6)

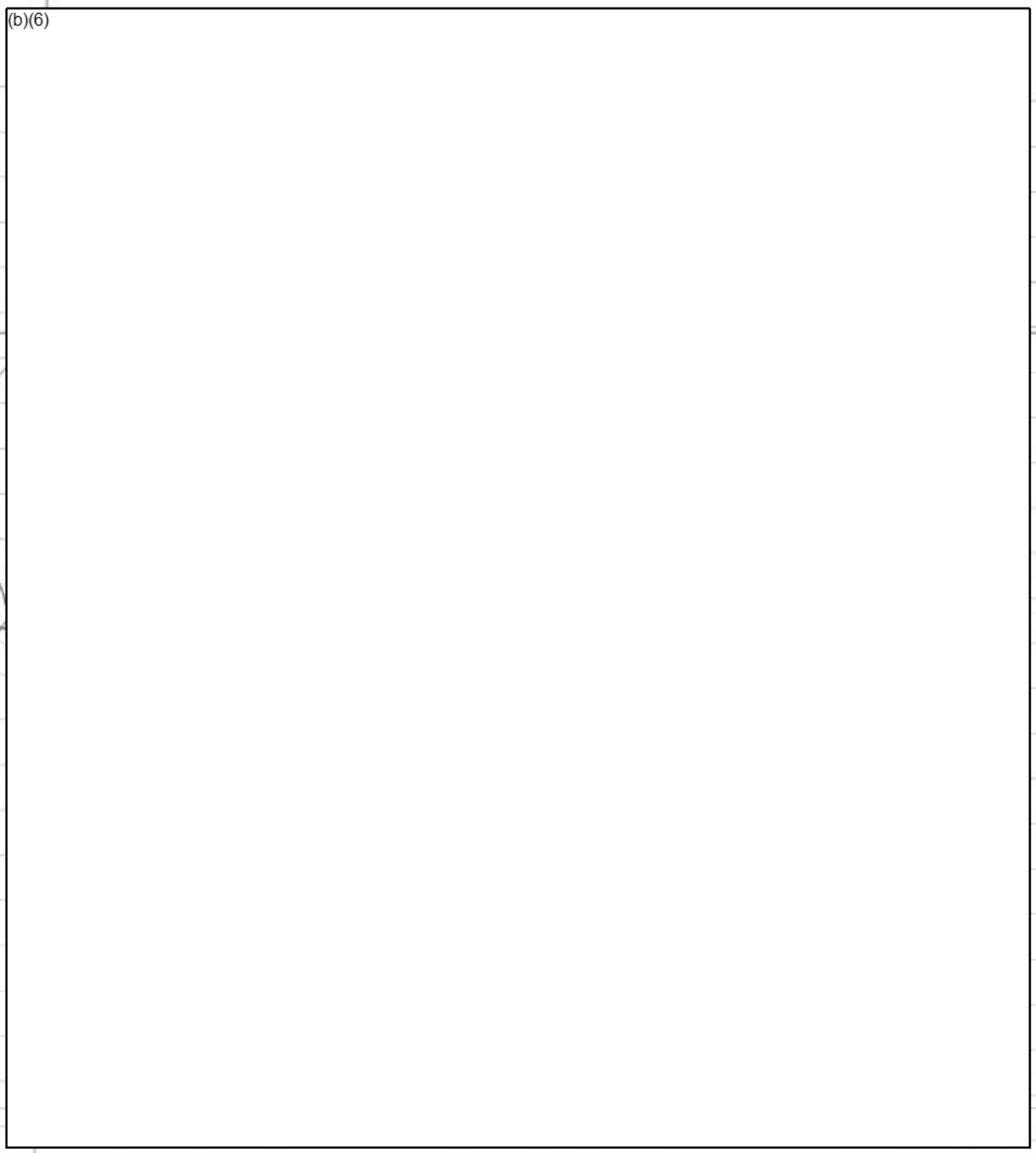
Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas

003880

(b)(6)



003881

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 11/17/2016 12:53 **Location:** (b)(6)

Initial Admission: 11/15/2016 **Admission:** 11/15/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 1999 **Gender:** F **Score:** NA

Category: NA **Physician:** Burzinski, Heather

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Heather Bursinski
   b.Telephone:
   (602) 344-6655
2. Date of visit
   11/15/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   Southwest Key Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
2. Date Read
3. Result in mm
4. Interpretation
   - ○ a. Positive
   - ○ b. Negative

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

5. Date Drawn
   11/15/2016
6. Test type
   - ◉ a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
   - ○ b. T-SPOT TB test (T-Spot)
7. Results:
   - ○ a. Positive
   - ◉ b. Negative
   - ○ c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date
   11/15/2016
9. Findings
   - ○ a. Normal
   - ◉ b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Questionable airspace opacity within the right middle lobe, Recommended lateral view for further evaluation.

Facility #: --- 003883
Date: Nov 15, 2016
Time: 16:51:38 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 11/15/2016	
Hepatitis B	Consented	- - 11/15/2016	
HPV	Consented	- - 11/15/2016	
IPV	Consented	- - 11/15/2016	
Influenza	Consented	- - 11/15/2016	
Meningicoccal	Consented	- - 11/15/2016	
MMR	Consented	- - 11/15/2016	
Tdap	Consented	- - 11/15/2016	
Varicella (chicken pox)	Consented	- - 11/15/2016	

From:	(b)(6) @swkey.org>
To:	"'PHO, Juv Placement' <JuvPlacement.PHO@ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
CC:	(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	RE: Age Redetermination anddental forensics for (b)(6) (b)(6) (b)(6)
Date:	2016/07/20 14:31:57
Priority:	Normal
Type:	Note

Thank you for the response. We are working on the RNP for this client and will keep you updated on the case progress.

Referred to DHS

003885

Referred to DHS

Referred to DHS

From: Mortuiccio, Beth E (ACF) [mailto:beth.mortuiccio@acf.hhs.gov]

Sent: Tuesday, July 19, 2016 4:02 PM

To: Mortuiccio, Beth E (ACF); Velazquez, Ivonne (ACF); PHO, Juv Placement; (b)(6);(b)(7)(E); (b)(6);(b)(7)(E)

Cc: (b)(6) @swkey.org); (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); Buriel, Celestina (ACF) (CTR)

Subject: Age Redetermination anddental forensics for (b)(6) (b)(6) (b)(6) - (b)(6)

Good afternoon,

Attached are the dental forensics and Age Redetermination Memo for this individual. The point of contact for SWK Campbell is (b)(6). Could one of your officers please contact Ms. (b)(6) inform her of when your officers will be picking up this individual?

Thank you,

Beth Mortuiccio

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Sender:	(b)(6);(b)(7)(F) @swkey.org>
Recipient:	"'PHO, Juv Placement' <JuvPlacement.PHO@ice.dhs.gov>"; "Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6);(b)(7)(F) @swkey.org>"; (b)(6);(b)(7)(F) @swkey.org>"; (b)(6);(b)(7)(F) @swkey.org>"; (b)(6);(b)(7)(F) @swkey.org>"; (b)(6);(b)(7)(F) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/20 14:31:04
Delivered Date:	2016/07/20 14:31:57

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)((b)((b)(6) (b)(6) Casa Phoenix
Date:	2017/06/02 17:53:05
Priority:	Urgent
Type:	Note

Good afternoon,

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

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/06/02 17:53:00
Delivered Date:	2017/06/02 17:53:05

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

Memo of Age Determination
June 2, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Re-Determination of a UAC in ORR care

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

(b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on May 29, 2017 as a juvenile as a result of misreporting his date of birth as (b)(6) 1999 to apprehension officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager to whom it became apparent that Mr. (b)(6) appeared over age. Case Manager (b)(6) then proceeded to request from the family in Honduras a copy of the birth certificate. The paternal uncle, Mr. (b)(6) confirmed that his nephew is 18 years old and provided a copy of his birth certificate showing a correct date of birth of (b)(6) **1998**. Mr. (b)(6) indicated that his nephew was raised by the paternal grandparents as the mother abandoned the family and had not included his father's name on the birth certificate.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verbally provided date of birth and the date of birth on the formal document and the information provided by his uncle in Honduras and Mr. (b)(6) informed that he was illiterate and that he was confused about his correct date of birth.

ORR received from the Honduran Consulate on June 2, 2017 a verified copy of the birth certificate provided by (b)(6) s family which matches with the formal document provided by the family.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for (b)(6) including the verified birth certificate indicating a correct date of birth of (b)(6) **1998**, his family statement affirming that his was born in 1998 and not 1999 and FFS agrees that there is sufficient evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- Birth Certificate
- Immunization records

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

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.06.02 14:46:18 -07'00'

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

003891

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

N (b)(6)

RNP

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito Registrador Civ CERTIFICA que en el Archivo de nacimientos que se lleva en esta oficina se encuentra el acta de nacimiento número (b)(ubicada en el folio del tomo (b)(6)

del año (b)(6) y que pertenece a

a) (b)(6) b) (b)(6) SEXO F M X

c) (b)(6)

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento:

a) (b)(6) b) (b)(6) c) HONDURAS

d) (b)(6) e) (b)(6) f) 1998

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

a) ------ b) ------

c) ------ d) ------

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

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

c) (b)(6) d) HONDUREÑA

4.) Notas marginales autorizadas:

NINGUNA

Extendida en CHINDA Municipio SANTA BARBARA Departamento

a los TREINTA Y UNO días del mes de MAYO

del DOS MIL DIECISIETE (b)(6)

FIRMA Y SELLO DEL REGISTRADOR CIVIL

003892

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

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

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

del año y que pertenece a:

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

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

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

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

d) (b)(6) **e)** (b)(6) **f)** ***1998***
dia *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) --- **b)** ---
primer apellido *segundo apellido*

c) **d)**
nombre *nacionalidad*

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

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

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

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***DOS*** dias del mes de ***JUNIO***

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

C0801197303448
47.182.48.55

firma y sello del registrador civil municipal

NEDiEHq8mI$ZfBNsg@TZVZWQ@tt C\NcKT6C6hLyR6b0@KMf@w6ZLdQ+W@zpQ@hKIg/+ DN+/8Pbe3VO[@s@]qu+yX3f5 IQ8PMeCSCydO\@ k]i@MfT]@qLP[/H0aVY/++Ak5wbE

(b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

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

MRN #: (b)(6)
Ord #:
Phone: 602-396-7509

Final
XR CHEST AP ONLY

Exam Date & Time: Tue (b)(6) 2017 10:00 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

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

CLINICAL HISTORY:
TB screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

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

Normal MOR

IMPRESSION:
1. No acute cardiopulmonary disease.

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

Released By: Pejman Hedayati, MD on 5/30/2017 1:50 PM
CC: FAROOQI, FATIMA PAC - FAX

Facility #: --- 003894

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: May 30, 2017

Immunization Report

User: (b)(6)

Time: 19:44:47 MT

Resident: (b)(6) Consent Status: All Date Range: 05/01/2017 - 05/31/2017

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

(b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 05/30/2017	
Hepatitis B	Consented	Left Deltoid - 05/30/2017	
MMR	Consented	Left Deltoid - 05/30/2017	
Meningicoccal	Consented	Left Deltoid - 05/30/2017	
IPV	Consented	Right Deltoid - 05/30/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 05/30/2017	
Tdap	Consented	Right Deltoid - 05/30/2017	
HPV	Consented	Right Deltoid - 05/30/2017	
Influenza	Consented	Right Deltoid - 05/30/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)(6) Casa Phoenix
Date:	2017/03/22 20:19:17
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1996.

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/03/22 20:19:04
Delivered Date:	2017/03/22 20:19:17

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

Memo of Age Determination
March 22, 2017

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

Through: SWK Casa Phoenix

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

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

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on January 31, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1999 upon apprehension by immigration officials.

While in ORR care he was transferred twice before arriving to SWKEY Casa Phoenix; he was initially placed at BCFS Baytown on (b)(6) 2016 and transferred to Ft. Bliss on (b)(6), 2016. Upon initial assessment and interview conducted by assigned Case Manager (b)(6) at SWK Casa Phoenix and while reviewing Mr. (b)(6) (b)(6) file it became apparent to the assigned Case Manager that Mr. (b)(6) (b)(6) could be overage. Case Manager proceeded to send the birth certificate that Mr. (b)(6) (b)(6) family provided on his behalf to the Phoenix Guatemalan Consulate for verification.

On March 22, 2017 ORR received a copy of the correct formal documents from Consular Assistant (b)(6) from the Phoenix Guatemalan Consulate informing that the document sent by the family in Guatemala was an altered document and they provided a consular verification of birth certificate showing a real date of birth of (b)(6) **, 1996**.

Case Manager then proceeded to contact and interview Mr. (b)(6) (b)(6) father and sister, (b)(6) (b)(6) and (b)(6) (b)(6) (b)(6) respectively, on March 22, 2017 who admitted to the Case Manager that the correct date of birth of their son/brother is (b)(6) **1996.** They stated that they wanted Mr. (b)(6) (b)(6) to get to the United States and help their family out of poverty. When Mr. (b)(6) (b)(6) got detained his family contacted a lawyer in COO who helped them alter Mr. (b)(6) (b)(6) Birth Certificate. Mr. (b)(6) (b)(6) family in Guatemala were afraid that immigration would send Mr. (b)(6) (b)(6) back to Guatemala and thought the process for reunification, as a minor, will be the safest option.

Case Manager then Interviewed Mr. (b)(6) (b)(6) who confirmed that the information provided by his sister was correct and that he had no additional information.

The Division of Children's Services' Federal Field Specialist (DUCO FFS) received and reviewed the information gathered by Guatemalan consulate and agrees that Mr. (b)(6) (b)(6) is an adult with a date of birth (b)(6) **1996**.

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

Along with this Memo ORR is submitting the following documents:

- Altered BC (b)(6) (b)(6) (b)(6 (b)(6)
- Photograph
- TB Clearance
- Consular Verification of DOB (b)(6) (b)(6) (b)(6 (b)(6)
- Immunizations

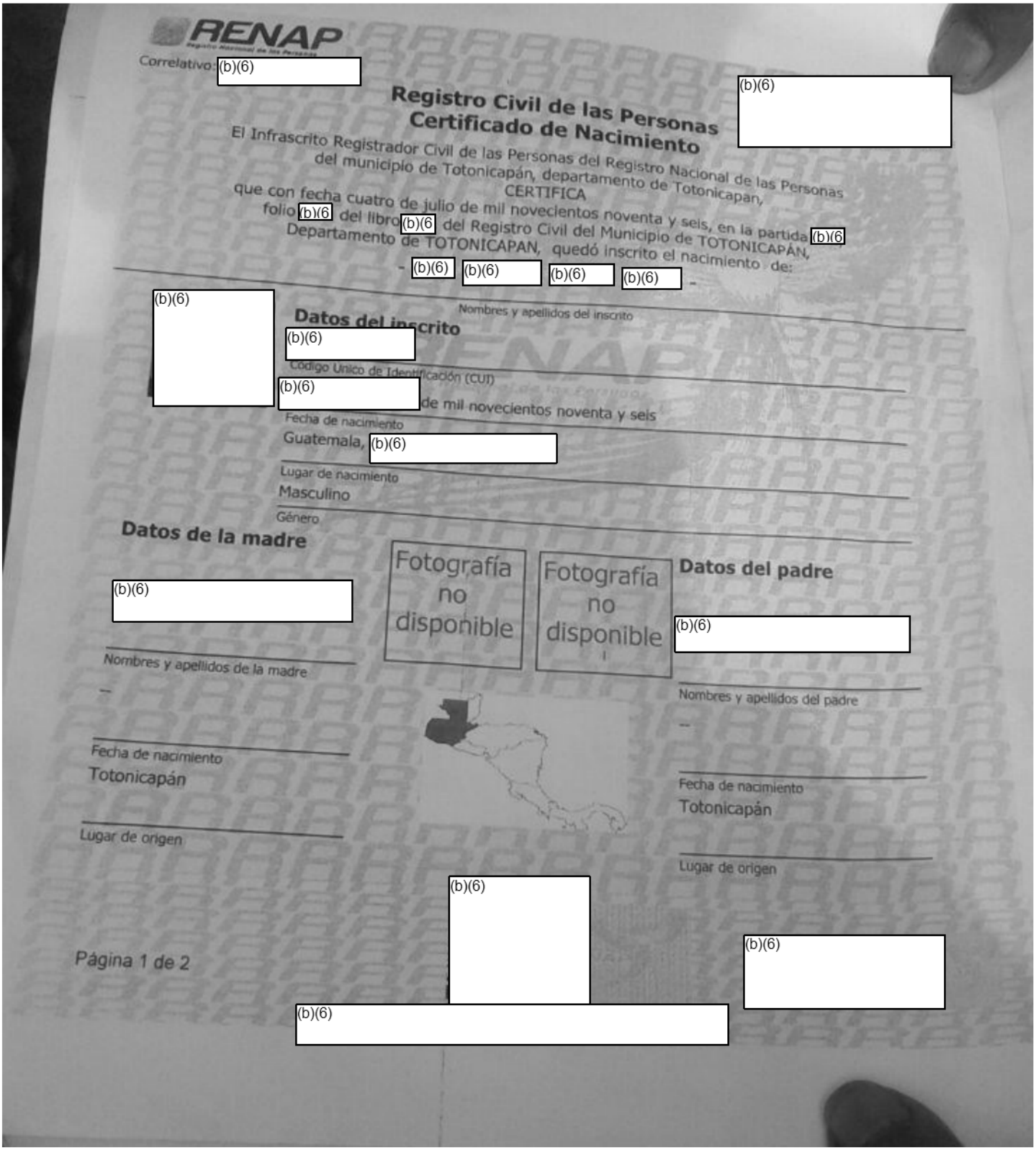
In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6 (b)(6) (b)(6) (b)(6) is 20 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.05.22 17:13:28 -07'00'

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



RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Totonicapán, departamento de Totonicapan,

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

de mil novecientos noventa y seis

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

Totonicapán

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

–

Fecha de nacimiento

Totonicapán

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Página 1 de 2

Observaciones
(1) Razón: La partida del fondo asentada con base al arto.392 C.C.
El Infrascrito Registrador Civil de las Personas del municipio Totonicapán, departamento de Totonicapan, hace constar que de conformidad con la información proporcionada por la Dirección de Procesos, el inscrito en la partida de fondo se enroló con fecha 16/04/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

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

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

REGISTRO CIVIL 1 DE PERSONAS
RENAP
OFICINA 278
TOTONICAPAN, TOTONICAPAN

Francisco Javier Menos Ochoa
Registrador Civil de las Personas

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

003900

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-03-21

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1996

País, departamento y municipio de nacimiento:

GUATEMALA	TOTONICAPAN	TOTONICAPÁN

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

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

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas

RENAP

Correlativo (b)(6)

(b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Totonicapán, departamento de Totonicapan,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Datos del inscrito

Código Unico de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Totonicapan, Totonicapán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

Totonicapán

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

Totonicapán

Lugar de origen

25195192808[illegible]
24/11/2016 08:[illegible]:00a.m.
[illegible]

3D89EE7B0B7E82DD1AE491527EB57EE728AA8BE8

Observaciones
(1) Razón: La partida del fondo asentada con base al artículo 392 C.C.

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

ULTIMA LINEA

Doy fe (b)(6)

RENAP
OFICINA 278
TOTONICAPAN
TOTONICAPAN

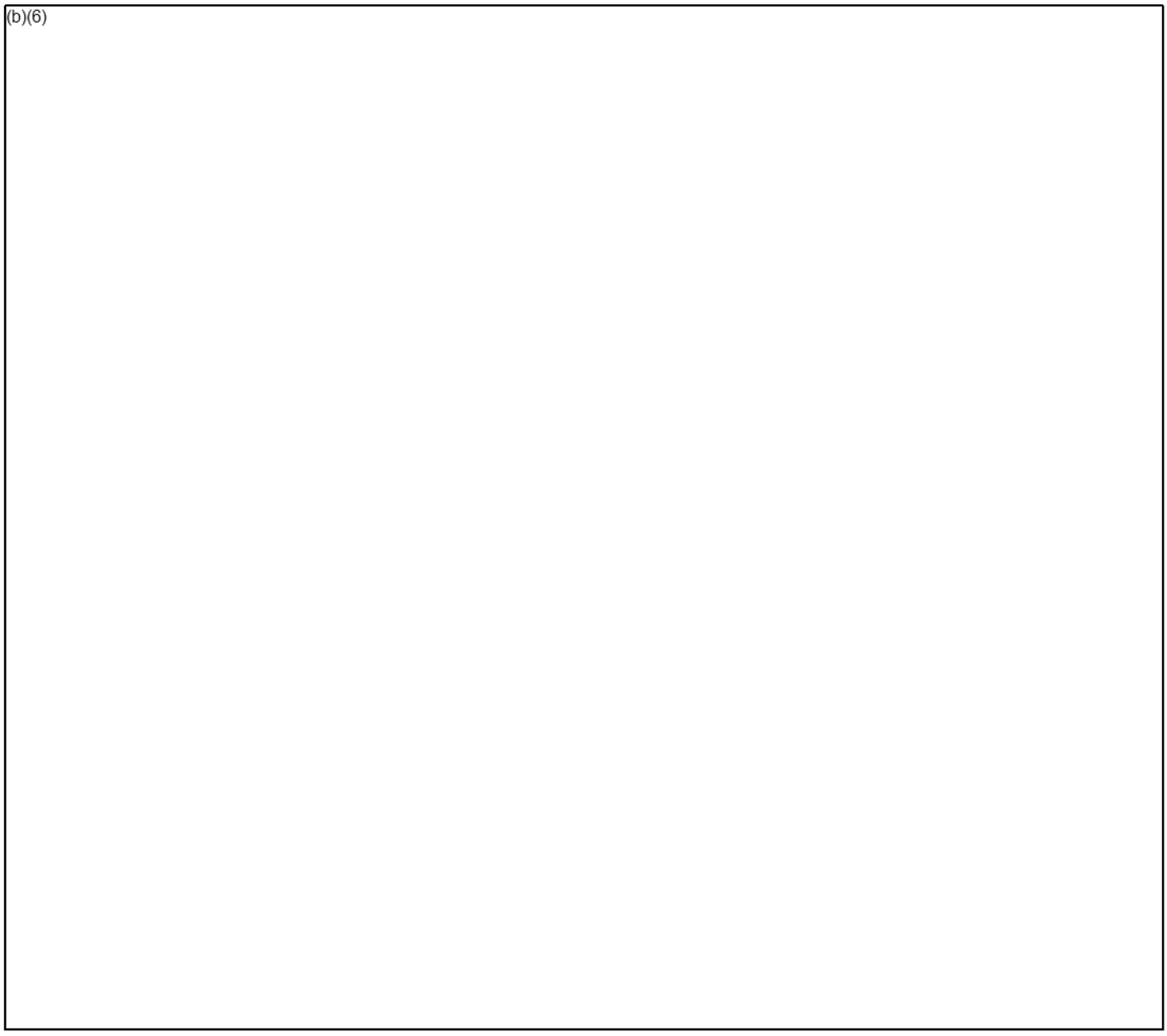
Francisco Javier Mendoza Ochoa
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veinticuatro de noviembre del dos mil dieciséis y tiene vigencia de seis meses o las verificaciones del Código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1515.

003903

(b)(6)

003904



Submit

OMB Control No: (b)(6)
Expiration date: 11/30/2018

Supplemental Form: TB Screening
Unaccompanied Children's Program
Office of Refugee Resettlement (ORR)

General Information
(to be completed by program staff)

Child	Last name: (b)(6)	First name: (b)(6)	
	DOB: (b)(6) 99	A#: (b)(6)	Gender: M
Healthcare Provider or Health Dept.	Name: (b)(6)	Phone number: (b)(6)	Clinic/Practice: BCFS
	Street address: (b)(6)	City/Town: (b)(6)	State: TX
			Date of visit: 11/21/16.
Program	Name of program staff with child: BCFS	Program name: BCFS-BAYTOWN	

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

PPD/Tuberculin skin test (TST):	**Date applied:**	**Date read:**
	Result: mm	**Interpretation:** ○ Positive ○ Negative
TB blood test (Interferon-Gamma Release Assay [IGRA]):	**Date drawn:** 11/21/16.	
	Test Type: ○ QuantiFERON®-TB Gold In-Tube test (QFT-GIT)	◉ T-SPOT®.TB test (T-Spot)
	Result: ○ Positive	◉ Negative ○ Borderline/Equivocal/Indeterminate
Chest x-ray:	**Date:** 11/22/16	**Findings:** ◉ Normal ○ Abnormal
Additional Information		

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

oxford
DIAGNOSTIC LABORATORIES®

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

CLIA ID# (b)(6)
Charles Handorf, MD PhD, Medical Director

Patient Name:	(b)(6) (b)(6) (b)((b)(6)	Provider:	(b)(6)
Patient ID:	(b)(6)	Location:	BCFS Baytown Medical
Sex:	M	Customer Number:	(b)(6)
DOB:	(b)(6) 1999	Sample ID:	(b)(6)
Collection Date/Time:	11/21/2016 10:35	Received Date/Time:	11/22/2016 04:47
		Approval	11/23/2016 10:18

T-SPOT.*TB* Test Results [A]

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.

T-SPOT.TB	Negative
Nil (Neg) Control Spot Count	0
Panel A Spot Count	0
Panel B Spot Count	0
Positive Control Spot Count	>20

(b)(6)

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

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

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

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

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

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

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

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

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

TB-TRLIS-US-V3

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Vaccine Administration Record for Children and Teens

Patient name: (b)(6)
Birthdate: (b)(6) 04
Chart number: (b)(6)

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine[1]	Date given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials & title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Measles, Mumps, Rubella[6] (e.g., MMR, MMRV) Give SC.[7]	MMR	11/21/16	S	RA	M016233	Merck	4/20/12	11/21/16	(b)(6)
Varicella[6] (e.g., VAR, MMRV) Give SC.[7]	VAR	11/21/16	S	RA	M033211	Merck	3/13/08	11/21/16	
Hepatitis A (HepA) Give IM.[7]	Hep A	11/21/16	S	LA	2T5KA	GSK	7/20/10	11/21/16	
Meningococcal (e.g., MCV4; MPSV4) Give MCV4 IM[7] and MPSV4 SC.[7]	MCV4	11/21/16	S	RA	M160006	Novartis	3/31/14	11/21/16	
Human papillomavirus (e.g., HPV2, HPV4) Give IM.[7]	Hpv9	11/21/16	S	LA	L037554	Merck	3/31/16	11/21/16	
Influenza (e.g., TIV, inactivated; LAIV, live attenuated) Give TIV IM.[7] Give LAIV IN.[7]									
Other									

See page 1 to record hepatitis B, diphtheria, tetanus, pertussis, *Haemophilus influenzae* type b, polio, pneumococcal, and rotavirus vaccines.

How to Complete this Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.
7. IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous; IN is the abbreviation for intranasal.

Abbreviation	Trade Name & Manufacturer
MMR	MMRII (Merck)
VAR	Varivax (Merck)
MMRV	ProQuad (Merck)
HepA	Havrix (GlaxoSmithKline [GSK]); Vaqta (Merck)
HepA-HepB	Twinrix (GSK)
HPV2	Cervarix (GSK)
HPV4	Gardasil (Merck)
LAIV (Live attenuated influenza vaccine)	FluMist (MedImmune)
TIV (Trivalent inactivated influenza vaccine)	Afluria (CSL Biotherapies); Agriflu (Novartis); Fluarix (GSK); FluLaval (GSK); Fluvirin (Novartis); Fluzone (sanofi)
MCV4	Menactra (sanofi pasteur); Menveo (Novartis)
MPSV4	Menomune (sanofi pasteur)

Technical content reviewed by the Centers for Disease Control and Prevention, March 2011.

For additional copies, visit www.immunize.org/catg.d/p2022.pdf • Item #P2022 (3/11)

This form was created by the Immunization Action Coalition • www.immunize.org • www.vaccineinformation.org

Vaccine Administration Record for Children and Teens

Patient name: (b)(6)
Birthdate: (b)(6) 1999
Chart number: (b)(6)

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure he/she understands the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Vaccine	Type of Vaccine[1]	Date given (mo/day/yr)	Funding Source (F,S,P)[2]	Site[3]	Vaccine		Vaccine Information Statement (VIS)		Vaccinator[5] (signature or initials & title)
					Lot #	Mfr.	Date on VIS[4]	Date given[4]	
Hepatitis B[6] (e.g., HepB, Hib-HepB, DTaP-HepB-IPV) Give IM.[7]	Hep B	11/21/16	S	LA	443K2	GSK	7/20/16	11/21/16	(b)(6)
Diphtheria, Tetanus, Pertussis[6] (e.g., DTaP, DTaP/Hib, DTaP-HepB-IPV, DT, DTaP-IPV/Hib, Tdap, DTaP-IPV, Td) Give IM.[7]	Tdap	11/21/16	S	RA	LU54TBA	SP	2/24/15	11/21/16	
***Haemophilus influenzae* type b**[6] (e.g., Hib, Hib-HepB, DTaP-IPV/Hib, DTaP/Hib) Give IM.[7]									
Polio[6] (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV) Give IPV SC or IM.[7] Give all others IM.[7]	IPV	11/21/16	S	LA	N1A451M	SP	7/20/16	11/21/16	
Pneumococcal (e.g., PCV7, PCV13, conjugate; PPSV23, polysaccharide) Give PCV IM.[7] Give PPSV SC or IM.[7]									
Rotavirus (RV1, RV5) Give orally (po).									

See page 2 to record measles-mumps-rubella, varicella, hepatitis A, meningococcal, HPV, influenza, and other vaccines (e.g., travel vaccines).

How to Complete This Record

1. Record the generic abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at right).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or IN (intranasal).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting may want to keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.
7. IM is the abbreviation for intramuscular; SC is the abbreviation for subcutaneous.

Abbreviation	Trade Name & Manufacturer
DTaP	Daptacel (sanofi); Infanrix (GlaxoSmithKline [GSK]); Tripedia (sanofi pasteur)
DT (pediatric)	Generic (sanofi pasteur)
DTaP-HepB-IPV	Pediarix (GSK)
DTaP/Hib	TriHIBit (sanofi pasteur)
DTaP-IPV/Hib	Pentacel (sanofi pasteur)
DTaP-IPV	Kinrix (GSK)
HepB	Engerix-B (GSK); Recombivax HB (Merck)
HepA-HepB	Twinrix (GSK); can be given to teens age 18 and older
Hib	ActHIB (sanofi pasteur); Hiberix (GSK); PedvaxHIB (Merck)
Hib-HepB	Comvax (Merck)
IPV	Ipol (sanofi pasteur)
PCV13	Prevnar 13 (Pfizer)
PPSV23	Pneumovax 23 (Merck)
RV1	Rotarix (GSK)
RV5	RotaTeq (Merck)
Tdap	Adacel (sanofi pasteur); Boostrix (GSK)
Td	Decavac (sanofi pasteur), Generic (MA Biological Labs)

Technical content reviewed by the Centers for Disease Control and Prevention. March 2011.

For additional copies, visit www.immunize.org/catg.d/p2022.pdf • Item #P2022 (3/11)

This form was created by the Immunization Action Coalition • www.immunize.org • www.vaccineinformation.org

Facility #: ---
Date: Feb 8, 2017
Time: 21:37:06 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

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

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 02/01/2017 - 02/28/2017
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

Tumax (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6)/1999 - Sex:

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	- - 02/08/2017	
IPV	Consented	- - 02/08/2017	
MMR	Consented	- - 02/08/2017	
Varicella (chicken pox)	Consented	- - 02/08/2017	
Td	Consented	- - 02/08/2017	

003910

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b) (b)(6) Casa Phoenix
Date:	2017/03/22 19:28:04
Priority:	Urgent
Type:	Note

Good afternoon,

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

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2017/03/22 19:27:58
Delivered Date:	2017/03/22 19:28:04

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

Memo of Age Determination
March 22, 2017

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

Through: SWK Casa Phoenix

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

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

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

Mr. (b)((b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on November 15, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1999 upon apprehension by immigration officials.

Upon initial assessment and interview conducted by assigned Case Manager (b)(6) at SWK Casa Phoenix Mr. (b)(6) (b)(6) reported his date of birth as (b)(6), 1999. On March 20, 2017 Case Manager proceeded to send the birth certificate that Mr. (b)(6) (b)(6) family provided on his behalf to the Guatemalan Consulate for verification as the RENAP website did not provide a match.

On March 22, 2017 the Guatemalan Phoenix Consulate provided ORR with verification of the formal document informing that the document sent by the family in Guatemala was an altered document and that the correct date of birth for the document of (b)((b)(6) (b)(6) is (b)(6), **1998**.

Case Manager then proceeded to contact Mr. (b)(6) (b)(6) father, (b)(6) (b)(6) (b)(6) but he did not answer the phone. Case Manager then interviewed Mr. (b)(6) (b)(6) who confirmed that his date of birth was (b)(6) 1998 and stated that in home country he was told that he would be coming faster and safer by impersonating a minor. During his journey to the US his smuggler altered his birth certificate with the date of birth (b)(6), 1999. The smuggler charged Mr. (b)(6) (b)(6) 1.500 quetzals for altering his birth certificate. Mr. (b)(6) (b)(6) stated that he didn't know the smuggler's name.

The Division of Children's Services' Federal Field Specialist (DUCO) received and reviewed the information gathered by Guatemalan consulate and agrees that Mr. (b)((b)(6) (b)(6) is an adult with a date of birth (b)(6), **1998**.

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

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Self-Statement
- Consular verification of DOB
- Photograph
- TB Clearance
- Immunizations

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)((b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.03.22 16:19:04 -07'00'

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

003914

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-03-21

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1998

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	ZACUALPA

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6	(b)(6	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6) (b)(6) (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6) (b)(6) (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

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

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas

003915

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

RENAP

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

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

CERTIFICA

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

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

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Quiché, Zacualpa

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6) de mil novecientos ochenta

Fecha de nacimiento

Zacualpa, Quiché

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

Zacualpa, Quiché

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

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

www.renap.gob.gt

003916

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el dìa veinticinco de octubre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es autèntica por ser una copia fiel de su original

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

RENAP
REGISTRO CIVIL DE LAS PERSONAS
GUATEMALA, GUATEMALA, SEDE No. 1
REGISTRO NACIONAL DE LAS PERSONAS - RENAP -

Licenciado Rafael Arturo , Andrade Barillas
Registrador Civil de las Personas

Notas Referenciales:

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

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

003917

(b)(6)

003918

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6)
Effective Date: 11/17/2016 13:30
Location: (b)(6)

Initial Admission: 11/16/2016
Admission: 11/16/2016
A#: (b)(6)

Date of Birth: (b)(6) 1999
Gender: M
Score: NA

Category: NA
Physician: Burzinski, Heather

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   11/16/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   Southwest Key Programs - Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
   01/04/2017
2. Date Read
   01/06/2017
3. Result in mm
   4
4. Interpretation
   - a. Positive
   - b. Negative

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

5. Date Drawn
   11/16/2016
6. Test type
   - a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
   - b. T-SPOT TB test (T-Spot)
7. Results:
   - a. Positive
   - b. Negative
   - c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date
   11/16/2016
9. Findings
   - a. Normal
   - b. Abnormal

003919

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Note: Quantiferon Results 11/16/2016 : Specimen rejected or invalid test . PPD 01/04/2017 : Negative .

Facility #: --- 003920 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Nov 16, 2016 | Immunization Report | User: (b)(6)

Time: 20:26:26 MT

Resident: (b)(6) (b)(6) (b)((b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016

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

(b)(6) (b)(6) (b)((b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 11/16/2016	
Hepatitis B	Consented	- - 11/16/2016	
HPV	Consented	- - 11/16/2016	
Influenza	Consented	- - 11/16/2016	
IPV	Consented	- - 11/16/2016	
Meningicoccal	Consented	- - 11/16/2016	
MMR	Consented	- - 11/16/2016	
Tdap	Consented	- - 11/16/2016	
Varicella (chicken pox)	Consented	- - 11/16/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) , (b)(6) AKA (b)(6) (b)(6) , (b)(6) (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX
Date:	2017/01/26 19:37:49
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed individual who has been determined to have a correct DOB (b)(6) /1997.

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2017/01/26 19:37:45
Delivered Date:	2017/01/26 19:37:49

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

Memo of Age Redetermination
January 26, 2017

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

Through: SWK Casa Phoenix

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

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)
AKA (b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on January 17, 2017 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting her name as (b)(6) (b)(6) (b)(6) and date of birth as (b)(6) 1999 upon apprehension by immigration officials with the purpose of misrepresenting herself as a minor.

Following placement in ORR care Ms. (b)(6) (b)(6) (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) could be overage. Case Manager requested a copy of Ms. (b)(6) (b)(6) birth certificate from her mother Ms. (b)(6) (b)(6) (b)(6) in Guatemala. On January 26, 2017 Mrs. (b)(6) (b)(6) faxed a copy of her daughter's birth certificate to the Case Manager who proceeded to verify the document with the official RENAP website which verified the document with a different name and different birth date than the one presented on the birth certificate sent from Guatemala. The verification of the formal document revealed that Ms. (b)(6) (b)(6) birth certificate had been altered and that her correct name is (b)(6) (b)(6) (b)(6) (b)(6) **with a verified date of birth (b)(6) /1997.**

Case Manager then provided Ms. (b)(6) (b)(6) an opportunity to explain why her verified birth certificate was showing a different name and date of birth and Ms. (b)(6) (b)(6) admitted that her correct name is (b)(6) (b)(6) (b)(6) (b)(6) and that her date of birth is (b)(6) , 1997 and not (b)(6) , 1999 and she stated that she was instructed by her paternal uncle to represent herself as a minor. It is unknown who or where the birth certificate was falsified only that it was provided by paternal uncle who provided it to the mother of Ms. (b)(6) Both parents of Ms. (b)(6) confirmed that the person in ORR custody is their 19-year-old daughter (b)(6) (b)(6) (b)(6) (b)(6)

I reviewed the documentation gathered by SWK Casa Phoenix regarding Ms. (b)(6) (b)(6) new information about her correct identity and I agreed that there is sufficient strong evidence to indicate that Ms. (b)(6) (b)(6) is 19 years old.

Along with this Memo the following documents are submitted:

- Original BC
- Altered BC
- Photograph
- TB Clearance

003923

- Self-Statement

In accordance with ORR policy (b)(6) (b)(6) (b)(6) (b)(6) is over 19 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for her care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.26 17:32:10 -07'00'

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

RENAP

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Tajumulco, departamento de San Marcos,

CERTIFICA

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

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

Nombres y apellidos del inscrito

Datos del inscrito

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, San Marcos, Tajumulco

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

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

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Jacqueline Jamileth , Rabanales Ochoa
Registrador Civil de las Personas

(b)(6)

003926

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

(b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Tajumulco, departamento de San Marcos,

CERTIFICA

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

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

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, San Marcos, Tajumulco

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

- (b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Fotografía no disponible

Datos del padre

Código Único de Identificación (CUI)

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Tajumulco, departamento de San Marcos, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 16/09/2015, por lo que corresponde el Código Único de Identificación - CUI - 2(b)(6)

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

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

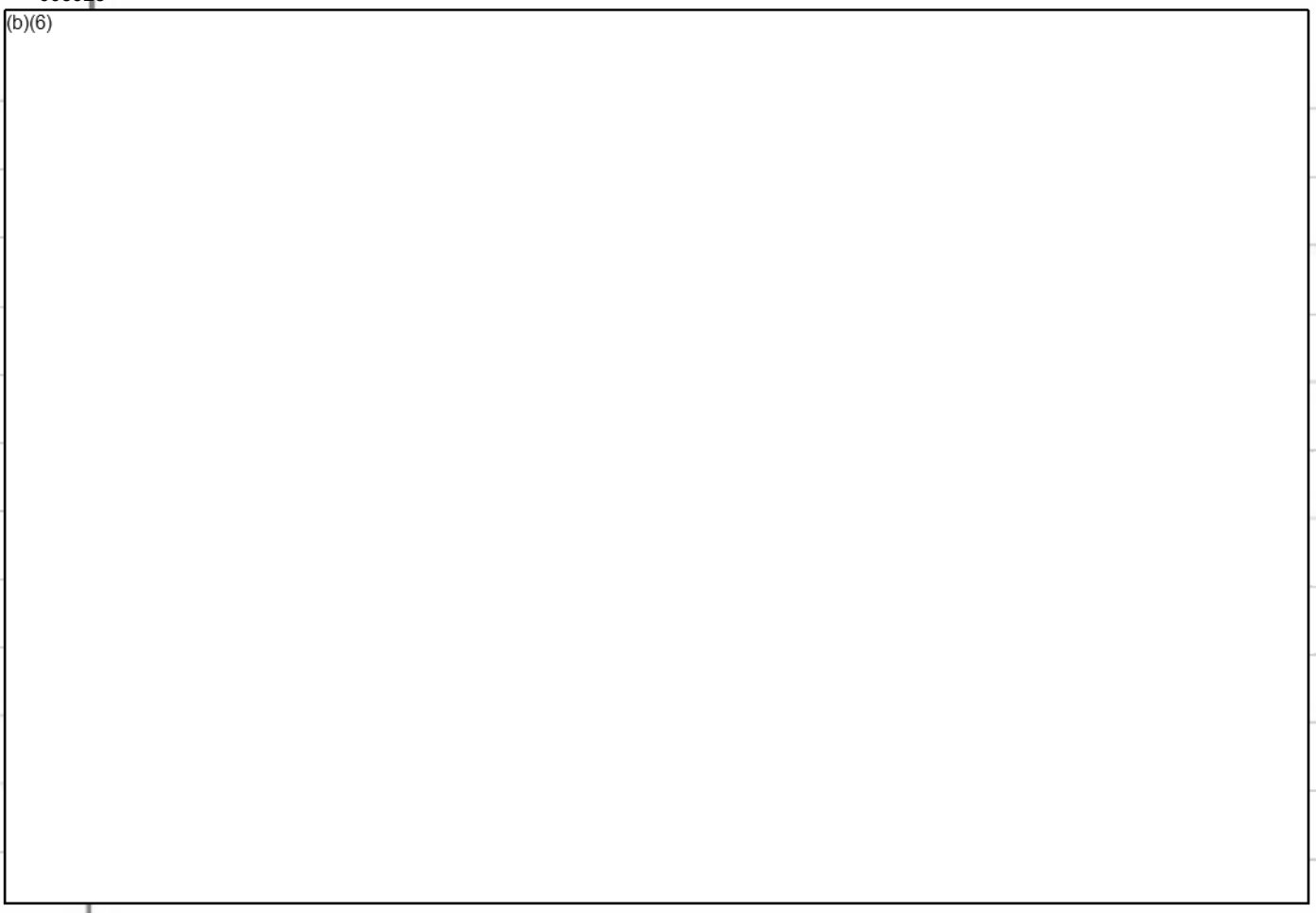
Jacqueline Jamileth , Rabanales Ochoa

Registrador Civil de las Personas

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

003928

(b)(6)



Facility #: --- 003929 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jan 18, 2017 | Immunization Report | User: (b)(6)

Time: 17:50:07 MT

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

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

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 01/18/2017	
Hepatitis B	Consented	- - 01/18/2017	
HPV	Consented	- - 01/18/2017	
Influenza	Consented	- - 01/18/2017	
IPV	Consented	- - 01/18/2017	
Meningicoccal	Consented	- - 01/18/2017	
MMR	Consented	- - 01/18/2017	
Tdap	Consented	- - 01/18/2017	
Varicella (chicken pox)	Consented	- - 01/18/2017	

003930

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

Maricopa Integrated Health System
Department of Medical Imaging

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

Imaging Result Report

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

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Wed Jan 18, 2017 9:05 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for routine child health examination without abnormal findings

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

CLINICAL HISTORY:
r/o TB

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

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

(b)(6)

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

003931

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

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

Released By: Pejman Hedayati, MD on 1/18/2017 11:57 AM
CC: ELEZ, NIKOLINA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 1205 S. 7th Avenue
Phoenix AZ 85007-3913

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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2017/01/16 11:45:51
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above individual with a verified DOB (b)(6) 1997.

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2017/01/16 11:45:46
Delivered Date:	2017/01/16 11:45:51

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

Memo of Age Determination
January 16, 2017

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

Through: SWK Casa Phoenix

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

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

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

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on December 26, 2016 as a juvenile as a result of Ms. (b)(6) knowingly providing to apprehending officials a date of birth different from what has now been revealed by the consulate to be his real date of birth.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother Mrs. (b)(6) (b)(6) (b)(6) in Guatemala. On January 02, 2016 Mrs. (b)(6) (b)(6) (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to verify the document with the Phoenix Guatemalan Consulate. The Guatemalan Consulate verified the birth certificate and determined that Mr. (b)(6) (b)(6) birth certificate had been altered and his real date of birth is (b)(6) (b)(6) **1997**.

Case Manager then spoke with Mr. (b)(6) (b)(6) who stated that on the way to the United States the smuggler told him that his birth Certificate will be altered. The smuggler told him it was part of the plan of getting him into the United States. Mr. (b)(6) (b)(6) paid the smuggler 5,000 Quetzals and the alteration of the document was included in the price, Mr. (b)(6) (b)(6) is not aware of the smuggler's name and just remember that this happened a couple of days prior to entering the United States. He stated that the smuggler told him to remember the new provided date of birth in case they were apprehended up by ICE officials.

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

Along with this Memo ORR is submitting the following documents:

- Altered BC
  Consular Verification of DOB
- Photograph
- Immunizations
- Statement

In accordance with ORR policy, the documentation for this individual was reviewed indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.16 09:36:55 -07'00'

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

003935

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

Correlativo: (b)(6)

VERIFICADOR ID (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

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

CERTIFICA

que con fecha catorce de enero de dos mil, en la partida (b)(6), folio (b)(del libro (b)(6), del Registro Civil del Municipio de GUATEMALA, Departamento de GUATEMALA, quedó inscrito el nacimiento de:

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

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

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

Fecha de nacimiento

Guatemala, Guatemala, Guatemala

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

003936

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el dìa dieciséis de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es autèntica por ser una copia fiel de su original

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Licenciado Rafael Arturo , Andrade Barillas
Registrador Civil de las Personas

RENAP
Registro Nacional de las Personas
REGISTRO CIVIL DE LAS PERSONAS
GUATEMALA, GUATEMALA, SEDE No. 1
REGISTRO NACIONAL DE LAS PERSONAS - RENAP -

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

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

(b)(6)

003937

003938

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (43871)
Effective Date: 12/28/2016 22:20
Location: (b)(6)

Initial Admission: 12/28/2016
Admission: 12/28/2016
A#: (b)(6)

Date of Birth: (b)(6) 1999
Gender: M
Score: NA

Category: NA
Physician: Burzinski, Heather

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Heather Bursinski
   b.Telephone:
   (602) 344-6655
2. Date of visit
   12/28/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   (b)(6)

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
   01/28/2017
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
   12/28/2016
9. Findings
   - a. Normal
   - b. Abnormal

003939

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Facility #: --- 003940 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Dec 28, 2016 | Immunization Report | User: (b)(6)

Time: 21:48:05 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016

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

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 12/28/2016	
Hepatitis B	Consented	- - 12/28/2016	
HPV	Consented	- - 12/28/2016	
Influenza	Consented	- - 12/28/2016	
IPV	Consented	- - 12/28/2016	
Meningicoccal	Consented	- - 12/28/2016	
MMR	Consented	- - 12/28/2016	
Tdap	Consented	- - 12/28/2016	
Varicella (chicken pox)	Consented	- - 12/28/2016	

From:	(b)(6) @swkey.org>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
Subject:	RE: ADULT AGE REDETERMINATION Family Unit-Pair mom/child (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6 (b)(6) (b)(6) & (b)(6) (b)(6) (b)(6 (b)(6) Casa Phoenix
Date:	2016/12/09 14:18:57
Priority:	Normal
Type:	Note

Hello,

I just got off the phone with the uncle and he stated he has not purchased the ticket nor received a call to complete the purchase.

Thank you,

(b)(6)

Case Manager

Southwest Key Programs-Casa Phoenix 922

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

Fax:

602-926-2708

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

Tue-Sat: 9-5pm

1455658092830_Southwest

-

Opening doors to opportunity so individuals can achieve their dreams!!

-

Abriendo puertas a la oportunidad para que los individuos pueden alcanzar sus sueños!!

-

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

Referred to DHS

003943

Referred to DHS

Referred to DHS

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

Sent: Friday, December 09, 2016 10:30 AM

To: PHO, Juv Placement; Hillin, Myriam (ACF)

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

Subject: RE: ADULT AGE REDETERMINATION Family Unit-Pair mom/child (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix

Good Morning,

Yes, he is will to purchase the ticket. Contact number for (b)(6) is (b)(6)

Thank you,

(b)(6), BASW

Case Manager

Southwest Key Programs-Casa Phoenix 922

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

Fax:
602-926-2708

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

Tue-Sat: 9-5pm

1455658092830_Southwest

Opening doors to opportunity so individuals can achieve their dreams!!

Abriendo puertas a la oportunidad para que los individuos pueden alcanzar sus sueños!!

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Referred to DHS

003946

Referred to DHS

Referred to DHS

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

Sent: Thursday, December 08, 2016 5:48 PM

To: PHO, Juv Placement; Phoenix, Juvenile

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

Subject: ADULT AGE REDETERMINATION Family Unit-Pair mom/child (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) SWK Casa Phoenix

Importance: High

Good evening/morning,

The mother/daughter pair listed in the subject line were placed in ORR care at SWK Casa Phoenix on 12/04/2016. The mom has been determined to be an adult with a verified DOB (b)(6) /1996. They are both healthy with no outstanding medical needs. The Florence Project was informed about this case and they informed that their understanding is that in these matters ICE might
reach out to the Restoration Project to be involved for ROR.

Please let us know if anything else is needed for their transfer to your custody.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	602-327-0986	

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	(b)(6) @swkey.org>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
Sent Date:	2016/12/09 14:18:24
Delivered Date:	2016/12/09 14:18:57

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT - AGE REDETERMINATION (b)(6 (b)(6) (b)(6) (b)(6) AKA (b)((b)((b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/12/13 12:48:59
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6 (b)((b)(6) (b)(6) with a correct DOB (b)(6) /1996.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	602-327-0986	

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/12/13 12:48:51
Delivered Date:	2016/12/13 12:48:59

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

Memo of Age Determination
December 13, 2016

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

Through: SWK Casa Phoenix

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

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

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

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on November 17, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what he and his family have now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that he appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his alleged adoptive mother, (b)(6), who resides in Honduras. Ms. (b)(6) sent the birth certificate for Mr. (b)(6) (b)(6) and stated that it was the only document that she had for him.

Thus, on November 23, 2016 Mr. (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine his chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached his 18th birthday as a percentage is 80.85%**".

After further interviewing with Mr. (b)(6) (b)(6) and his alleged family in Honduras, Case Manager was able to receive further clarification that individual was using a document provided by his foot guide that belonged to an unknown minor.

Mr. (b)(6) (b)(6) real name is (b)(6) (b)(6) (b)(6) (b)(6) **and he was born** (b)(6), **1996**. Individual also provided information about his real family including a phone number to reach his (b)(6) (b)(6) (b)(6)

Case Manager requested a copy of Mr. (b)(6) (b)((b)(6) (b)(6) birth certificate from his (b)(6) (b)(6) (b)(6) who resides in Honduras. Mr. (b)(6) (b)(6) faxed a copy of Mr. (b)(6) (b)(6) birth certificate with his correct name as (b)(6) (b)((b)(6) (b)(6) with a date of birth of (b)(6) 1996 to the Case Manager who proceeded to request verification of the document with the Honduran Consulate.

The Honduras Consulate verified Mr. (b)(6) birth certificate on December 9, 2016 with a date of birth of (b)(6), **1996** confirming that Mr. (b)(6) (b)(6) is over the age of 18.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Mr. (b)(6) (b)(6) (b)(6) Ordoñez AKA (b)(6 (b)((b)(6) (b)(6) including his verified birth certificate indicating a correct date of birth of (b)(6) 1996, his own retraction of his first provided incorrect date of birth and name including admitting that he is 20 years old and his brother's corroboration of this information including admitting that this individual has carried out a scheme to create a false date of birth with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC's
- True Identity BC
- Photograph
- TB Clearance
- Immunizations
- Dental Forensic Exam
- Self-Statement

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

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.13 10:34:16 -07'00'

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

003955

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

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

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

del año y que pertenece a:

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

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

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***DANLÍ*** **b)** ***EL PARAISO*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***1996***
dìa *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

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

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

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

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

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

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***NUEVE*** dias del mes de ***DICIEMBRE***

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

C0801197303448
172.20.1.1

firma y sello del registrador civil municipal

LiuEmJDylXUk Y gi@8MGOcdsbi gaxFgiiF$JH0itZ@x@VGRBp@x@g@Nge7/vTT/\RmIyx@E@tc66Zs[$SjClpNmxu@Rwx@D4hA@PM/f6O$[/2RcF

003956

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

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

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

del año y que pertenece a:

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

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

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***DANLÍ*** **b)** ***EL PARAISO*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***2000***
dìa *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

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

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

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

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

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

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***VEINTISIETE*** dias del mes de ***NOVIEMBRE***

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

C0801197303448
76.184.141.255

firma y sello del registrador civil municipal

LiuEmJ2aCSFWh@ giJUMNJB@Pb4[illegible]kmj@uVX@cmF@u@zN[@$0/I0w/R0pViX@f@T6XrN2H3nC4pumxA3@MxUDf@[@tM/IROnx/n+7Y

003957

Dr. Peter Arvanitis
Family Dentistry

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

Date:	11/23/2016	**Case #:**	(b)(6)
First Name:	(b)(6) (b)(6)	**Last Name:**	(b)(6) (b)(6)
Sex:	Male	**Ancestry:**	American Hispanic
Reported DOB:	(b)(6) 2000		
Reported Age:	16		
Case Agency:	Office of Refugee Resettlement		
Location:	Phoenix		
Odontologist:	Peter Arvanitis DDS PC		
Radiologist:	Peter Arvanitis DDS PC		

(b)(6)

Maxillary

H	H	
Right		**Left**
H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6) (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) (b)(6) (b)(6) (b)(6), is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)(6) (b)(6) (b)(6) (b)(6) (b)(6), having attained 18 years of age is 80.85.

Respectfully Submitted,

Peter Arvanitis DDS PC

003958

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 12/12/2016 15:03
Location: (b)(6)
Initial Admission: 11/18/2016
Admission: 11/18/2016
A#: (b)(6)
Date of Birth: (b)(6) /2000
Gender: M
Score: NA
Category: NA
Physician: Burzinski, Heather

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   12/12/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   Southwest Key Programs - Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
2. Date Read
3. Result in mm
4. Interpretation
   - a. Positive
   - b. Negative

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

5. Date Drawn
   11/18/2016
6. Test type
   - a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
   - b. T-SPOT TB test (T-Spot)
7. Results:
   - a. Positive
   - b. Negative
   - c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date
   11/18/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

003959

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

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

11. Additional Information

Facility #: --- 003960

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Nov 19, 2016

Immunization Report

User: (b)(6)

Time: 12:10:36 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 11/01/2016 - 11/30/2016

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

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 11/18/2016	
Hepatitis B	Consented	- - 11/18/2016	
HPV	Consented	- - 11/18/2016	
Influenza	Consented	- - 11/18/2016	
IPV	Consented	- - 11/18/2016	
Meningicoccal	Consented	- - 11/18/2016	
Tdap	Consented	- - 11/18/2016	
Varicella (chicken pox)	Consented	- - 11/18/2016	

(b)(6)

003961

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	(b)(6) 14:53:51
Priority:	Normal
Type:	Note

Good afternoon,

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

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	602-327-0986	

Respectfully,

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

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) <gromero@swkey.org>"
Sent Date:	(b)(6) 14:53:47
Delivered Date:	(b)(6) 14:53:51

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

Memo of Age Determination
December 2, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on November 18, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting her date of birth as (b)(6) (b) 1999 upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Ms. (b)(6) (b)(6) could be over age. Case Manager proceeded then to contact Ms. (b)(6) (b)(6) father (b)(6) (b)(6) (b)(6), to request a copy of Ms. (b)(6) (b)(6) birth certificate. On November 24, 2016 Mr. (b)(6) (b)(6) provided a copy of his daughter's birth certificate with a date of birth of (b)(6) (b) 1999.

On November 24, 2016, Case Manager (b)(6) proceeded to send the birth certificate for consulate verification. On December 1, 2016, Case manager received the Consular Verification of DOB confirming Ms. (b)(6) (b)(6) true date of birth as (b)(6) (b) **1998**. Case Manager then spoke with Ms. (b)(6) (b)(6) father, (b)(6) (b)(6) (b)(6), who denied altering the birth certificate. Mr. (b)(6) (b)(6) claimed that his daughter is underage and there were no changes made to the birth certificate. Case Manager explained that the birth certificate had been verified by the Guatemalan consulate and showed that Ms. (b)(6) (b)(6) is overage.

Ms. (b)(6) (b)(6) entered ORR care with her (b)(6) who also presented an altered document and was determined to be an adult. During a clinical session Ms. (b)(6) (b)(6) (b)(6) inquired about her (b)(6) and about which birth certificate was verified as altered document. This prompted the verification of Ms. (b)(6) (b)(6) (b)(6) birth certificate.

Case Manager provided an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the verified date of birth received by the Guatemalan consulate and the date of birth verbally reported and stated on altered birth certificate. Ms. (b)(6) (b)(6) denied that her birth certificate was altered.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Ms. (b)(6) (b)(6) and FFS agrees that the individual in question is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Consular Verification of DOB
- Photograph
- TB clearance
- Immunizations

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that Ms. (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

RENA

Registro Nacional de las Personas
República de Guatemala

Correlativo (b)(6)

Registro Nacional de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas
Del municipio de Colotenango, departamento de Huehuetenango,
CERTIFICA

Que con fecha trece de Julio de mil novecientos noventa y nueve, en la partida (b)( ), folio (b)(6) del libro (b)(6) del registro Civil del Municipio de COLOTENANGO, departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

Datos del inscrito:

- (b)(6) (b)(6) (b)(6) – FEMENINO

Nombres y Apellidos del Inscrito — Género

(b)(6) de mil novecientos noventa y nueve

Fecha de Nacimiento

Guatemala, Huehuetenango, Colotenango

Lugar de Nacimiento

Datos de la madre	Datos del padre
Francisca, López García	Andrés, Morales Méndez
Nombres y apellidos de la madre	Nombre y apellidos del padre
--	--
Fecha de Nacimiento	Fecha de Nacimiento
(b)(6)	(b)(6)
Lugar de origen	Lugar de origen

(b)(6)

El Renap cuida y valora tu identidad
www.renap.gob.gt

Observaciones

f). Ilegible. Registrador: Ilegible. Se ve un sello.

extendida el Dos de Noviembre de dos mil dieciséis por el Registrador Civil de las personas, el cual es auténtico por ser una copia fiel de su original.

ULTIMA LINEA

Doy fe

(b)(6)

Jose Antonio , Domingo Diaz

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día dos de Noviembre de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones de código QR.

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Mon Nov 21, 2016 7:57 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for routine child health examination without abnormal findings

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
1. No radiographic evidence of tuberculosis infection.
2. No acute cardiopulmonary disease.

Report dictated by resident, Tanner Jugler, MD, 10870. The attending radiologist's signature

Printed by (b)(6) at 11/22/2016 10:11:53 PM

indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Poya Hedayati, MD
Tanner K Jugler, MD

Released By: Poya Hedayati, MD on 11/21/2016 9:41 AM

Ord Prov:	Michael J Do	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Michael J Do
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E Roosevelt St Phoenix AZ 85008		

Facility #: --- 003970

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Nov 21, 2016

Immunization Report

User: (b)(6)

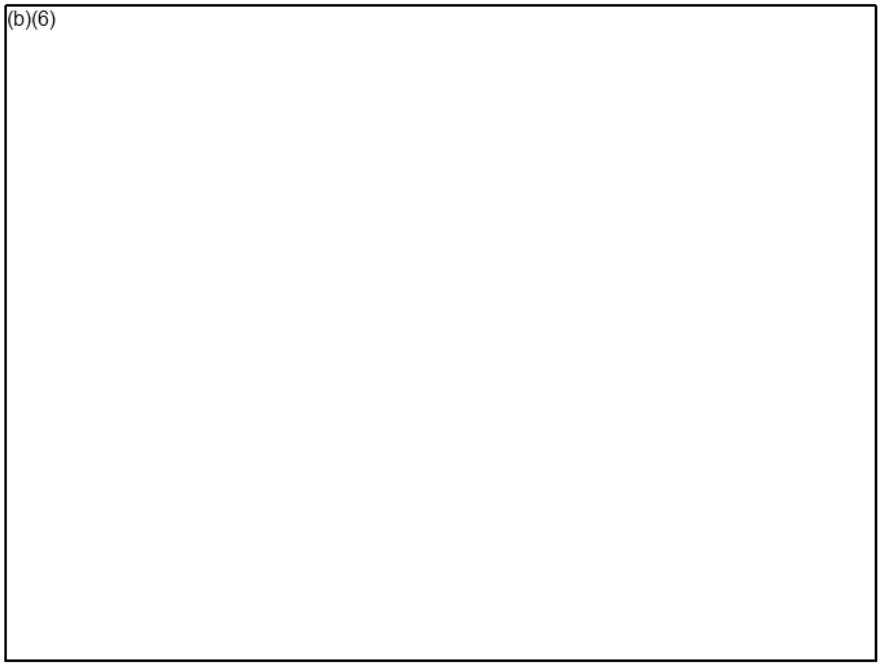
Time: 19:51:45 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	- - 11/21/2016	
IPV	Consented	- - 11/21/2016	
MMR	Consented	- - 11/21/2016	
Varicella (chicken pox)	Consented	- - 11/21/2016	
Hepatitis A	Consented	- - 11/21/2016	
Hepatitis B	Consented	- - 11/21/2016	
HPV	Consented	- - 11/21/2016	
Meningicoccal	Consented	- - 11/21/2016	
Influenza	Consented	- - 11/21/2016	


(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/12/01 01:32:04
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1993. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	602-327-0986	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/12/01 01:31:55
Delivered Date:	2016/12/01 01:32:04

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 30, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) DOB (b)(6)/2000 (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) **/1993**

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 21, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what he has now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be over age. Upon placement Mr. (b)(6) (b)(6) stated that his date of birth was (b)(6) 2000. Case Manager proceeded then to contact Mr. (b)(6) (b)(6) family in Honduras to ask for a birth certificate. Mr. (b)(6) (b)(6) mother provided a birth certificate for (b)(6) (b)(6) (b)(6) with DOB (b)(6) 2000.

On November 11, 2016 Mr. (b)(6) (b)(6) mother provided a copy of his son's birth certificate to the Case Manager who proceeded to send the document for verification with the Honduran Consulate. The Honduran Consulate verified Mr. (b)(6) birth certificate on November 23, 2016 with a date of birth of (b)(6), 2000.

Thus, on November 16, 2016 Mr. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine his chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached her 18th birthday as a percentage is 80.85%**". Per ORR policy if "an individual's estimated probability of being 18 or older is 75 percent or greater, ORR will refer the individual to DHS (and) this applies to all medical methods and approaches identified by the medical community as 'appropriate methods for assessing age'".

On November 30, 2016 Mr. (b)(6) (b)(6) (b)(6) admitted to Case Manager that he misreported his date of birth and name and acknowledged that his true name is (b)(6) (b)(6) (b)(6) (b)(6) **with DOB (b)(6) 1993**, but did not want to disclose any additional information.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Honduran Consulate and Case Manager for Mr. (b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) and his own retraction of his first provided incorrect name and date of birth including admitting that he is 23 years old that he has carried out a scheme to take another individual's identity with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Birth Certificate of taken identity of (b)(6) (b)(6) (b)(6)
- Honduran Birth Certificate of (b)(6) (b)(6) (b)(6) (b)(6)
- Self-Statement
- Dental exam
- Photograph
- TB Clearance
- Immunization Records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is 23 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

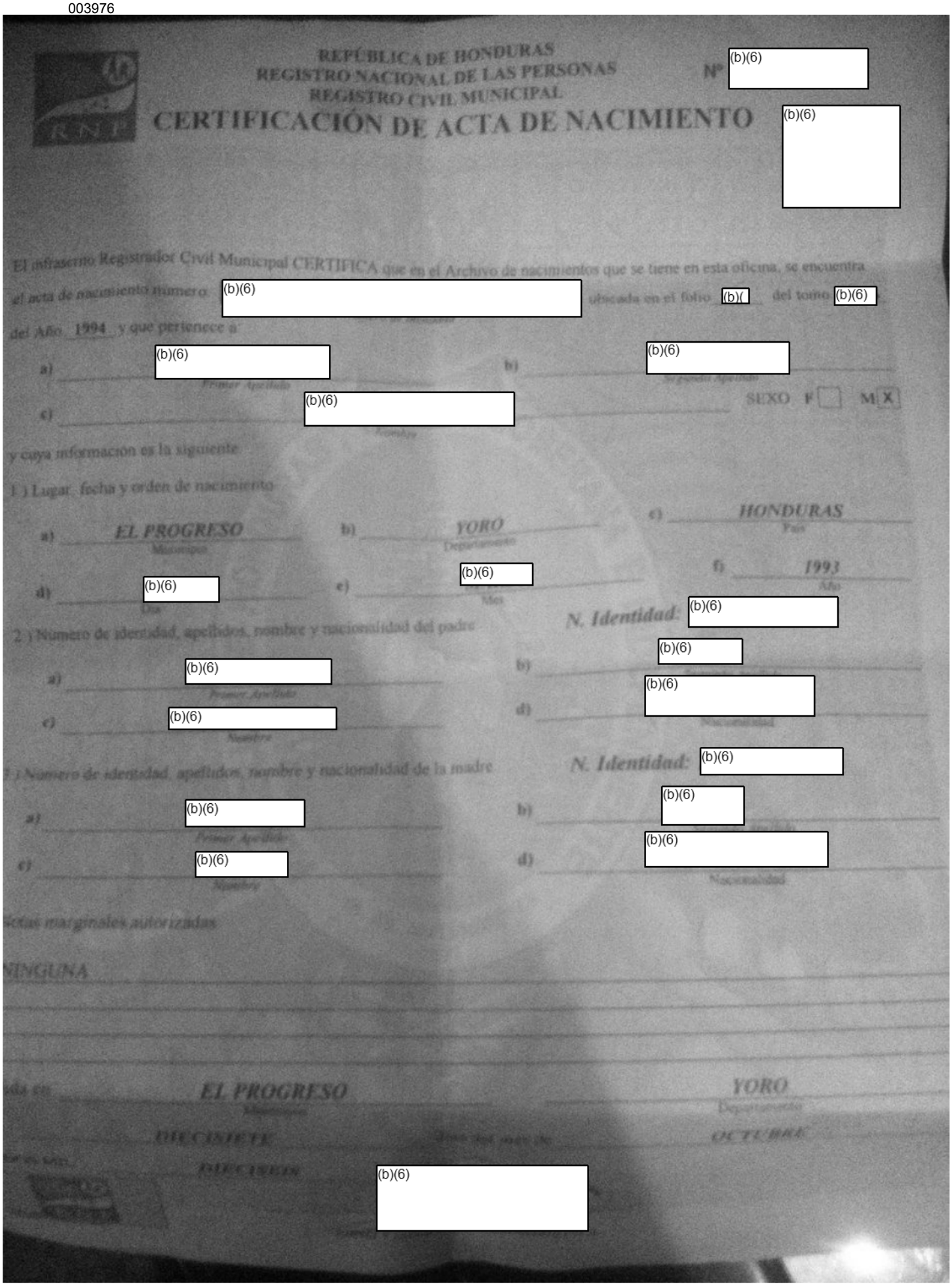
Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

003976



REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

Nº (b)(6)

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina, se encuentra el acta de nacimiento numero (b)(6) ubicada en el folio (b)(del tomo (b)(6) del Año 1994 y que pertenece a:

a) (b)(6) Primer Apellido
b) (b)(6) Segundo Apellido
c) (b)(6) Nombre
SEXO F [ ] M [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento:

a) EL PROGRESO Municipio
b) YORO Departamento
c) HONDURAS País
d) (b)(6) Día
e) (b)(6) Mes
f) 1993 Año

2.) Numero de identidad, apellidos, nombre y nacionalidad del padre:

N. Identidad: (b)(6)
a) (b)(6) Primer Apellido
b) (b)(6) Segundo Apellido
c) (b)(6) Nombre
d) (b)(6) Nacionalidad

3.) Numero de identidad, apellidos, nombre y nacionalidad de la madre:

N. Identidad: (b)(6)
a) (b)(6) Primer Apellido
b) (b)(6) Segundo Apellido
c) (b)(6) Nombre
d) (b)(6) Nacionalidad

Notas marginales autorizadas:

NINGUNA

Dada en: EL PROGRESO Municipio, YORO Departamento, a los DIECISIETE días del mes de OCTUBRE del año DIECISEIS

(b)(6)

003977

Dr. Peter Arvanitis
Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date:	11/16/2016	**Case #:**	(b)(6)
First Name:	(b)(6)	**Last Name:**	(b)(6) (b)(6)
Sex:	Male	**Ancestry:**	American Hispanic
Reported DOB:	(b)(6) /2000		
Reported Age:	16		
Case Agency:	Office of Refugee Resettlement		
Location:	Phoenix		
Odontologist:	Peter Arvanitis DDS PC		
Radiologist:	Peter Arvanitis DDS PC		

(b)(6)

Maxillary

H	H	
Right		**Left**
H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) (b)(6) (b)(6), is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)(6) (b)(6) (b)(6) (b)(6), having attained 18 years of age is 80.85.

Respectfully Submitted,

Peter Arvanitis DDS PC

003978

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

M (b)(6)

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina, se encuentra el acta de nacimiento número (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)
Número de Identidad

del Año 2000 y que pertenece a:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

SEXO F [ ] M [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento:

a) SAN PEDRO SULA Municipio

b) CORTES Departamento

c) HONDURAS País

d) (b)(6) Día

e) (b)(6) Mes

f) 2000 Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre: N. Identidad: 0107 1940 00501

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

d) (b)(6) Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre: N. Identidad: 1612 1972 00187

a) (b)(6) Primer Apellido

b) (b)(6)

c) (b)(6) Nombre

d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en EL PROGRESO Municipio, YORO Departamento

a los DIECISIETE días del mes de OCTUBRE

del DOS MIL DIECISEIS

(b)(6)

FIRMA Y SELLO DEL REGISTRADOR CIVIL

003979

Medical Imaging Department
2601 East Roosevelt
Phoenix, AZ 85008
(602) 344-1300
(602) 344-1313 Fax

EXTREMELY URGENT! If you have received this copy in error, please immediately notify us by telephone and return the document to us at the above address. Thank you for your cooperation. If there are any problems receiving this FAX, please contact the sender at 602-344-1313.

From:	**Medical Imaging Scheduling**
Fax Number:	**(602)344-1313**
Voice Phone:	**(602)344-1300**

To:
Fax Number:
Voice Phone:

Fax Notes:

The information contained in this facsimile material is PRIVILEGED and CONFIDENTIAL INFORMATION intended only for the use of the addressee listed above. If you are neither the intended recipient of the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action in reliance on the content of this telecopied information is strictly prohibited.

Date and time of transmission:
Number of pages including this cover sheet:

003980

(b)(6), (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6), (b)(6)
DOB: (b)(6)/00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR chest PA and lateral

Exam Date & Time: Sat Oct 22, 2016 (b)(6) AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening examination for infectious disease

EXAM DESCRIPTION:
XR CHEST PA AND LATERAL
Accession # (b)(6)

COMPARISON:
None.

CLINICAL HISTORY:
screening

TECHNIQUE:
PA, Lateral Chest

FINDINGS:
HEART: Normal.

LUNGS: Clear. No consolidation, effusion or pneumothorax.

VASCULATURE: Normal.

MEDIASTINUM: Normal.

SOFT TISSUES: Normal.

BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no x-ray findings to suggest active

003981

(b)(6) (b)(6) (MRN (b)(6))
granulomatous/fungal disease.
NOTE:
Report dictated by resident, Margaret Kincaid MD, 10622. The attending radiologist's signature
indicates that the study has been interpreted and the report approved

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Poya Hedayati, MD
Margaret Kincaid, MD

Released By: Poya Hedayati, MD on 10/22/2016 9:15 AM
CC: HEATHER BURZINSKI - FAX

Ord Prov:	Heather Burzinski	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Heather Burzinski
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E. ROOSEVELT ST. Phoenix AZ 85008		

Facility #: --- 003982

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Oct 25, 2016

Immunization Report

User: (b)(6)

Time: 09:14:10 MT

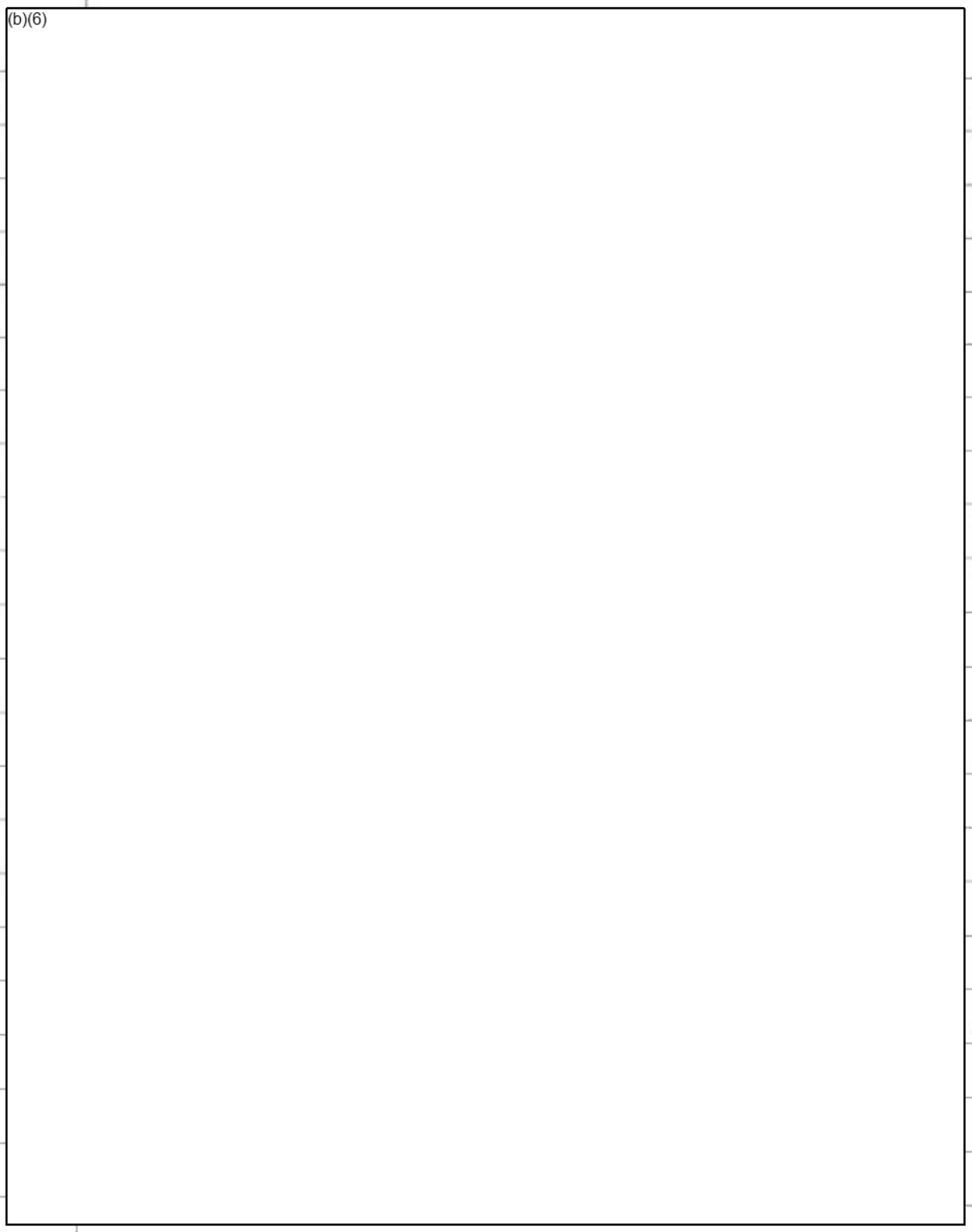
Resident: (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 10/01/2016 - 10/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 10/24/2016	
Hepatitis B	Consented	- - 10/24/2016	
HPV	Consented	- - 10/24/2016	
Influenza	Consented	- - 10/24/2016	
IPV	Consented	- - 10/24/2016	
Meningicoccal	Consented	- - 10/24/2016	
MMR	Consented	- - 10/24/2016	
Tdap	Consented	- - 10/24/2016	
Varicella (chicken pox)	Consented	- - 10/24/2016	

003983



From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) <gromero@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) Odilia (b)(6) (b)(6) CASA PHOENIX
Date:	2016/11/23 19:03:39
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) /1997. She is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
Lead Case Manager		602-327-0986	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/11/23 19:03:31
Delivered Date:	2016/11/23 19:03:39

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on November 18, 2016 as a juvenile as a result of Ms. (b)(6) knowingly misreporting her date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) could be over age. Case Manager proceeded then to contact Ms. (b)(6) (b)(6) father, (b)(6) (b)(6) (b)(6) residing in Guatemala to request a copy of Ms. (b)(6) (b)(6) birth certificate. On November 19, 2016, Mr. (b)(6) Mendez received a copy of Ms. (b)(6) (b)(6) birth certificate with a date of birth of (b)(6) 1999.

On November 19, 2016, Case Manager (b)(6) proceeded to send in the birth certificate for consulate verification. On November 22, 2016, Case manager received the Consular Verification of DOB confirming Ms. (b)(6) (b)(6) true date of birth as (b)(6) **1997**.

Case Manager then spoke with Ms. (b)(6) (b)(6) father, (b)(6) (b)(6) (b)(6) who admitted that the birth certificate that had been provided previously was altered. However, Mr. (b)(6) (b)(6) denied knowing the details regarding the alteration of Ms. (b)(6) (b)(6) birth certificate.

Case Manager provided an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the verified date of birth received by the Guatemalan consulate and the date of birth verbally reported and stated on birth certificate. Ms. (b)(6) (b)(6) admitted misreporting her date of birth and also stated that she altered her birth certificate via the internet. Ms. (b)(6) (b)(6) did not want to provide further details.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Ms. (b)(6) (b)(6) (b)(6) (b)(6) including her verified birth certificate indicating a correct date of birth of (b)(6), 1997, her own retraction of her first provided incorrect date of birth including admitting that she is 19 years old and her father's corroboration of this information including admitting that they had provided an altered document to create a false date of birth with the purpose of misleading authorities to believe she was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered Birth Certificate
- Consular Verification of DOB
- Self-statement
- Photograph
- TB Clearance
- Immunization Records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating tha(b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

003988

(b)(6)

003989

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-11-22

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) 1997

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	COLOTENANGO

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mi.

(b)(6)

Firma titular

Firma consul u operador

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6)
DOB: (b)(6) 1999
Sex: Female

MRN #: (b)(6)
Ord #: (b)(6)
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Mon Nov 21, 2016 7:54 AM
Accession #: (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for routine child health examination with abnormal findings

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
1. No radiographic evidence of tuberculosis infection.
2. No acute cardiopulmonary disease.
Report dictated by resident, Tanner Jugler, MD, 10870. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Printed by (b)(6) at 11/22/2016 10:11:41 PM

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Poya Hedayati, MD
Tanner K Jugler, MD

Released By: Poya Hedayati, MD on 11/21/2016 10:08 AM

Ord Prov:	Michael J Do	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Michael J Do
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E Roosevelt St Phoenix AZ 85008		

Facility #: --- 003992

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Nov 21, 2016

Immunization Report

User: (b)(6)

Time: 18:51:47 MT

Resident: (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 11/21/2016	
Hepatitis B	Consented	- - 11/21/2016	
Tdap	Consented	- - 11/21/2016	
IPV	Consented	- - 11/21/2016	
MMR	Consented	- - 11/21/2016	
Varicella (chicken pox)	Consented	- - 11/21/2016	
HPV	Consented	- - 11/21/2016	
Meningicoccal	Consented	- - 11/21/2016	
Influenza	Consented	- - 11/21/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org)"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)(6) SWK Casa Phoenix
Date:	2017/03/02 11:42:02
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org)"
Sent Date:	2017/03/02 11:41:58
Delivered Date:	2017/03/02 11:42:02

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
March 2, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on February 22, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) misreporting his date of birth as (b)(6) 2000 upon apprehension by immigration officials.

Following placement in ORR care, Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father in Guatemala, (b)(6) (b)(6) (b)(6)

On March 1, 2017 Case Manager received Mr. (b)(6) (b)(6) birth certificate from Mr. (b)(6) (b)(6) father showing the same name, (b)(6) (b)(6) (b)(6) (b)(6) **but date of birth of** (b)(6) **1998**.

Case Manager verified Mr. (b)(6) (b)(6) information on the official RENAP web site confirming true name and date of birth as (b)(6) (b)(6) (b)(6) (b)(6) and (b)(6) 1998.

Mr. (b)(6) (b)(6) and his family did not submit false identification, but rather remembered pertinent information incorrectly; they then sent the correct BC.

Along with this Memo ORR is submitting the following documents:

- Verified Birth Certificate
- Photograph
- TB clearance
- Immunizations

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=200169475, cn=Myriam B. Hillin -S
Date: 2017.03.02 09:33:11 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's
Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

003996

RENAP
Registro Nacional de las Personas

(b)(6)

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Totonicapán, departamento de Totonicapan,

CERTIFICA

que con fecha veintiséis de octubre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de TOTONICAPÁN, Departamento de TOTONICAPAN, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Totonicapan, Totonicapán

Lugar de nacimiento

Masculino

Género

Datos de la madre

-(b)(6)-

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

-(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintisiete de febrero de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Francisco Javier Mencos Ochoa
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintisiete de febrero del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: --- 003998 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Feb 23, 2017 | Immunization Report | User: (b)(6)

Time: 17:27:16 MT

Resident: Velazquez (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 02/01/2017 - 02/28/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 02/23/2017	
Hepatitis B	Consented	- - 02/23/2017	
HPV	Consented	- - 02/23/2017	
Influenza	Consented	- - 02/23/2017	
IPV	Consented	- - 02/23/2017	
Meningicoccal	Consented	- - 02/23/2017	
MMR	Consented	- - 02/23/2017	
Tdap	Consented	- - 02/23/2017	
Varicella (chicken pox)	Consented	- - 02/23/2017	

003999

(b)(6) (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: 1/1/00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR chest AP only

Exam Date & Time: Thu Feb 23, 2017 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for well child check without abnormal findings
Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
screening exam

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 2/23/2017 2:58 PM

(b)(6)

(b)(6) (b)(6 (MRN (b)(6))
CC: SW KEYS KIDS - FAX

Ord Prov:	Colleen L Cox	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Colleen L Cox
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E Roosevelt St Phoenix AZ 85008		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(AKA (b)(6) (b)(6) (b)(6) (b)(A#(b)(6) SWK Casa Phoenix
Date:	2017/02/24 17:23:18
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1995.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/02/24 17:23:14
Delivered Date:	2017/02/24 17:23:18

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
February 24, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on February 6, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6) 1999 and his identity upon apprehension by immigration officials.

While in ORR care he was transferred twice before arriving to SWKEY Casa Phoenix; he was initially placed at SWK Conroe on (b)(6) 2016 and transferred to Ft. Bliss on (b)(6) 2016. Upon initial assessment and interview conducted by assigned Case Manager (b)(6) at SWK Casa Phoenix and while reviewing Mr. (b)(6) (b)(6) file it became apparent to the assigned Case Manager that Mr. (b)(6) (b)(6) could be overage. Case Manager proceeded to send the birth certificate that Mr. (b)(6) (b)(6) family provided on his behalf to the Dallas Honduran Consulate for verification.

On February 23, 2017 ORR received a copy of the correct formal documents from Consular Assistant (b)(6) from the Dallas Honduran Consulate informing that the document sent by the family in Honduras was an altered document and they provided a picture ID and correct birth certificate showing that the correct name of Mr. (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) (b)(6) (b)(6) (b)(6) with a real date of birth of (b)(6) **1995**.

Case Manager then proceeded to contact and interview Ms. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) on February 24, 2017 who admitted to the Case Manager that the correct date of birth of her brother is (b)(6) **1995.** She stated that the smuggler told her brother during his journey to the United States that it would be better if he was smuggled through the border as a minor. The smuggler didn't charge any additional fees to Mr. (b)(6) (b)(6) to alter the birth certificate. The smuggler changed Mr. (b)(6) (b)(6) date of birth and last name so he could appear related to his brother in law instead of his actual sister. The sister stated that they were unable to obtain the name of the smuggler and just wanted to assure that her brother would make it to the United States in a more secure manner.

Case Manager then Interviewed Mr. (b)(6) (b)(6) who confirmed that the information provided by his sister was correct and that he had no additional information.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by Honduran consulate and agrees that Mr. (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is an adult with a date of birth (b)(6) **1995**.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered BC (b)(6) (b)(6 (b)(6) (b)(6)
- Consular picture ID Identification
- Photograph
- TB Clearance
- True identity BC (b)(6) (b)(6 (b)(6) (b)(6)
- Immunizations

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6 (b)(6) (b)(6) is 21 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.02.24 15:14:32 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

0040044

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) (b)(6) sexo **MASCULINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***MINAS DE ORO*** **b)** ***COMAYAGUA*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***1995***
dia *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***VEINTITRES*** dias del mes de ***FEBRERO***

del dos mil ***DIECISIETE*** (b)(6)

C0801197303448
172.20.1.1

firma y sello del registrador civil municipal

kgz3\][xlxXTn9AlW]A0ek@bLdIEdqkj0k+fX@7CLMk[y0VH19+]RQNww@D[illegible]@uWiw/m55oeZq/eongzx@\1c@Vr\MfJQjqPM[YdnCzLSmRYI@ZKU6@l[8n@9vSO/av2tA/ViCEf8

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: (b)(6)

Nombre identificación: (b)(6) (b)(6) / (b)(6) (b)(6)

Nombre Registro Civil: (b)(6) (b)(6) / (b)(6) (b)(6)

Sexo: MASCULINO

Fecha nacimiento: (b)(6) 1995

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud: (b)(6)

(b)(6)

004006

(b)(6) (b)(6) (b)(6)

(b)(6) 3/1999 (17) (Male)
10392 League Line Rd
Conroe, TX 77304
(936)523-4000

Santa Clara Medical Group
5616 Lawndale St Ste A203
Houston, TX 77023-3821
7139232273

Page Notes

Immunizations

New Immunization | Vaccine Inventory | Interactive Child Vaccine Chart | Child | Catch-up (4-18) | Adolescent | Adult

Import Immunizations | Download HL7 2.3.1(MU-1) | Download HL7 2.5.1(MU-2)

						Vaccine			Vaccine Information		
Vaccine	**Brand Name**	**Dose**	**Date Given**	**Route**	**Site**	**Lot#**	**Mfr.**	**Expiration**	**Date Given**	**Date on VIS**	**Initials**
HPV9	Gardasil 9	0.5 mL	11/15/2016	IM	RD	M018810	Merck	05/28/2018	11/15/2016	03/31/2016	EG
HepA (2 Dose Ped)	Havrix (2 Dose Ped)	0.5 mL	11/15/2016	IM	LD	C7252	Glaxo	06/16/2018	11/15/2016	10/25/2011	EG
HepB (ped)	Engerix-B Ped	0.5 mL	11/15/2016	IM	LD	FB2X4	Glaxo	06/02/2018	11/15/2016	02/02/2012	EG
Influenza, seasonal, injectable, preservative free	Afluria 5.0 mL Vial	0.5 mL	12/6/2016	IM	LD	12849211A	Seqirus	06/01/2017	12/6/2016	08/07/2015	LO
MCV4 (Meningitis)	Menactra	0.5 mL	11/15/2016	IM	LD	U5462AA	Sanofi	01/19/2018	11/15/2016	03/31/2016	EG
MMR	MMR II	0.5 mL	11/15/2016	SC	LA	M008589	Merck	02/16/2018	11/15/2016	04/20/2012	EG
Polio Vaccine (Inactivated)	IPV	0.5 mL	11/15/2016	IM	RD	M14771M	Sanofi	09/09/2018	11/15/2016	07/20/2016	EG
Tdap	Adacel	0.5 mL	11/15/2016	IM	LD	U5478BA	Sanofi	11/05/2018	11/15/2016	02/24/2015	EG
Varicella (chicken pox)	Varivax	0.5 mL	11/15/2016	SC	RA	M025866	Merck	05/24/2018	11/15/2016	03/13/2008	EG

Santa Clara Family Clinic
5616 Lawndale St Ste A203
Houston, TX 77023
713-923-2273

004007

(b)(6)

004008

oxford.
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID# (b)(6)
Charles Handorf, MD PhD, Medical Director

Patient Name:	(b)(6) (b)(6) (b	Provider:	(b)(6)
Patient ID:	(b)(6) 1999	Location:	Santa Clara Southwest Key ? Conroe
Sex:	M	Customer Number:	(b)(6)
DOB:	(b)(6) 1999	Sample ID:	(b)(6)
Collection Date/Time:	11/15/2016 13:10	Received Date/Time:	11/16/2016 04:00
		Approval	11/17/2016 13:27

T-SPOT.TB Test Results [A]

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.

T-SPOT.TB	Negative
Nil (Neg) Control Spot Count	1
Panel A Spot Count	0
Panel B Spot Count	0
Positive Control Spot Count	>20

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with M. xenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculosis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) AKA (b)(6) (b)(6) (b)(6) (b)((b)(6) Casa Phoenix
Date:	2017/01/24 21:50:37
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a correct verified DOB (b)(6) 1997.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2017/01/24 21:50:34
Delivered Date:	2017/01/24 21:50:37

ADMINISTRATION FOR CHILDREN & FAMILIES

Memo of Age Determination
November 3, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on January 18, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) (b)(6) knowingly providing to apprehending officials a different name and date of birth different from what parents have now verified to be his real name and date of birth.

Following placement in ORR care Mr. (b)(6) (b)(6) was interviewed by assigned Case Manager, (b)(6), to whom it became apparent that Mr. (b)(6) (b)(6) appeared to be overage. On January 24, 2017, Mr. (b)(6) (b)(6) disclosed to Case Manager that his true name is (b)(6) (b)(6) (b)(6) (b)(6) and that his DOB is (b)(6) **1997**, making him 19 years of age. Mr. (b)(6) stated that he used his younger brother's birth certificate as he was advised it would be easier to travel to the US as a minor.

Case Manager immediately proceeded to contact Mr. (b)(6) (b)(6) mother in Guatemala, (b)(6) (b)(6) (b)(6) and requested the legitimate birth certificate of Mr. (b)(6) (b)(6) (b)(6) (b)(6) Mrs. (b)(6) (b)(6) also confirmed to Case Manager that Mr. (b)(6) (b)(6) was using his younger brother's birth certificate.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6) 1997 and I agree that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 19 years of age.

Along with this Memo ORR is submitting the following documents:

- Birth certificate of identity taken
- Actual birth certificate
- Photo
- TB clearance
- Self-Statement

In accordance with ORR policy FFS reviewed all the new information and documents mentioned above indicating that Mr. (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.24 19:45:45 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004012

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Cuilco, Huehuetenango
Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de Cuilco

CERTIFICA

que con fecha once de agosto de mil novecientos noventa y nueve en la partida (b)(6), del folio (b)(y libro (b)(, fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y nueve — Masculino

Fecha de nacimiento — Género

Guatemala, Huehuetenango, Cuilco, Aldea Canibal

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 Cuilco, departamento de Huehuetenango, el día veintiseis de mayo de dos mil nueve por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

Oscar Orlando Aguilar y Aguilar

Registrador Civil de las Personas

REGISTRO NACIONAL DE LAS PERSONAS · RENAP · HUEHUETENANGO · REGISTRO CIVIL CUILCO SEDE No. 332

QM8VA7F67J

MDIAZ332
26/05/2009 08:57:13a.m.
AUXILIAR3

Trabajando con la población para garantizar su identidad

www.renap.gob.gt

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Cuilco, departamento de Huehuetenango,

CERTIFICA

que con fecha cuatro de julio de mil novecientos noventa y siete, en la partida (b)(6), folio (b)(del libro (b)(, del Registro Civil del Municipio de CUILCO, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y siete

Fecha de nacimiento

Guatemala, Huehuetenango, Cuilco

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinte de enero de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Claury Julissa , López Velásquez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veinte de enero del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6) 004015

004016

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)((b)(6)
Effective Date: 01/20/2017 21:45
Location: (b)(6)
Initial Admission: 01/20/2017
Admission: 01/20/2017
A#: (b)(6)
Date of Birth: (b)(6) 1999
Gender: M
Score: NA
Category: NA
Physician: Burzinski, Heather

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   01/20/2017
3. Name of program staff with child
   (b)(6)
4. Program Name
   Southwest key 922 Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
2. Date Read
3. Result in mm
4. Interpretation
   - a. Positive
   - b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn
   01/20/2017
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
   01/20/2017
9. Findings
   - a. Normal
   - b. Abnormal

004017

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

- [x] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

Facility #: --- 004018

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jan 20, 2017

Immunization Report

User: (b)(6)

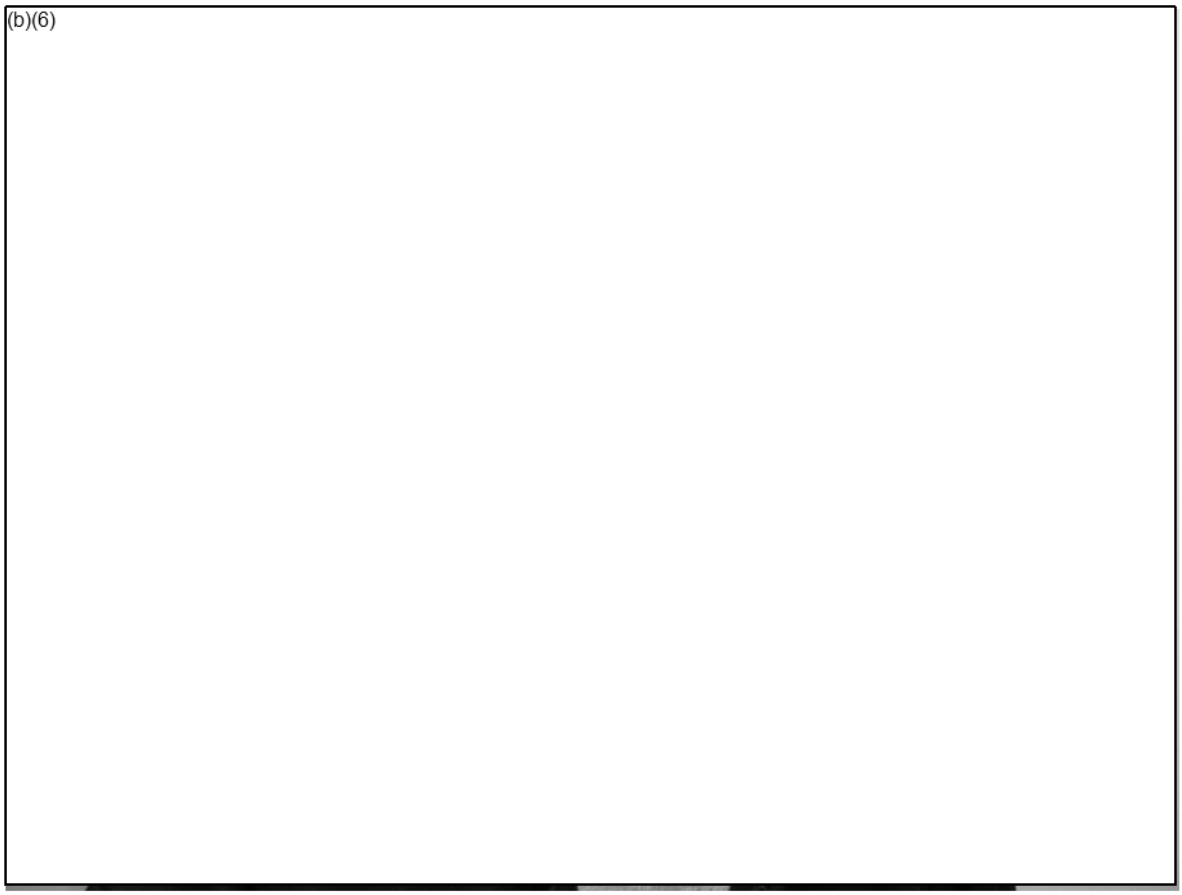
Time: 15:56:58 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 01/01/2017 - 01/31/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6)(b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 01/20/2017	
Hepatitis B	Consented	- - 01/20/2017	
HPV	Consented	- - 01/20/2017	
Influenza	Consented	- - 01/20/2017	
IPV	Consented	- - 01/20/2017	
Meningicoccal	Consented	- - 01/20/2017	
MMR	Consented	- - 01/20/2017	
Tdap	Consented	- - 01/20/2017	
Varicella (chicken pox)	Consented	- - 01/20/2017	


(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b) ((b)((b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2017/01/24 21:32:22
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified and correct DOB (b)(6) 1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2017/01/24 21:32:17
Delivered Date:	2017/01/24 21:32:22

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
January 24th, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b) (b (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b) (b (b)(6 was transferred to and placed in HHS ORR case on January 18th, 2016 as juvenile as a result of Mr. (b)(6) s knowingly providing a different date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager proceeded to contact Mr. (b)(6) s family in Guatemala to obtain a copy of his birth certificate. The family faxed to Case Manager a copy of Mr. (b)(6) s birth certificate with a date of birth of (b)(6) 1999.

Case Manager then proceeded to verify the birth certificate through the official website RENAP site and the verified document revealed a date of birth of (b)(6) **, 1998**. Case Manager then spoke with Mr. (b)(6) s mother (b)(6) (b) (b (b)(6 (b)(6) who stated that the family received the birth certificate from the men who helped Mr. (b)(6) travel to the US, the individual was a friend of the members of her church and she does not know the man's name. Ms. (b) (b (b)(6 was instructed by the unidentified individual to pay $2,000 Quetzals for documentation that needed to be prepared. Ms. (b) (b (b)(6 reported that she paid the money and she was provided with the altered documentation shortly after and she did not notice that the information was altered.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one Mr. (b)(6) verbally reported when apprehended and different from the formal document sent by his family and Mr (b)(6) admitted misreporting his date of birth.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) s new information about his date of birth being (b)(6) 1998 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) (b)(6) (b) ((b)(6 is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.24 19:23:54 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004023

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Jose Poaquil, departamento de Chimaltenango,

CERTIFICA

que con fecha doce de agosto de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(del libro (b)(del Registro Civil del Municipio de GUAZACAPÁN, Departamento de SANTA ROSA, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)((b) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Santa Rosa, Guazacapán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)
-

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

- (b)(6)
-

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

24/01/2017 10:29:17a.m.
001E90A8BF26

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinticuatro de enero de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

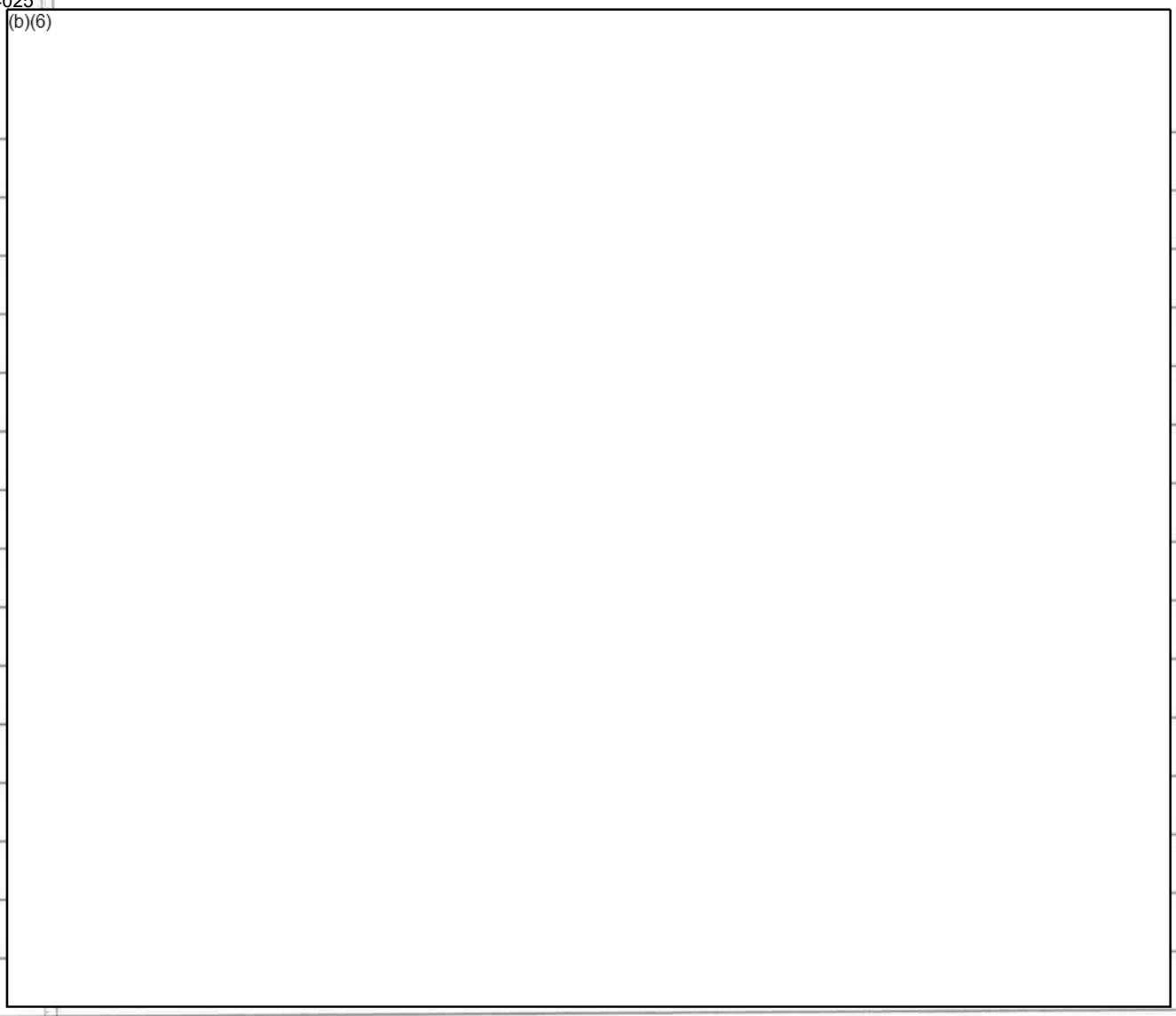
Doy fe (b)(6)

Romeo Leonel , Quiná Tubac
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veinticuatro de enero del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004025

(b)(6)



004026

Correlativo (b)(6)

VERIFICADOR (b)(6)
ID

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Joyabaj, departamento de Quiche,

CERTIFICA

que con fecha doce de agosto de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de GUAZACAPÁN, Departamento de SANTA ROSA, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Santa Rosa, Guazacapán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Thu Jan 19, 2017 7:49 AM
Reason For Exam:
Ordering Diagnosis: Encounter for well child exam with abnormal findings

Accession #: (b)(6)

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.
LUNGS: No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease.

NOTE:
Report dictated by resident, Michael Collins, MD. PAS# 10597. The attending radiologist's signature indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD
Michael Collins, MD

Released By: Mary J. Connell, MD on 1/19/2017 4:23 PM

(b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (MRN (b)(6))

Ord Prov: Heather Burzinski
Ord Prov Phone: 602-344-5011
Ord Prov Fax: None Specified
Ord Prov Address: 2601 E. ROOSEVELT ST.
Phoenix AZ 85008

PCP: None Specified
Auth Prov: Heather Burzinski
Att Prov:

Printed by (b)(6)

Facility #: ---
004029
Date: Jan 19, 2017
Time: 16:22:09 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b) (b) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 01/01/2017 - 01/31/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b) (b) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 01/19/2017	
HPV	Consented	- - 01/19/2017	
Influenza	Consented	- - 01/19/2017	
IPV	Consented	- - 01/19/2017	
Hepatitis B	Consented	- - 01/19/2017	
Meningicoccal	Consented	- - 01/19/2017	
MMR	Consented	- - 01/19/2017	
Tdap	Consented	- - 01/19/2017	
Varicella (chicken pox)	Consented	- - 01/19/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)((b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)((b)(6) (b)(6) /SWK Casa Phoenix
Date:	2017/01/10 23:08:29
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed individual with correct name (b)(6) Romeo (b)(6 (b)(6) and correct **DOB** (b)(6) **1998**.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/01/10 23:08:25
Delivered Date:	2017/01/10 23:08:29

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
January 10, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR Care

RE: (b)((b)(6) (b)(6) (b)(6) A#(b)(6)
AKA: (b)((b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)((b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on December 25, 2016 as a juvenile as a result of Mr. (b)((b)(6) knowingly misreporting his date of birth as (b)(6) 2001 and name as (b)(6) (b)((b)(6) upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)((b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)((b)(6) could be over age. Case Manager proceeded then to contact Mr. (b)((b)(6) family back in Guatemala to ask for a birth certificate. Father provided a birth certificate for (b)(6) (b)(6) (b)((b)(6) with DOB (b)(6) 2001.

On January 10, 2017 Case Manager and Clinician followed up with Mr. (b)((b)(6) due this individual requesting to provide important information. Mr. (b)((b)(6) disclosed that he was impersonating his younger brother (b)(6) (b)((b)(6) and that his true name is (b)(6) (b)(6) (b)((b)(6) with date of birth (b)(6) **1998**, making him 18 years of age. Mr. (b)((b)(6) stated that he was informed by his foot guide that the only way he could cross to the United States was to misrepresent himself as his younger brother and present as a minor. Case Manager followed by contacting Mr. (b)((b)(6) father in (b)(6) Guatemala, who confirmed that the person in ORR care is his son (b)(6) (b)(6) (b)((b)(6) born (b)(6) 1998 and not his son (b)(6) (b)(6) (b)((b)(6) with date of birth (b)(6) 2001. Mr. (b)((b)(6) father provided the correct birth certificate for (b)(6) (b)(6) (b)((b)(6) showing a date of birth (b)(6) 1998.

Mr. (b)((b)(6) and his family are not disputing that they have engaged in the misrepresentation of Mr. (b)((b)(6) for the purpose of deceiving those who would review the documents with the intent of misrepresentation as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)((b)(6) could be reunited with a sponsor as a minor.

Along with this Memo ORR is submitting the following documents:

- Fraudulent Birth Certificate
- Correct BC
- Self-statement
- Photograph
- TB Clearance

- Immunization Records

In accordance with ORR policy FFS reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)((b)(6) AKA: (b)(6) (b)(6) (b)((b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.10 20:56:24 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

(b)(6)

Registro Nacional de las Personas

República de Guatemala

San Miguel Ixtahuacán, San Marcos

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de San Miguel Ixtahuacán

, CERTIFICA

que con fecha diecisiete de abril de mil novecientos noventa y ocho en la partida (b)(6), del folio (b)(6) y libro (b)(, fue inscrito el nacimiento de:

Datos del inscrito

- (b)(6) (b)(6) , (b)((b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y ocho — Masculino

Fecha de nacimiento — Género

Guatemala, San Marcos, San Miguel Ixtahuacán, Caserio Tierra Blanca Mubel

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

REGISTRO CIVIL

(b)(6)

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: I0019031328122016

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Miguel Ixtahuacán, departamento de San Marcos,

CERTIFICA

que con fecha dieciséis de agosto de dos mil uno, en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de SAN MIGUEL IXTAHUACÁN, Departamento de SAN MARCOS, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6 (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Fecha de nacimiento

Guatemala, San Marcos, San Miguel Ixtahuacán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

-(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintiocho de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Luis Fernando , López Escobar
Registrador Civil de las Personas

Notas Referenciales:

En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del menor de edad no consta fotografía por existir solicitud DPI en proceso de verificación.

Este certificado fue impreso en papel bond el día veintiocho de diciembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

004036

Facility #: ---
004037
Date: Dec 28, 2016
Time: 17:18:39 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)((b)(6) (b)(6) (b)(6) - DOB: (b)(6) /2001 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Influenza	Consented	- - 12/28/2016	
Hepatitis A	Consented	- - 12/28/2016	
Hepatitis B	Consented	- - 12/28/2016	
HPV	Consented	- - 12/28/2016	
IPV	Consented	- - 12/28/2016	
MMR	Consented	- - 12/28/2016	
Meningicoccal	Consented	- - 12/28/2016	
Varicella (chicken pox)	Consented	- - 12/28/2016	
Tdap	Consented	- - 12/28/2016	

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) **MRN #:** (b)(6)

DOB: (b)(6)/01 **Ord #:** (b)(6)
Sex: Male **Phone:** 602-396-7508

Final
XR chest AP only

Exam Date & Time: Wed Dec 28, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for routine child health examination without abnormal findings

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
TB Screening

COMPARISON:
None.

TECHNIQUE:
AP view of the chest

FINDINGS:
LUNGS: Clear. No pleural effusion or pneumothorax.
HEART: Unremarkable.
PULMONARY VASCULATURE: Unremarkable.
MEDIASTINUM: Unremarkable.
SOFT TISSUES: Unremarkable.
BONES: Unremarkable.

Normal MOR

IMPRESSION:
No acute disease. Specifically, no radiographic evidence of active tuberculosis.

NOTE
Report dictated by resident, Albert Roh MD, 10549. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Printed by (b)(6) at 12/28/2016 2:06:12 PM

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Reading Radiologist:	Mary J. Connell, MD Albert T Roh, MD

Released By: Mary J. Connell, MD on 12/28/2016 10:24 AM

Ord Prov:	Heather Burzinski	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Heather Burzinski
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E. ROOSEVELT ST. Phoenix AZ 85008		

004040

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2016/12/23 19:50:39
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed individual with a correct DOB (b)(6) 1998.

Respecrfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2016/12/23 19:50:38
Delivered Date:	2016/12/23 19:50:39

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on December 15, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what the Guatemalan consulate has now verified to be his real date of birth.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) s birth certificate from his mother Mrs. (b)(6) (b)(6) (b)(6) in Guatemala. On December 21, 2016 Mrs. (b)(6) (b)(6) (b)(6) faxed a copy of her son's birth certificate to the Case Manager who proceeded to verify the document with the Phoenix Guatemalan Consulate. The Guatemalan Consulate verified the birth certificate and determined that Mr. (b)(6) (b)(6) birth certificate had been altered and his correct date of birth is (b)(6) **1998**.

Case Manager then spoke with Mr. (b)(6) (b)(6) mother who stated that she went to a store where everyone goes to obtain birth certificates and paid 35 Quetzals for the formal document of her son. She did not know the name of the man who sold her the birth certificate or the exact name of the store.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Mr. (b)(6) (b)(6) (b)(6) (b)(6) and agrees that he is 18 years of age and that his mother obtained a fraudulent document with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC (b)(6) (b)(6) (b)(6) (b)(6) DOB (b)(6) 1999
- Consulate verification of DOB
- Photograph
- Immunizations

In accordance with ORR policy the documentation for this individual was reviewed indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.23 17:34:47 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP

Correlativo (b)(6)

(b)(6)

VERIFICADOR: (b)(6)
ID

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Chiantla, departamento de Huehuetenango,

CERTIFICA

que con fecha doce de noviembre de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(6) del libro (b)(NAC, del Registro Civil del Municipio de GUATEMALA, Departamento de GUATEMALA, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Guatemala, Guatemala

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

--

Nombres y apellidos del padre

--

Fecha de nacimiento

--

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

12/20/2016 13:23 7870742 JUSTO JUEZ PAGE 03

Observaciones

Extendida el día d eciséis de dic embre de dos mil dieciséis por el Registro Civil de las Personas, la cual es autentica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Evelin Fernandina , Cartagena Tello

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día dieciséis de diciembre del dos mil dieciseis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: Https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

12/20/2016 13:23 7870474 2 JUSTO JUEZ PAGE 04

004046

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-12-23

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1998

País, departamento y municipio de nacimiento:

GUATEMALA	GUATEMALA	GUATEMALA

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO
Teléfono casa:	**Teléfono celular:**	**Teléfono trabajo:**	**Correo electrónico:**
	(b)(6)		
Nombre Usual:	**Identificación de Persona chip:**	**Pueblo:**	**No. Inscripción:**
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6) (b)(6) (b)(6)

Fecha nacimiento de la madre:

Nombre del padre:

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

(b)(6)

Firma titular

Firma cónsul u operador

Facility #: ---
004047
Date: Dec 21, 2016
Time: 08:57:15 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 12/19/2016	
Hepatitis B	Consented	- - 12/19/2016	
HPV	Consented	- - 12/19/2016	
IPV	Consented	- - 12/19/2016	
Influenza	Consented	- - 12/19/2016	
Meningicoccal	Consented	- - 12/19/2016	
MMR	Consented	- - 12/19/2016	
Tdap	Consented	- - 12/19/2016	
Varicella (chicken pox)	Consented	- - 12/19/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) /SWK CASA PHOENIX
Date:	2016/12/23 18:30:31
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1996.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/12/23 18:30:29
Delivered Date:	2016/12/23 18:30:31

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on December 14, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what the Guatemalan consulate has now revealed to be with the purpose of misrepresenting herself as a minor.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) (b)(6) to whom it became apparent that Ms. (b)(6) (b)(6) appeared to be overage. On December 17, 2016 assigned case manager proceeded to request from the Phoenix Guatemalan Consulate verification of the formal documented. The Guatemala Consulate informed ORR that the correct date of birth is (b)(6) **1996** instead of (b)(6) 1999.

Case Manager (b)(6) provided then an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate and her statement. Ms. (b)(6) (b)(6) immediately admitted that the birth certificate was altered and that her actual date of birth is (b)(6) **1996** making her 20 years old. Ms. (b)(6) (b)(6) stated that she received the altered birth certificate from a person at the border of Gracias a Dios in Guatemala, but denied knowing the name of the man who provided the altered birth certificate. Ms. (b)(6) (b)(6) stated that she was told to use the altered birth certificate to help her stay in the US and be reunified with a family friend. Case Manager followed by contacting Ms. (b)(6) (b)(6) mother, (b)(6), in Guatemala, who confirmed that her daughter's date of birth is (b)(6) 1996, however denied knowledge of how the altered document was obtained.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Ms. (b)(6) (b)(6) new information about her date of birth being (b)(6), 1996 and I agree that there is sufficient strong evidence to indicate that Ms. (b)(6) (b)(6) is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified birth certifícate
- Photograph
- TB clearance
- Self-Statement

In accordance with ORR policy the documentation for this individual was reviewed indicating that (b)(6) (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.23 16:25:39 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004051

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-12-23

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre: (b)(6)

Segundo Nombre:

Tercer Nombre:

Primer Apellido: (b)(6)

Segundo Apellido: (b)(6)

Apellido Casada:

CUI: (b)(6)

ID Partida: (b)(6)

Sexo: FEMENINO

Fecha de Nacimiento: (b)(6) /1996

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	HUEHUETENANGO

Libro: (b)(6)

Folio: (b)(6)

Partida: (b)(6)

Estado civil: SOLTERO

Teléfono casa:

Teléfono celular: (b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción: (b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre:

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

(b)(6)

Firma titular

Firma cónsul u operador

004052

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Huehuetenango, Departamento de Huehuetenango.

CERTIFICA

que con fecha uno de julio de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(, del Registro Civil del Municipio de Huehuetenango, Departamento de Huehuetenango, quedó inscrito el nacimiento de:

Datos del inscrito

-(b)(6)-

Nombres y apellidos del inscrito

(b)(6) de dos mil novecientos noventa y nueve

Fecha de nacimiento | Género

Guatemala, Huehuetenango, Huehuetenango | Femenino

País, Departamento, Municipio de nacimiento

Datos de la madre

-(b)(6)-

Nombres y apellidos de la madre

Huehuetenago

Lugar de Origen

Datos del padre

Nombres y apellidos del padre

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

Extendida el dia diecisiete de diciembre dos mil dieciseis por el Registro Civil de las Personas. la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

(b)(6)

Doy fe

(b)(6)

Ivone Maria Victoria Vielmann Rodriguez

(b)(6)

(b)(6)

ID (b)(6)

(b)(6)

004054

(b)(6) (b)(6) (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Fri Dec 16, 2016 7:44 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for well child exam with abnormal findings

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
1. No radiographic evidence of tuberculosis infection.
2. No acute cardiopulmonary disease.
Report dictated by resident, Tanner Jugler, MD, 10870. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.

(b)(6) (b)(6) (b)(6))
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Wolfgang H. Goy, MD
Tanner K Jugler, MD

Released By: Wolfgang H. Goy, MD on 12/16/2016 10:11 AM
CC: SW KEYS KIDS - FAX

Ord Prov:	Heather Burzinski	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Heather Burzinski
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E. ROOSEVELT ST. Phoenix AZ 85008		

Facility #: ---
004057
Date: Dec 16, 2016
Time: 15:55:04 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 12/16/2016	
Hepatitis B	Consented	- - 12/16/2016	
Influenza	Consented	- - 12/16/2016	
IPV	Consented	- - 12/16/2016	
Tdap	Consented	- - 12/16/2016	
Meningicoccal	Consented	- - 12/16/2016	

004058

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/12/20 23:00:50
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has a correct DOB (b)(6) 1997.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/12/20 23:00:44
Delivered Date:	2016/12/20 23:00:50

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 20, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on December 8, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing a different date of birth for himself upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father, (b)(6) (b)(6) who resides in Guatemala. On December 19, 2016 Mr. (b)(6) faxed to Case Manager a copy of his son's birth certificate showing a date of birth (b)(6) 1999.

On December 20, 2016 while reviewing Mr. (b)(6) (b)(6) file it became apparent to Case Manager that the font on the birth certificate for the date of birth appeared altered; therefore, she proceed to verify the document with the official RENAP website which returned as a no match.

Case Manager then requested that the Guatemalan Consulate interview Mr. (b)(6) (b)(6) to assist with verification of his identity. On December 20th, 2016 the Case Manager received a call from Mrs. (b)(6) who informed that the birth year in the document was not correct. Mrs. (b)(6) stated that she called Mr. (b)(6) to confront him with the discrepancy and that he confirmed that he was not being honest with the Case Manager about his correct date of birth.

Case Manager then called again Mr. (b)(6) (b)(6) father to provide him the opportunity to clarify the new information provided by Mrs. (b)(6) Mr. (b)(6) stated that his son did it out of necessity since he suffers from arthritis and no longer is able to work. Mr. (b)(6) indicated that Mr. (b)(6) (b)(6) (b)(6) traveled with his (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) who is also in care at SWKey Casa Phoenix, and while on the journey the guide provided them with (b)(6) altered birth certificate. Mr. (b)(6) did confirm that (b)(6) birth certificate was altered. He stated that it was the guide's idea to alter the document so Mr. (b)(6) (b)(6) could remain in the U.S. He added that he does not know the details of whom and how the document was altered. Case Manager asked him to provide the correct document to which he agreed and provided that same day. Case Manager then received a true copy of the birth certificate showing (b)(6) (b)(6) (b)(6) date of birth as (b)(6) **1997**.

Case Manager then provided Mr. (b)(6) (b)(6) the opportunity to explain the events and once he understood that his father and Mrs. (b)(6) informed of his correct date of birth Mr. (b)(6) (b)(6) acknowledged as well that he was 19 years of age. He added that his younger brother was planning on coming to the U.S. and he wanted to accompany him. He

also claimed to have a friend that told him about an acquaintance that alters birth certificates. This acquaintance, whose name is unknown, altered the document as they understood that it would be much easier to enter the US as a minor. He stated that he had heard of people that crossed with altered documents. He stated that he wanted to work for his family and felt that altering the birth certificate was his only option to secure entering the US.

Along with this Memo ORR is submitting the following documents:

- True BC
- Altered BC
- Photograph
- TB Clearance
- Immunizations
- Self-Statement

In accordance with ORR policy and procedures and according to the new information and documents received indicating that (b)(6) (b)(6) (b)(6) is 19 years of age this individual does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.20 20:50:40 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004062

(b)(6)

RENAP

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Cubulco, Departamento de Baja Verapaz,

CERTIFICA

que con fecha Treinta de enero de mil novecientos noventa y siete, en la partida (b)(6), folio (b)(6) del libro (b)2, del Registro Civil del Municipio de CUBULCO, Departamento de BAJA VERAPAZ, quedó inscrito el nacimiento de:

(b)(6)

Código Único de Identificación (CUI) No.

Datos del inscrito

(b)(6) (b)(6) (b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y siete — Masculino

Fecha de nacimiento — Género

Guatemala, Baja Verapaz, Cubulco, Caserío Guacilep

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

004063

Extendida el día Veintiuno de septiembre de dos mil quince por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

Doy fe

(b)(6)

Malfi Elena , Alvarado Vásquez

Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 355
CUBULCO,
BAJA VERAPAZ

(b)(6)

(b)(6)

RENAP
Registro Nacional de las Personas

(b)(6)

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de CUBULCO, departamento de BAJA VERAPAZ,

CERTIFICA

que con fecha treinta de noviembre de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de CUBULCO, Departamento de BAJA VERAPAZ, quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Baja Verapaz, Cubulco

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

Cubulco

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

Cubulco

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

(b)(6) (b)(6) (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)/00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR chest AP only

Exam Date & Time: Fri Dec 9, 2016 11:31 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David L August, MD

Facility #: ---
004066
Date: Dec 10, 2016
Time: 22:01:52 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 12/09/2016	
MMR	Consented	Left Deltoid - 12/09/2016	
Tdap	Consented	Right Deltoid - 12/09/2016	
Influenza	Consented	Right Deltoid - 12/09/2016	
HPV	Consented	Right Deltoid - 12/09/2016	
Hepatitis B	Consented	Left Deltoid - 12/09/2016	
IPV	Consented	Right Deltoid - 12/09/2016	
Meningicoccal	Consented	Left Deltoid - 12/09/2016	
Varicella (chicken pox)	Consented	Right Deltoid Rita Ramirez 12/09/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)((b)(6 (b)(6) AKA (b)(6) (b)((b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/12/16 19:33:41
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the person listed in the subject line who was verified to be (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1996.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/12/16 19:33:35
Delivered Date:	2016/12/16 19:33:41

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA (b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on November 13, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what she has now revealed to be her real identity with the purpose of misrepresenting herself as a minor.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) who proceeded to contact her family in Guatemala. Ms. (b)(6) (b)(6) mother was unable to send to Case Manager a copy of Ms. (b)(6) (b)(6) birth certificate reporting that she lacked the funds to obtain one. Case Manager informed her that her daughter wanted to request voluntary departure and that a copy of birth certificate would be needed eventually. At that time Ms. (b)(6) (b)(6) mother admitted to Case Manager that her daughter in ORR care is her oldest daughter and is 20 years of age and that she has been taking the identity of her younger sister named (b)(6) (b)(6) (b)(6) (b)(6)

Case Manager provided an opportunity for Ms. (b)(6) (b)(6) to explain the discrepancy between what she verbally initially reported to be her identity and what her mother revealed to Case Manager. Ms. (b)(6) (b)(6) acknowledged taking her sister's identity since she was advised to do so by her smuggler. Since she had already paid the smuggler to cross into the United States, the smuggler let her be apprehended by officials so she could enter the US as a minor. Ms. (b)(6) (b)(6) then admitted that her real name is (b)(6) (b)(6) (b)(6) (b)(6) **and her date of birth is** (b)(6) **1996.**

On December 15, 2016 the Case Manager then requested from the Guatemalan consulate confirmation and verification of the new identity revealed as Ms. (b)(6) (b)(6) (b)(6) mother is unable to obtain in Guatemala a copy of the formal birth certificate of her daughter (b)(6)

On December 16, 2016 the Guatemalan Consulate in Phoenix, Arizona verified that the information provided by Ms. (b)(6) (b)(6) was correct and came as a match on their official RENAP archives and was able to provide a formal verification of her birth certificate with the information verbally provided by (b)(6) (b)(6) (b)(6) (b)(6) thus verifying her name and DOB.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Ms. (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) and her own retraction of her first provided incorrect name and date of birth including admitting that she is 20 years old and that she and her mother have carried out a scheme to take a sibling's identity with the purpose of misleading authorities to believe she was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Consular Documentation of true identity (b)(6) (b)(6) (b)(6) (b)(6
- Immunization Records
- Medical Clearance
- Self-Statement.

In accordance with ORR policy, the documentation for this individual was reviewed indicating that (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6) (b)(is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

(b)(6)

004070

004071

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-12-16

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) 1996

País, departamento y municipio de nacimiento:

GUATEMALA	SAN MARCOS	SIBINAL

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mi.

(b)(6)

Firma titular

Firma cónsul u operador

Quantiferon TB

Status: Final result **Visible to patient: Not Released** **Next appt: None** **Dx: Encounter for routine child health ex...**

	Ref Range	5d ago
Quantiferon TB	Negative, Indeterminate	Negative
Quantiferon TB minus Nil	IU/mL	0.071
Resulting Agency	MIHS LAB	

Narrative

Interpretation of Results:

Positive:
Quantiferon TB - Nil: >=0.35 IU/mL

Negative:
Quantiferon TB - Nil: <=0.34 IU/mL

Quantiferon - TB Assay Limitations

Results from QuantiFERON-TB Gold IT testing must be used in conjunction with each individual's epidemiological history, current medical status, and results of other diagnostic evaluations.

1. The predictive value of a positive QuantiFERON-TB Gold IT result in diagnosing M Tuberculosis infection depends on the probability of infection, which is assessed by historical, epidemiological, diagnostic, and other findings.
2. A diagnosis of LTBI requires that tuberculosis disease must be excluded by medical evaluation including an assessment of current medical and diagnostic tests for disease as indicated.
3. A negative result must be considered with the individual's medical and historical data relevant to probability of M Tuberculosis infection and potential risk of progression to tuberculosis disease, particularly for individuals with impaired immune function. Negative predictive values are likely to be low for persons suspected to have M Tuberculosis disease and should not be relied on to exclude disease.

4. Indeterminate results may occur due to:
1. Incorrect transport/handling of blood specimen.
2. Excessive levels of circulating IFN-γ or presence of heterophile antibodies.
3. Longer than 16 hours from blood specimen drawing to incubation.

Specimen Collected: 11/15/16 8:18 AM
Last Resulted: 11/19/16 5:22 AM
Lab Flowsheet Order Details View Encounter Lab and Collection Details Routing Result History

Lab IDs

Specimen #
(b)(6)

Routing History

Priority	Sent On	From	To	Message Type
	11/15/2016 9:37 AM	(b)(6)	Heather Burzinski, PA	Results
		Rad Results In Edi	Heather Burzinski, PA	Results

11/15/2016
(b)(6)

View SmartLink Info

QUANTIFERON TB (Order # (b)(6) on 11/15/16

Order Information

QUANTIFERON TB (Order (b)(6)) on 11/15/16

Additional Details

View Order Tracking

Facility #: ---
004074
Date: Nov 15, 2016
Time: 16:53:22 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 11/15/2016	
Hepatitis B	Consented	- - 11/15/2016	
HPV	Consented	- - 11/15/2016	
Influenza	Consented	- - 11/15/2016	
IPV	Consented	- - 11/15/2016	
Meningicoccal	Consented	- - 11/15/2016	
MMR	Consented	- - 11/15/2016	
Tdap	Consented	- - 11/15/2016	
Varicella (chicken pox)	Consented	- - 11/15/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)((b)(6) A(b)(6) /SWK Casa Phoenix
Date:	2016/12/16 18:06:50
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find a Memo of Age Redetermination for the above listed individual who has been determined to be (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1996 and of Mexican origin.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2016/12/16 18:06:45
Delivered Date:	2016/12/16 18:06:50

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with SWK Casa Phoenix on October 25, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing a fraudulent Guatemalan birth certificate with a date of birth of (b)(6), 2000 to apprehending officials with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was interviewed by his assigned Case Manager to whom it became apparent that Mr. (b)(6) (b)(6) appeared to be overage. On November 11, 2016 case manager proceeded to immediately verify the birth certificate that Mr. (b)(6) (b)(6) brought with himself upon admission on the official RENAP site which returned as a match.

It was only on December 15, 2016 that Mr. (b)(6) (b)(6) decided voluntarily to reveal to his classroom teacher that he misrepresented himself as a minor and had provided a fraudulent Guatemalan birth certificate. This was then reported to the assigned Case Manager, (b)(6) who provided an opportunity for Mr. (b)(6) (b)(6) to explain the discrepancy between the birth certificate he provided upon being placed in HHS ORR case and the new information he disclosed to his teacher. Mr. (b)(6) (b)(6) immediately acknowledged that he is of Mexican origin, he is 20 years old and that the birth certificate he provided was not his birth certificate and that his true identity is (b)(6) (b)(6) (b)(6) (b)(6) **with the date of birth, (b)(6), 1996**. Mr. (b)(6) (b)(6) added that he was told by his foot guide that the only way he could successfully enter the United States was as a minor. Case Manager followed up with the new information and contacted his mother (b)(6) (b)(6) who resides in (b)(6) who confirmed that her son's name is (b)(6) (b)(6) (b)(6) (b)(6) and his true date of birth is (b)(6), 1996. She admitted as well that she was aware that her son purchased a false document with to provide a false identity. It was also to her understanding that the only way her son could cross to the United States and complete reunification process successfully was with a birth certificate of a minor from the country of Guatemala.

Along with this Memo ORR is submitting the following documents:

- Fraudulent Guatemalan birth certificate
- True Identity Mexican BC
- Photograph
- TB clearance
- Vaccinations

004077

- Self-Statement

In accordance with ORR policy and procedures and according to the new information and documents received indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is 20 of age this individual does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.16 16:01:47 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

(b)(6)

ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL

(b)(6) BOLETA: | 31/03/2009 FECHA | $51.95 DERECHOS

DE ACUERDO A LA INFORMACION CONTENIDA EN EL BANCO DE DATOS CENTRAL DEL REGISTRO CIVIL DEL ESTADO DE CHIAPAS, SE EXTIENDE LA PRESENTE:

ACTA DE NACIMIENTO.

OFICIALIA	LIBRO:	ACTA:	FOJA:	FECHA DE REGISTRO:
(b)(6)	(b)(	(b)(6)	(b)(6)	10-Septiembre-1996

LA TRINITARIA, LA TRINITARIA CHIAPAS
(LUGAR DE REGISTRO)

NOMBRE: (b)(6) SEXO: MASCULINO

LUGAR DE NACIMIENTO: BARRIO LOS VERTIENTES, LA TRINITARIA, CHIAPAS, MEXICO

FECHA DE NACIMIENTO: (b)(6) de 1996 HORA: 07:00 PRESENTADO: VIVO

COMPARECE: AMBOS NO. CERTIFICADO: NO HUBO C.R.I.P. (b)(6) C.U.R.P. (b)(6)

PADRES.

PADRE (b)(6) NACIONALIDAD (b)(6) EDAD (b)(6) AÑOS

MADRE: (b)(6) NACIONALIDAD EDAD AÑOS

ABUELOS.

ABUELO PATERNO: (b)(6) NACIONALIDAD: (b)(6)

ABUELA PATERNA: NACIONALIDAD:

ABUELO MATERNO: NACIONALIDAD:

ABUELA MATERNA: NACIONALIDAD:

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO.

NOMBRE: PARENTESCO: EDAD: AÑOS

SE EXTIENDE ESTA CERTIFICACION, CON FUNDAMENTO EN LOS ARTICULOS 34,35,36,37,40 Y 45 DEL CODIGO CIVIL VIGENTE EN EL ESTADO, EN LA TRINITARIA, CHIAPAS, A (b)(6) DEL MES DE ABRIL DEL AÑO 2009.

(b)(6)

EL OFICIAL DEL REGI

Oficialia 01 del Registro Civil
La Trinitaria (b)(6)

C. BLANCA ERNESTINA LOPEZ GORDILLO

CALSTRIN
01-04-09 9.33

RENAP
Registro Nacional de las Personas

Correlativo: I0003833203112016

VERIFICADOR: (b)(6)
ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Cuilco, departamento de Huehuetenango,

CERTIFICA

que con fecha veinticinco de abril de dos mil, en la partida (b)(6), folio (b)(6), del libro (b)(6) del Registro Civil del Municipio de CUILCO, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

de dos mil

Fecha de nacimiento

Guatemala, Huehuetenango, Cuilco

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos de la madre

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Página 1 de 2

Registro Civil de las Personas
RENAP
Oficina No. 332
Cuilco,
Huehuetenango

Observaciones:
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día tres de noviembre de dos mil dieciseis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

ULTIMA LÍNEA

Doy fe.

(b)(6)

RENAP
Oficina No. 332
Quiché
Huehuetenango

Faustino Rudy , Guzmán Ramos
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso en papel bond el día tres de noviembre del dos mil dieciseis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)
004081

004082

(b)(6) (b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Thu Oct 27, 2016 7:30 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view of the chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: No abnormal lung parenchymal opacities. No appreciable pneumothorax or effusion.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No radiographic evidence active TB.

NOTE:
Report dictated by resident, Tanner Harmon MD, 10876. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

004083

(b)(6) (b)(6) (b)(6) (MRN (b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD
Tanner J Harmon, MD

Released By: Mary J. Connell, MD on 10/27/2016 11:08 AM
CC: SW KEYS KIDS - FAX

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:	602-685-3100	**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	No address on file		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/12/16 17:16:54
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/12/16 17:16:50
Delivered Date:	2016/12/16 17:16:54

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
December 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#**(b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on December 8, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what the Phoenix Guatemalan Consulate has now revealed to be his true date of birth with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was interviewed by assigned Case Manager, (b)(6), to whom it became apparent that Mr. (b)(6) (b)(6) appeared to be overaged. On December 13, 2016 assigned case manager proceeded to immediately verify the birth certificate that Mr. (b)(6) (b)(6) brought with him upon admission on the official RENAP site and the birth certificate was not found. Case Manager then sent the document to the Guatemalan Consulate for verification along with a photograph.

On December 15, 2016 the Guatemalan Consulate in Arizona verified that the document provided by Mr. (b)(6) (b)(6) was an altered one and that his correct date of birth is (b)(6) **1993**.

Case Manager provided an opportunity for Mr. (b)(6) (b)(6) to explain the discrepancy between the birth certificate he provided and the verified birth certificate. Mr. (b)(6) (b)(6) immediately acknowledged that the birth certificate was altered and that his actual date of birth is (b)(6) 1993 making him 23 years old. Mr. (b)(6) (b)(6) stated that he received the altered birth certificate from his uncle (b)(6) (b)(6) who he paid 4,000 Quetzals to have the document altered.

Mr. (b)(6) (b)(6) was placed in ORR care with his sister's (b)(6) (b)(6) (b)(6) A# (b)(6) who is also placed at SWK Casa Phoenix and whose birth certificate was also altered, though she is still a minor. Mr. (b)(6) (b)(6) stated that he was told to use the altered birth certificate to help him and his sister stay in the US and be reunified with his potential sponsor. (b)(6) (b)(6) stated that the general public in his country advised him to have his birth certificate altered since it would be a safer and faster way to arrive and remain in the United States. Mr. (b)(6) (b)(6) had his birth certificate altered a day before traveling to the United States. His family in Guatemala confirmed Mr. (b)(6) (b)(6) story and stated they wanted a better life for their kids.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Mr. (b)(6) (b)(6) (b)(6) and his own retraction of his first provided incorrect date of birth including admitting that he is 23 years old and that he had carried out a scheme to change his date of birth with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate of (b)(6) (b)(6) (b)(6)
- Consular documentation of DOB
- Medical Clearance
- Self-Statement.

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.16 15:09:21 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas
República de Guatemala

(b)(6)

RENAP

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Guatemala, departamento de Guatemala,

CERTIFICA

que con fecha veinticinco de abril de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(del libro (b)(6 del Registro Civil del Municipio de San Martín Jilotepeque, Departamaento de Chimaltenango, quedó inscrito el nacimiento de:

- Cipriano , Chocoj Tomás -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Chimaltenango, San Martín Jilotepeque

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el dìa dieciséis de noviembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es autèntica por ser una copia fiel de su original

----------ULTIMA LÍNEA----------

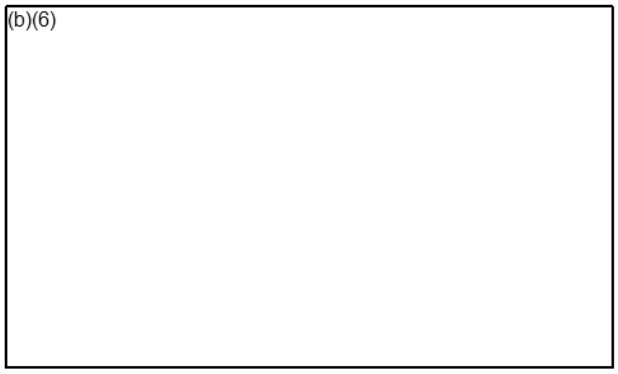
Doy fe (b)(6)

Licenciado Rafael Arturo , Andrade Barillas
Registrador Civil de las Personas

RENAP
REGISTRO CIVIL DE LAS PERSONAS
GUATEMALA, GUATEMALA, SEDE No. 1
REGISTRO NACIONAL DE LAS PERSONAS - RENAP -

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito

Este certificado fue impreso el día dieciséis de noviembre de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través de link: https://www.renap.gob.gt/verificacion -de-certificado o bien llamando al 1516


(b)(6)

Facility #: --- 004090

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Dec 9, 2016

Immunization Report

User: (b)(6)

Time: 20:56:32 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
MMR	Consented	Left Deltoid - 12/09/2016	
Tdap	Consented	Right Deltoid - 12/09/2016	
IPV	Consented	Right Deltoid - 12/09/2016	
Influenza	Consented	Right Deltoid - 12/09/2016	
HPV	Consented	Right Deltoid - 12/09/2016	
Hepatitis A	Consented	Left Deltoid - 12/09/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 12/09/2016	
Hepatitis B	Consented	Left Deltoid - 12/09/2016	
Meningicoccal	Consented	Left Deltoid - 12/09/2016	

oxford.
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)
Collection Date/Time: 12/09/2016 10:00AM EST

Provider: (b)(6)
Location: SWK-Glendale
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 12/10/2016 4:00AM EST
Approval Date/Time: 12/11/2016 4:05PM EST

T-SPOT.TB

T-SPOT.TB	Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4. This includes values less than zero.
Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (http://www.cdc.gov/tb/publications/guidelines/default.htm) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

Nil (Neg) Control Spot Count	0
Panel A Spot Count	0
Panel B Spot Count	0
Positive Control Spot Count	>20

(b)(6)

12/13/16

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with M. xenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculosis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Cubulco, departamento de Baja Verapaz,

CERTIFICA

que con fecha dos de septiembre de mil novecientos noventa y dos, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de CUBULCO, Departamento de BAJA VERAPAZ, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y dos

Fecha de nacimiento

Guatemala, Baja Verapaz, Cubulco

Lugar de nacimiento

Femenino

Género

Datos de la madre

-(b)(6)

Nombres y apellidos de la madre

--

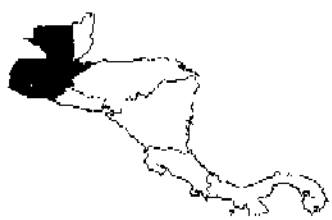
Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible



Datos del padre

-(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio Cubulco, departamento de Baja Verapaz, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 07/02/2011, por lo que corresponde el Código Único de Identificación - CUI - 2188842571504

Extendida el día trece de junio de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe. (b)(6)

Osmán Alexander, Rosales
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 355
CUBULCO
BAJA VERAPAZ

Este certificado fue impreso en papel bond el día trece de junio del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org)"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT Age Redetermination (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/09/28 17:37:10
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1995. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org)"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/09/28 17:37:06
Delivered Date:	2016/09/28 17:37:10

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington,DC 20201| www.acf.hhs.gov

Memo of Age Determination
September 28, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 3, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1998 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, Mrs. (b)(6) (b)(6) (b)(6) in Guatemala.

On September 16, 2016 Mrs. (b)(6) (b)(6) (b)(6) faxed a copy of her son's birth certificate to the Case Manager. Case Manager, (b)(6) sent the birth certificate on September 19, 2016 to be verified by the Guatemala Consulate.

On September 27, 2016, Case Manager received an email from Consular Assistant, (b)(6) who provided proof of birth certificate verification for Mr. (b)(6) (b)(6) showing a correct name of (b)(6) (b)(6) (b)(6) **with a correct date of birth of (b)(6) 1995.**

Case Manager immediately contacted (b)(6) (b)(6) (b)(6) mother of Mr. (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her son produced a different date than the date Mr. (b)(6) (b)(6) had told the Case Manager, making her son 20 years old. Ms. (b)(6) (b)(6) responded that the birth certificate she sent was indeed not a valid birth certificate. Mrs. (b)(6) (b)(6) stated, her son got his birth certificate altered by a woman (unknown name) in the city of (b)(6) Guatemala. Mrs. (b)(6) (b)(6) stated that she and her husband facing poverty struggles decided to paid to have their son's birth certificate altered.

Mr. (b)(6) (b)(6) admitted to Case Manager that he is overage, that his date of birth is (b)(6) 1995, affirming he was 20 years old. Mr. (b)(6) (b)(6) stated that his birth certificate had been altered by an unknown woman in (b)((b)(6) Guatemala. The unknown woman told Mr. (b)(6) (b)(6) and his parents that by changing his date of birth on his birth certificate that would allow for Mr. (b)(6) (b)(6) to make it to the United States and be able to stay in the US.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6) 1995 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Self-Statement
- Consulate verification of DOB:

  Datos NO coinciden con RENAP
  (b)(6) (b)(6) (b)(6)
  Fecha de nacimiento CORRECTA: (b)(6) DE 1995
  Lugar de nacimiento: Guatemala, Jalapa, Jalapa
  CUI: (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Jalapa, departamento de Jalapa,

CERTIFICA

que con fecha dieciséis de enero de mil novecientos noventa y nueve , en la partida (b)(6) folio (b)(del libro (b)(6), del Registro Civil del Municipio de JALAPA, Departamento de JALAPA, quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Jalapa, Jalapa

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

REGISTRO CIVIL DE LAS PERSONAS 2 RENAP

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día cinco de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
2
RENAP
Jalapa
Jalapa
Oficina No. 216

Magda Elizabeth , Morán Marroquín
Registrador Civil de las Personas

(b)(6)

004100

(b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Mon Sep 5, 2016 7:18 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.
NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and
time stamp indicates that the study has been interpreted and the report approved.

(b)(6)

004102

(b)(6) (b)(6) (MRN (b)(6))

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD
Scott Penny, MD

Released By: Mary J. Connell, MD on 9/5/2016 8:29 AM
CC: (b)(6) PA - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

004103

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 09/06/2016 16:00 **Location:** Zone A 414 2

Initial Admission: 09/04/2016 **Admission:** 09/04/2016 **A#:** (b)(6)

Date of Birth: (b)(6) /1998 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Dr. (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   09/06/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   SWK 922_Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
2. Date Read
3. Result in mm
4. Interpretation
   - a. Positive
   - b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn
   09/06/2016
6. Test type
   - a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
   - b. T-SPOT TB test (T-Spot)
7. Results:
   - a. Positive
   - b. Negative
   - c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date
   09/05/2016
9. Findings
   - a. Normal
   - b. Abnormal

Supplemental TB Screening

004104

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

- [x] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

Facility #: ---
004105
Date: Sep 6, 2016
Time: 22:49:06 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

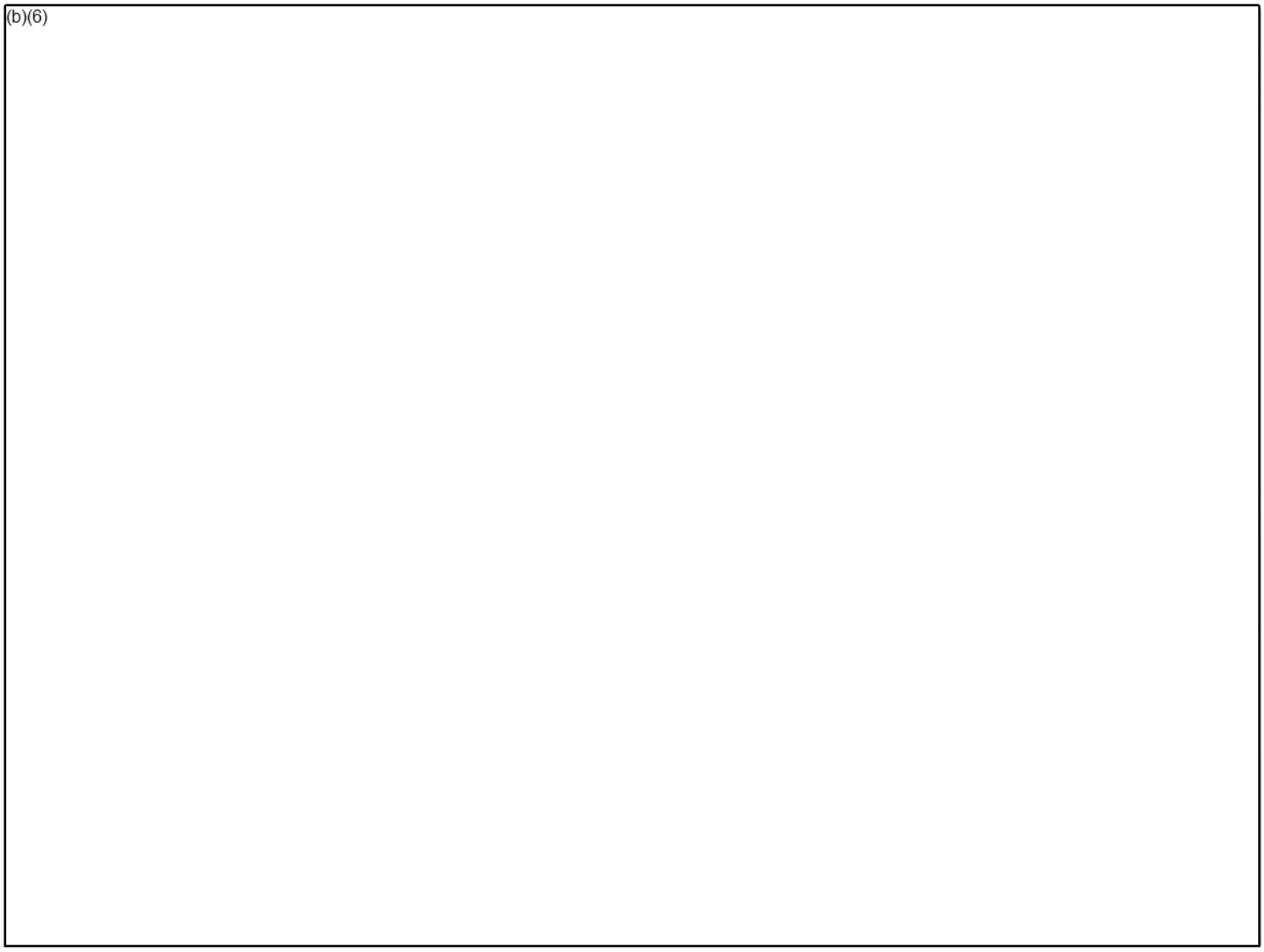
Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 09/06/2016	
Hepatitis B	Consented	- - 09/06/2016	
Tdap	Consented	- - 09/06/2016	
Varicella (chicken pox)	Consented	- - 09/06/2016	
HPV	Consented	- - 09/06/2016	
IPV	Consented	- - 09/06/2016	
Meningicoccal	Consented	- - 09/06/2016	
MMR	Consented	- - 09/06/2016	

004106



From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) t@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/11/28 20:46:15
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) 1998. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/11/28 20:46:09
Delivered Date:	2016/11/28 20:46:15

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 28, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#**(b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on November 26, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) misreporting his date of birth as (b)(6), 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager asked Mr. (b)(6) (b)(6) if he was an adult; Mr. (b)(6) (b)(6) stated he was unsure of the year he was born, but remembered his birthday to be (b)(6). Case Manager proceeded then to contact Mr. (b)(6) mother in Guatemala who faxed to Case Manager a copy of Mr. (b)(6) (b)(6) birth certificate with a date of birth of (b)(6) **1998**.

Case Manager then proceeded to verify the birth certificate in the official website RENAP site and the verified document revealed a date of birth of (b)(6) **1998**. Case Manager then spoke with Mr. (b)(6) (b)(6) brother Josue (b)(6) (b)(6) who stated UC's birth date is indeed (b)(6) **1998**.

Case Manager then explained to Mr. (b)(6) (b)(6) that mother had sent a birth certificate with a date of birth of (b)(6) 1998. Mr. (b)(6) (b)(6) then explained that he was unaware of the year but accepted the birth certificate to be true. Mr. (b)(6) (b)(6) admitted misreporting his date of birth to immigration officials as he wanted to remain in the US. Mr. (b)(6) (b)(6) provided a Self-Statement wherein he states that he is currently 18 years of age.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Case Manager for Mr. (b)(6) (b)(6) (b)(6) including the verified formal document showing a date of birth of (b)(6) (b)(6) 1998 and the testimony of the individual in questions, his brother and mother all corroborating that he is 18 years of age and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Photograph
- TB Clearance
- Self-statement by Mr. (b)(6) (b)(6)

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov26

Approved by:
Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Martín Sacatepéquez, departamento de Quetzaltenango,

CERTIFICA

que con fecha trece de febrero de mil novecientos noventa y ocho, en la partida (b)(folio (b)(del libro (b)(del Registro Civil del Municipio de SAN (b)(6) SACATEPÉQUEZ, Departamento de QUETZALTENANGO, quedó inscrito el nacimiento

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Quetzaltenango, San Martín Sacatepéquez

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6) , (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) (b)(6) (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintiocho de noviembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Paola Elizabeth , Ochoa de León

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintiocho de noviembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) 1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Mon Nov 28, 2016 2:29 PM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
Chest radiograph dated October 24, 2015.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
1. No radiographic evidence tuberculosis infection.
2. No acute cardiopulmonary disease.
Report dictated by resident, Tanner Jugler, MD, 10870. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

(b)(6) 004114

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b) (b)(6) AKA: (b)(6) (b)(6) (b)((b)(6) - (b)(/SWK Casa Phoenix
Date:	2016/11/25 14:46:08
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1993. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/11/25 14:45:59
Delivered Date:	2016/11/25 14:46:08

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b) (b)(6) DOB (b)(6) /2000 (b)(6)
AKA: (b)(6) (b)(6) (b)(6 DOB: (b)(6) 1993

Mr. (b)(6) (b)(6) (b was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on November 17, 2016 as a juvenile as a result of Mr. (b)(6) (b knowingly providing to apprehending officials a name and date of birth different from what he and the Guatemalan Consulate have now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b was immediately interviewed by his assigned Case Manager (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b) could be over age. Upon placement Mr. (b)(6) (b) stated that his date of birth was (b)(6) 2000. Case Manager proceeded then to contact Mr. (b)(6) (b)(6 family in Guatemala to ask for a birth certificate. Mr. (b)(6) (b)(father provided a birth certificate for (b)(6) (b)(6) (b) with DOB (b)(6) , 2000.

Case Manager then requested that the Guatemalan consulate interview Mr. (b)(6) (b on November 23, 2016. Following interview by Guatemalan Consular Assistant (b)(6) she informed Case Manager that Mr. (b)(6) (b)(6) (b) had revealed to her that his true identity is (b)(6) (b)(6) (b)(6) **with date of birth** (b)(6) **1993.**

On November 23, 2016, Case manager received the Consular Verification of DOB from the Guatemalan Consulate in Phoenix for (b)(6 (b)(6) (b)(6) confirming his DOB to be (b)(6) /1993.

Case Manager provided an opportunity for Mr. (b)(6) (b)(6) (b to explain the discrepancy between the different verified date of birth and name received by the Guatemalan consulate. Mr. (b)(6) (b)(6) (b admitted misreporting his date of birth and name and acknowledged that his true name is (b)(6 (b)(6) (b)(6) with DOB (b)(6) 1993, but did not want to disclose any more information. Case manager informed Mr. (b)(6) (b)(6) that case manager would write and read his statement and have it signed by the Clinician, Shift leader, himself and Case Manager due to Mr. (b)(6) (b)(6) reporting he is illiterate and unable to read or write.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Phoenix Guatemalan Consulate and Case Manager for Mr. (b)(6) (b)(6) (b AKA: (b)(6 (b)(6) (b)(6) and his own retraction of his first provided incorrect name and date of birth including admitting that he is 23 years old and the Phoenix Consulate's corroboration of this information including admitting that this individual has carried out a scheme to take

another individual's identity with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Birth Certificate of taken identity of (b)(6) (b)(6) (b
- Consular Verification of DOB and identity of (b)(6 (b)(6) (b)(6)
- Self-statement
- Photograph
- TB Clearance
- Immunization Records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b) AKA (b)(6 (b)(6) (b)(6) is 23 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Cunén, departamento de Quiche,

CERTIFICA

que con fecha siete de noviembre de dos mil, en la partida (b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de CUNÉN, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de dos mil

Fecha de nacimiento

Guatemala, Quiche, Cunén

Lugar de nacimiento

Masculino

Género

Datos de la madre.

(b)(6)

Nombres y apellidos de la madre

–

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

004120

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día quince de noviembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Olga Leticia , Ventura Monzón de Martínez
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 038 CUNEN, QUICHÉ

Este certificado fue impreso en papel bond el día quince de noviembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004121

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2018-11-23

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1993

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	CUNÉN

Libro:	Folio:	Partida:	Estado civil:
62	326	695	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Na
de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mi

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 3527565860101

(b)(6) (b)(6) (b)(6) reveló al administrador de casos y al clínico que se estaba haciendo pasar por (b)(6) (b)(6) (b)(El Sr. (b)(6) (b)(6) no reveló quién es (b)(6) o cómo obtuvo este acta de nacimiento. Sr. (b)(6) (b)(6) informó que su verdadero cumpleaños es el (b)(6) de 1993 y tiene 23 años.

Nota: El administrador de casos escribió y leyó esta declaración al cliente, debido a que el cliente era analfabeto.

Administrador de casos

(b)(6)

Clínico

(b)(6)

Jefe de turno

(b)(6)

Cliente

X

Quantiferon TB

Status: Final result Visible to patient: Not Released Next appt: 12/13/2016 at 11:15 AM in Dermatology (Mansi Sarihan, MD) Dx: Encounter for routine child health ex...

	Ref Range	5d ago
Quantiferon TB	Negative, Indeterminate	Negative
Quantiferon TB minus Nil	IU/mL	0.018
Quantiferon Mitogen minus NIL	IU/mL	>10.000
QTB Nil	IU/mL	0.037
Resulting Agency	MIHS LAB	

Narrative

```
Interpretation of Results:

**************************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): <0.35
Mitogen minus Nil (IU/ml)*: >=0.5
QFT result: Negative
Report/Interpretation: M. tuberculosis infection NOT likely
**************************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & <25% of Nil value
Mitogen minus Nil (IU/ml)*: >=0.5
QFT result: Negative
Report/Interpretation: M. tuberculosis infection NOT likely
**************************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & >=25% of Nil value
Mitogen minus Nil (IU/ml)*: Any
QFT result: Positive**
Report/Interpretation: M. tuberculosis infection likely
**************************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): <0.35
Mitogen minus Nil (IU/ml)*: <0.5
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**************************************************************************
NIL (IU/ml):  <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & <25% of Nil value
Mitogen minus Nil (IU/ml)*: <0.5
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**************************************************************************
NIL (IU/ml): >8.0***
TB Antigen minus Nil (IU/ml): Any
Mitogen minus Nil (IU/ml)*: Any
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**************************************************************************

* Responses to the Mitogen positive control (and occasionally TB Antigen)
can be outside the range of the microplate reader. This has no impact on
test results. Values >10 IU/ml are reported by the QFT software as >10
IU/ml.
```

** Where M. tuberculosis infection is not suspected, initially positive results can be confirmed by retesting the original plasma samples in duplicate in the QFT ELISA. If repeat testing of one or both replicates is positive, the test result is considered positive.

*** In clinical studies, less than 0.25% of subjects had IFN-gamma levels of >8.0 IU/ml for the Nil Control.

Quantiferon - TB Assay Limitations

Results from QuantiFERON-TB Gold IT testing must be used in conjunction with each individual's epidemiological history, current medical status, and results of other diagnostic evaluations.

1. The predictive value of a positive QuantiFERON-TB Gold IT result in diagnosing M. tuberculosis infection depends on the probability of infection, which is assessed by historical, epidemiological, diagnostic, and other findings.
2. A diagnosis of LTBI requires that tuberculosis disease must be excluded by medical evaluation including an assessment of current medical and diagnostic tests for disease as indicated.
3. A negative result must be considered with the individual's medical and historical data relevant to probability of M. tuberculosis infection and potential risk of progression to tuberculosis disease, particularly for individuals with impaired immune function. Negative predictive values are likely to be low for persons suspected to have M. tuberculosis disease and should not be relied on to exclude disease.

4. Indeterminate results may occur due to:
1. Incorrect transport/handling of blood specimen.
2. Excessive levels of circulating IFN-y or presence of heterophile antibodies.
3. Longer than 16 hours from blood specimen drawing to incubation.

Specimen Collected: 11/18/16 (b)(6) | Last Resulted: 11/20/16 5:06 AM | Lab Flowsheet Order Details View Encounter Lab and Collection Details Routing Result History

Lab IDs

Specimen # (b)(6)

Reviewed by List

Zachary J Robbins, MD on 11/21/2016 9:03 AM

Routing History

Priority	Sent On	From	To	Message Type
	11/18/2016 1:53 PM	Rad Results In Edi	Zachary J Robbins, MD	Results
	11/18/2016 12:50 PM	Yury Encinas, MA	Zachary J Robbins, MD	Results

Facility #: ---
004125
Date: Nov 19, 2016
Time: 11:14:44 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)((b)(6) (b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b) (b)(6) (b)(6) - DOB: (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 11/18/2016	
Hepatitis B	Consented	- - 11/18/2016	
HPV	Consented	- - 11/18/2016	
Influenza	Consented	- - 11/18/2016	
IPV	Consented	- - 11/18/2016	
Meningicoccal	Consented	- - 11/18/2016	
MMR	Consented	- - 11/18/2016	
Tdap	Consented	- - 11/18/2016	
Varicella (chicken pox)	Consented	- - 11/18/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) (b)(6) (b)(6)
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) (b)(6) CASA PHOENIX
Date:	2016/10/25 22:45:09
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6)

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) (b)(6) (b)(6)
Sent Date:	2016/10/25 22:45:03
Delivered Date:	2016/10/25 22:45:09

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#:** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 20, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly providing a different date of birth for herself upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) (b)(6) to whom during initial intake admitted that her correct date of birth is (b)(6) (b) **1998** and that she is 18 years of age. Case Manager requested a copy of Ms. (b)(6) (b)(6) birth certificate from her grandmother (b)(6) who resides in Honduras. Ms. (b)(6) immediately informed Case Manager that her granddaughter's correct date of birth is (b)(6) (b) **1998** and she faxed a document on October 25, 2016 confirming the information.

Case Manager provided then an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the document received and the information she verbally provided about her date of birth, Ms. (b)(6) (b)(6) very regretfully admitted that her **correct date of birth is** (b)(6) (b) **1998** and that she was not honest when she provided the incorrect date of birth. She added that when she was traveling to the US she overheard that adults were treated bad and minors were not. She proceeded to report the date of birth of her younger sister instead of her true date of birth. She explained that she immediately regretted reporting the wrong date of birth and asked immigration officials to change it but she never knew if they did change it or not until she was placed at SWK Casa Phoenix Shelter.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Ms. (b)(6) (b)(6) new information about her correct identity and I agreed that there is sufficient strong evidence to indicate that Ms. (b)(6) (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- BC for (b)(6) (b)(6) (b)(6) (b)(6)
- Photograph
- TB Clearance
- Self-Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004130

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

El infrascrito DIRECTOR GENERAL DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capítulo IV, Artículo (b) literal O. y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982, CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número: (b)(6) [redacted] ubicada en el folio (b)(6) del tomo (b)(6) del Año 2001 y que pertenece a:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

SEXO F ☒ M ☐

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) PUERTO CORTÉS Municipio

b) CORTÉS Departamento

c) HONDURAS País

d) (b)(6) Día

e) (b)(6) Mes

f) 1998 Año

2.) Apellidos, nombre y nacionalidad del padre:

a) - - - - - - - - Primer Apellido

b) - - - - - - - - Segundo Apellido

c) - - - - - - - - Nombre

d) - - - - - - - - Nacionalidad

3.) Apellidos, nombre y nacionalidad de la madre:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

d) HONDUREÑA Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en ARIZONA Municipio ATLÁNTIDA Departamento

a los: VEINTE (b)(6) días del mes de OCTUBRE

del DOS MIL DIECISEIS

RNP

Director General

PSMH2OrlEU3sCHg$XBlOy3k02au

FROM : PHONE NO. : 4482942 OCT. 24 2016 08:43AM P1

004131

(b)(6)

004132

(b)(6) (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6), (b)(6)
DOB: (b)(6)/01
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR chest PA and lateral

Exam Date & Time: Sat Oct 22, 2016 7:30 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Well adolescent visit

EXAM DESCRIPTION:
XR CHEST PA AND LATERAL
Accession # (b)(6)

COMPARISON:
None.

CLINICAL HISTORY:
r/o TB

TECHNIQUE:
PA, Lateral Chest

FINDINGS:
HEART: Normal.

LUNGS: Clear. No consolidation, effusion or pneumothorax.

VASCULATURE: Normal.

MEDIASTINUM: Normal.

SOFT TISSUES: Normal.

BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no x-ray findings to suggest active granulomatous/fungal disease.

004133

(b)(6) (b)(6) (MRN (b)(6))

NOTE:
Report dictated by resident, Margaret Kincaid MD, 10622. The attending radiologist's signature
indicates that the study has been interpreted and the report approved

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Poya Hedayati, MD
Margaret Kincaid, MD

Released By: Poya Hedayati, MD on 10/22/2016 9:16 AM
CC: HEATHER BURZINSKI - FAX

Ord Prov:	Heather Burzinski	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Heather Burzinski
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E. ROOSEVELT ST. Phoenix AZ 85008		

004134

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 10/22/2016 21:21
Location: (b)(6)
Initial Admission: 10/22/2016
Admission: 10/22/2016
A#: (b)(6)
Date of Birth: (b)(6) 2001
Gender: F
Score: NA
Category: NA
Physician: Burzinski, Heather

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   Burzinski Heather
   b.Telephone:
   (602) 344-6655
2. Date of visit
   10/22/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   922 - Southwest Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
2. Date Read
3. Result in mm
4. Interpretation
   - a. Positive
   - b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn
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
   10/22/2016
9. Findings
   - (●) a. Normal
   - b. Abnormal

004135

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

- [ ] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

Pending IGRA results

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/10/25 13:54:44
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB: (b)(6) **/1994**. This person has been cleared for TB yesterday 10/24/16 by the Maricopa County TB Clinic as he initially had an abnormal X-Ray and was placed in isolation.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/10/25 13:54:40
Delivered Date:	2016/10/25 13:54:44

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 7, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing a date of birth of (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) birth certificate from his mother, Ms. (b)(6) who resides in Guatemala. Ms. (b)(6) faxed to Case Manager a copy of Mr. (b)(6) birth certificate showing a date of birth (b)(6) 1999.

On October 11, 2016 while reviewing Mr. (b)(6) file it became apparent to Case Manager that the font on the birth certificate for the date of birth appeared altered and therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On October 21, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) mother provided the program. According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives show (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) was registered with a date of birth of (b)(6) 1994.

Case Manager then contacted Ms. (b)(6) to inform her about the discrepancy between the date of birth in the document she sent on behalf of her son and the verified version of the document and Ms. (b)(6) denied she knew that there was a discrepancy.

Case Manager then provided Mr. (b)(6) an opportunity to explain the discrepancy and Mr. (b)(6) denied the birth document was altered.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) s new information about his correct identity and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) is 22 years old.

Along with this Memo ORR is submitting the following documents:

- Verified BC

- Altered BC
- Photograph
- Self-Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 22 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

RENAP

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de San Mateo Ixtatán, Departamento de Huehuetenango,

CERTIFICA

que con fecha cuatro de enero de dos mil , la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de San (b)(6) Ixtatán, Departamento de Huehuetenango, quedó inscrito el nacimiento de:

Datos del inscrito

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y nueve | Masculino

Fecha de nacimiento | Género

Guatemala, Huehuetenango, San Mateo Ixtatán, San Mateo Ixtatán

País, Departamento, Municipio de nacimiento

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

004140

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-10-21

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1994

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	SAN MATEO IXTATÁN

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6) Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6) Fecha nacimiento de la madre:

Nombre del padre: (b)(6) Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es veridica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mi.

(b)(6)

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: (b)(6)

004141

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 10/11/2016 16:43
Location: (b)(6)
Initial Admission: 10/09/2016
Admission: 10/09/2016
A#: (b)(6)
Date of Birth: (b)(6) 1999
Gender: M
Score: NA
Category: NA
Physician: Burzinski, Heather

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   panchanathan, sarada MD
   b.Telephone:
   (602) 344-6655
2. Date of visit
   10/10/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   922 - Southwest Key - Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
2. Date Read
3. Result in mm
4. Interpretation
   - ○ a. Positive
   - ○ b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn
   10/10/2016
6. Test type
   - ◉ a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
   - ○ b. T-SPOT TB test (T-Spot)
7. Results:
   - ◉ a. Positive
   - ○ b. Negative
   - ○ c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date
   10/10/2016
9. Findings
   - ○ a. Normal
   - ◉ b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

- [ ] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

Impression:

1. Right midlung 1.3 cm oval opacification, density favors a calcified granuloma secondary to prior granulomatous/ fungal disease. Calcified left hilar lymph nodes.
2. Lungs are otherwise clear.

10/13/16 Client was referred to TB Clinic by Dr. Janell Routh. Mailin Quintero, MC

10/24/16 Tb Clinic Nurse Erin informed LMC that client had 3 negative sputum smears and that he no longer needed isolation.Culture results will take up to 8 weeks. UC has no active TB.

Facility #: ---
004143
Date: Oct 13, 2016

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Time: 10:35:13 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 10/01/2016 - 10/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid Heather Burzinski 10/11/2016	
Hepatitis B	Consented	Right Deltoid Heather Burzinski 10/11/2016	
Influenza	Consented	Left Deltoid Heather Burzinski 10/11/2016	
MMR	Consented	Left Deltoid Heather Burzinski 10/11/2016	
IPV	Consented	Right Deltoid Heather Burzinski 10/11/2016	
Diphtheria	Consented	Left Deltoid Heather Burzinski 10/11/2016	
Varicella (chicken pox)	Consented	Left Deltoid Heather Burzinski 10/11/2016	
HPV	Consented	Right Deltoid Heather Burzinski 10/11/2016	
Meningicoccal	Consented	Left Deltoid Heather Burzinski 10/11/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	RE: ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) SWK CASA PHOENIX
Date:	2016/10/13 12:19:37
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1996. He is medically cleared and was not exposed to TB as he arrived 09/21/16.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/10/13 12:19:32
Delivered Date:	2016/10/13 12:19:37

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 12, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 21, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that he appeared to be an adult. On October 4, 2016 case manager received Mr (b)(6) (b)(6) birth certificate from his mother who resides in Guatemala. The document was then immediately verified with the official RENAP website which produced a document containing a photograph matching Mr. (b)(6) (b)(6) appearance and revealed a verified DOB of (b)(6), **1996** instead of (b)(6), 1999.

Case Manger contacted Mrs. (b)(6) (b)(6) (b)(6) on October 12, 2016 to ask about the altered birth certificate that she sent on behalf of her son. She then admitted to the Case Manager that the correct date of birth of her son is (b)(6) **1996** and that the document was altered per advice from a family friend who reported that it would be better for her son to cross the border as a minor. She was referred to an individual who altered the document, however, she could not provide details about how the alteration occurred.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6), **1996** and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- Altered s BC
- Copy of true BC
- Immunization records

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

3

RENAP
Registro Nacional de las Personas

VERIFICADOR: (b)(6)
ID: (b)(6)

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Chajul, departamento de Quiche,

CERTIFICA

que con fecha nueve de marzo de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(2da S, del Registro Civil del Municipio de CHAJUL, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Quiche, Chajul

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)

Nombres y apellidos de la madre

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

-

Fecha de nacimiento

(b)(6)

Lugar de origen

-

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA CHAJUL QUICHE

(b)(6)

(b)(6)

4

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día seis de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Pedro , Pacheco Caba
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 028
CHAJUL
QUICHE

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso en papel bond el día seis de septiembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1515.

004150

(b)(6)

004151

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Chajul, departamento de Quiche,

CERTIFICA

que con fecha veintinueve de octubre de mil novecientos noventa y seis, en la partida (b)(6) folio (b)(del libro (b)(2da S, del Registro Civil del Municipio de CHAJUL, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y seis

Fecha de nacimiento

Guatemala, Quiche, Chajul

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Chajul, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 07/01/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día seis de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Pedro , Pacheco Caba

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día seis de septiembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004153

(b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 623-776-7500

Final
XR Chest Ap Only

Exam Date & Time: Fri Sep 23, 2016 10:13 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are witin
normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Poya Hedayati, MD

Released By: Poya Hedayati, MD on 9/23/2016 10:18 AM
CC:(b)(6) PA-C - FAX

004154

(b)(6) (b)(6) (MRN (b)(6))

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	No address on file		

Facility #: --- 004155

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Oct 12, 2016

Immunization Report

User: (b)(6)

Time: 20:44:23 MT

Resident: (b)(6) Consent Status: All Date Range: 09/01/2016 - 10/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) DOB: (b)(6) - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	Left Deltoid - 09/22/2016	
Hepatitis A	Consented	Left Deltoid - 09/22/2016	
IPV	Consented	Right Deltoid - 09/22/2016	
MMR	Consented	Left Deltoid - 09/22/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 09/22/2016	
Tdap	Consented	Right Deltoid - 09/22/2016	
Meningicoccal	Consented	Left Deltoid - 09/22/2016	
HPV	Consented	Right Deltoid - 09/22/2016	
Influenza	Consented	Right Deltoid - 09/22/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) wkey.org>"; @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/10/07 14:54:05
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1997. He is medically cleared and was not exposed to TB as he arrived 09/21/16.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/10/07 14:54:00
Delivered Date:	2016/10/07 14:54:05

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 7, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 21, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his identity and DOB upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) On October 04, 2016 case manager received Mr. (b)(6) (b)(6) birth certificate from his mother who resides in Guatemala. The document was then immediately verified with the official RENAP website which produced a document containing a photograph for (b)(6) (b)(6) (b)(6) and a verified DOB of (b)(6) **1997** instead of October 15, 1999.

Case Manger contacted then Mrs. (b)(6) (b)(6) (b)(6) on October 06, 2016 to ask about the altered birth certificate that she sent on behalf of her son and she admitted to the Case Manager that the correct date of birth of her son is (b)(6) **, 1997** and that the document was altered per advice from a family friend who reported that it would be better for her son to cross the border as a minor and that she was referred to an individual who altered the document, however, she could not provide details about how the alteration occurred.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) s new information about his date of birth being (b)(6) **1997** and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- UC's BC sent from home country
- Copy of true BC
- Immunization records

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004160

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Chajul, departamento de Quiche,

CERTIFICA

que con fecha diez de junio de mil novecientos noventa y siete, en la partida (b)(6), folio (b)(del libro (b)(6) del Registro Civil del Municipio de CHAJUL, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y siete

Fecha de nacimiento

Guatemala, Quiche, Chajul

Lugar de nacimiento

Masculino

Género

Datos de la madre

-(b)(6)-

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

-(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Chajul, departamento de Quiche, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 19/05/2015, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día seis de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Pedro , Pacheco Caba

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día seis de septiembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004162

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Chajul, departamento de Quiche,

CERTIFICA

que con fecha diez de junio de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(del libro (b)(6) del Registro Civil del Municipio de CHAJUL, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Quiche, Chajul

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 023
CHAJUL
QUICHE

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día seis de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Pedro , Pacheco Caba
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 029
CHAJUL
QUICHE

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso en papel bond el día seis de septiembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: ---
Casa Phoenix - Phoenix, AZ - ALF
Facility Code: ---

Date: Sep 22, 2016
Immunization Report
User: (b)(6)

Time: 20:25:07 MT

Resident: (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 09/22/2016	
Hepatitis A	Consented	Left Deltoid - 09/22/2016	
Hepatitis B	Consented	Left Deltoid - 09/22/2016	
Influenza	Consented	Right Deltoid - 09/22/2016	
Meningicoccal	Consented	Left Deltoid - 09/22/2016	
MMR	Consented	Left Deltoid - 09/22/2016	
IPV	Consented	Right Deltoid - 09/22/2016	
Tdap	Consented	Right Deltoid Rita Ramirez 09/22/2016	
Varicella (chicken pox)	Consented	Right Deltoid Rita Ramirez 09/22/2016	

004165

(b)(6), (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)/1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 623-776-7500

Final
XR Chest Ap Only

Exam Date & Time: Fri Sep 23, 2016 10:19 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 9/23/2016 10:40 AM
CC: (b)(6) - FAX

004166

(b)(6) (b)(6) (MRN (b)(6))

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	No address on file		

004167

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/10/02 20:29:18
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1996. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander (b)(6) Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/10/02 20:29:07
Delivered Date:	2016/10/02 20:29:18

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
October 2, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 16, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 1998 upon apprehension with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage.

Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, Mrs (b)(6) (b)(6) (b)(6) who resides in the United States. Mrs. (b)(6) (b)(6) faxed to the Case Manager a copy of Mr. (b)(6) (b)(6) birth certificate showing a date of birth of (b)(6), 1998 matching the verbal date of birth provided by Mr. (b)(6) (b)(6) upon apprehension.

Case Manager then proceeded to verify the document with the Guatemalan Consulate on September 30th, 2016. Case Manager received a verified document with a date of birth of (b)(6), **1996** from Guatemalan Consulate representative (b)(6)

Case Manager then provided Mr. (b)(6) (b)(6) an opportunity to explain why his verified birth certificate was showing a different date of birth and Mr. (b)(6) (b)(6) admitted that his correct date of birth is (b)(6), 1996 and not (b)(6), 1998.

Mr. (b)(6) (b)(6) and his family are not disputing that they have engaged in the modification of Mr. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Mr. (b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Mr. (b)(6) (b)(6) could be reunited as a minor with his sponsor.

Along with this Memo is submitting the following documents:

- Original BC
- Altered BC
- Photograph
- TB Clearance

- Self-Statement.

Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) DE 1996
Lugar de nacimiento: Guatemala, San Marcos, Tacana
Libro (b)(6) Folio (b)(6) Partida (b)(6)

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velazquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Tectitán, Departamento de Huehuetenango,

CERTIFICA

que con fecha quince de diciembre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de Tectitán, Departamento de Huehuetenango, quedó inscrito el nacimiento de:

Datos del inscrito

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y ocho — Masculino

Fecha de nacimiento — Género

Guatemala, San Marcos, Tacaná

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

----------ULTIMA LINEA----------

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 41 TECTITAN, HUEHUETENANGO

1995918271207
05/09/2016 01:12:44p.m.
DPI_01_041

ID:
1 de 2

Extendida el día cinco de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

ULTIMA LINEA

No. Doy fe

(b)(6)

Patricia del Rosario Ramírez González
Registrador Civil de las Personas

(b)(6)

ID:
2 de 2

15960

004174

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1996

País, departamento y municipio de nacimiento:

GUATEMALA	SAN MARCOS	TACANÁ

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6	(b)(6	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

CONSULADO GENERAL DE GUATEMALA ** PHOENIX, ARIZONA

Firma cónsul u operador

USUARIO: (b)(6)

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

(b)(6)

004175

(b)(6) (b)(6) (b)(6) (b)(6 (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6) (b)(6)
DOB: (b)(6) 1998
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Sun Sep 18, 2016 7:25 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David L August, MD

(b)(6) (b)(6), (b)(6) (b)(6 (MRN (b)(6)
Released By: David L August, MD on 9/18/2016 7:28 AM
CC (b)(6) PA - FAX

Ord Prov: (b)(6)
Ord Prov Phone:
Ord Prov Fax: None Specified
Ord Prov Address: 521 W THOMAS RD
PHOENIX AZ 85013

PCP: None Specified
Auth Prov: (b)(6)
Att Prov:

Facility #: ---
004178
Date: Sep 19, 2016
Time: 20:22:59 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/1998 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Hepatitis B	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Influenza	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Tdap	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Varicella (chicken pox)	Consented	Right Deltoid Rita Ramirez 09/19/2016	
HPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
IPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Meningicoccal	Consented	Left Deltoid Rita Ramirez 09/19/2016	
MMR	Consented	Left Deltoid Rita Ramirez 09/19/2016	

From:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @ice.dhs.gov>"
Subject:	RE: Age Redetermination - ADULT (b) (b) (b)(6) (b)(6) A# (b)(6) at Casa Lighthouse
Date:	2016/07/01 17:23:36
Priority:	Normal
Type:	Note

I am wondering if there is an email address issue then. I changed the email address based on the email address you had sent us recently. I will save this address in my email.

Please note that while your officer was picking up the UC this am I told the program to tell him/her that I had just sent a memo on another UC.

If there is an email address issue, I apologize and will recheck it. please let me know if you see a discrepancy.

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
(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: Friday, July 01, 2016 2:13 PM
To: PHO, Juv Placement
Cc: Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF)
Subject: RE: Age Redetermination - ADULT (b)((b)((b)(6) (b)(6) A# (b)(6) at Casa Lighthouse
Importance: High

Hello the program says no one has picked up this UC yet. Please confirm this email was received that was sent at 11:49 today

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
(b)(6)

"Vision is seeing the opportunity within the challenge."

From: Staples, Heidi (ACF)
Sent: Friday, July 01, 2016 11:49 AM
To: JuvPlacement.PHO@ice.dhs.gov
Cc: Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF)
Subject: Age Redetermination - ADULT (b)((b)((b)(6) (b)(6) A# (b)(6) at Casa Lighthouse
Importance: High

Hello this UC at Casa Lighthouse admits that he is 18 years old. Please arrange transport.

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
(b)(6)

"Vision is seeing the opportunity within the challenge."

Sender:	Staples, Heidi (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=B6B76F6E1E284887A4D9E4DA12A0252F-STAPLES, HE>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @ice.dhs.gov>"
Sent Date:	2016/07/01 17:23:33
Delivered Date:	2016/07/01 17:23:36

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Thomas, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) b)((b)(6) (b)(6) (b)(6)
Date:	2017/03/15 00:22:52
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed individual with a verified **DOB** (b)(6) **/1996**. He is placed at SWK Campbell.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Thomas, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/03/15 00:22:50
Delivered Date:	2017/03/15 00:22:52

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
March 14, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Campbell

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR Care

RE: (b)((b)(6) (b)(6) (b)(6) (b)(6)

(b)((b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Campbell on March 9, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) misreporting his date of birth as (b)(6) 1999.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be over age. Case Manager proceeded then to contact Mr. (b)(6) (b)(6) 's family back in Guatemala to ask for a birth certificate. Family provided a birth certificate for (b)((b)(6) (b)(6) (b)(6) which showed a date of birth (b)(6) **1996**.

On March 14, 2017 ORR submitted the formal document for verification with the Phoenix Guatemalan Consulate which provided verification that the document was correct and a valid birth certificate.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between his first reported date of birth and the verified formal document which did not match with what he had initially reported. He acknowledged that he is in fact 20 years old and corroborated that his correct date of birth is (b)(6) 1996 and not (b)(6) 1999 as he reported following his apprehension.

Along with this Memo ORR is submitting the following documents:

- Birth Certificate
- Consular verification of DOB
- Self-Statement
- Photograph
- TB Clearance
- Immunization Records

In accordance with ORR policy FFS reviewed all the information and documents mentioned above indicating that (b)((b)(6) (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.03.14 21:17:31 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004185

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Quetzaltenango, departamento de Quetzaltenango,

CERTIFICA

que con fecha treinta de agosto de dos mil seis, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de QUETZALTENANGO, Departamento de QUETZALTENANGO, quedó inscrito el nacimiento de:

(b)(6) (b)(6) (b)(6) (b)(6)

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y seis

Fecha de nacimiento

Guatemala, Quetzaltenango, Quetzaltenango

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

—

Fecha de nacimiento

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

—

Fecha de nacimiento

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
La presente inscripción se realiza mediante Las Diligencias Notariales del caso, autorizadas por el Lic. (b)(6)
(b)(6) en esta ciudad el 18/08/2006. Dictamen Favorable de la P. G. N. # 717-2006.-

Extendida el día trece de marzo de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

REGISTRO CIVIL DE LAS PERSONAS
2
RENAP
Quetzaltenango
Quetzaltenango
Oficina No. 286

Melvin Estuardo , Zacarías Velásquez
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día trece de marzo del dos mil diecisiete y tiene vigencia de seis me
es verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autentici
avés del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004187

Marquis Diagnostic Imaging - Phoenix
2830 N 3rd St
Phoenix, AZ 85004
Phone: 602-274-1919
Fax: 602-274-0804

Patient Name: (b)(6) (b)(6) (b)(6) Date of Birth: (b)(6) 1999

Referring Physician: (b)(6) Date of Exam: 03/10/2017

Marquis MRN #: (b)(6) Accession #: (b)(6)

Exam: **XR Chest Single View**

XRAY REPORT

EXAM: XR Chest Single View.

INDICATIONS: Encounter for screening for respiratory tuberculosis.

ADDITIONAL CLINICAL DATA: None.

TECHNIQUE: 1 view.

COMPARISON: None.

FINDINGS:
The cardiomediastinal and hilar contours are considered within normal limits.

Normal pulmonary vasculature.

The lung fields and pleural spaces are clear.

No significant osseous abnormalities.

IMPRESSION:
1. No definite radiographic evidence of active cardiopulmonary disease, limited single frontal view.

(b)(6)

Interpreted by: Ron Ayanzen, Md
Electronically signed by: Ron Ayanzen, Md

Transcribed by: aa Technologist: PT

This fax was sent with GFI FaxMaker fax server. For more information, visit: http://www.gfi.com

Facility #: ---
004189
Date: Mar 10, 2017
Time: 18:31:20 MT

Campbell - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User (b)(6)

Resident: (b)(6) (b)(6) Consent Status: All Date Range: 03/01/2017 - 03/31/2017
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) DOB: (b)(6) 1999 - Sex: M - Resident Number: (b)(6)

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	Left Deltoid - 03/10/2017	
Hepatitis A	Consented	Left Deltoid - 03/10/2017	
MMR	Consented	Left Deltoid - 03/10/2017	
Meningicoccal	Consented	Left Deltoid - 03/10/2017	
Tdap	Consented	Right Deltoid - 03/10/2017	
HPV	Consented	Right Deltoid - 03/10/2017	
Influenza	Consented	Right Deltoid - 03/10/2017	
IPV	Consented	Right Deltoid - 03/10/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 03/10/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) KOKOPELLI
Date:	2017/03/09 21:02:06
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination along with supporting documentation for the above listed individual with a verified **DOB** (b)(6) **1998.**

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Calero, Wilfred (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7fcd1fabef934452bff7378f6365fa8e-Calero, Wil>"
Sent Date:	2017/03/09 21:02:04
Delivered Date:	2017/03/09 21:02:06

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
March 9, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Kokopelli

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Kokopelli on March 7, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) providing to apprehending officials a date of birth different from what his verified birth certificate has now been revealed to be.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager (b)(6) (b)(6). During the initial intake Mr. (b)(6) (b)(6) reported that he was not sure of his date of birth, but believed that he was born in (b)(6) of 1999. When asked about his age he responded that he was probably either 17 or 18. Case Manager then contacted Mr. (b)(6) (b)(6) father, Mr. (b)(6) (b)(6) (b)(6) during the initial intake. The father identified his son as (b)(6) (b)(6) (b)(6) (b)(6) with a date of birth of (b)(6)/1999. The case manager requested that the father provide a copy of the birth certificate for his son.

On March 9, 2017 the Case Manager received from Mr (b)(6) (b)(6) (b)(6) a birth certificate for (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) 1999. The birth certificate presented with a visibly altered font in the date of birth, therefore the Case Manager proceeded to submit the document for verification with the RENAP. The verification produced a document with a different and correct date of birth of (b)(6), **1998** instead of (b)(6), 1999.

Case Manager provided then an opportunity to both father and son to explain the discrepancy between the verified RENAP version and the one submitted by the father, but neither of them could provide an explanation as to why, who and how the document was altered.

The Division of Unaccompanied Children's Operations' Federal Field Specialist (DUCO FFS) received and reviewed the information gathered by the program for Mr. (b)(6) (b)(6) (b)(6) (b)(6) including his RENAP verified birth certificate showing a correct date of birth of (b)(6), **1998** and FFS agrees that there is sufficient evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- Fraudulent BC
- Verified BC

In accordance with ORR policy and procedures (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.03.09 18:36:51 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)
VERIFICADOR: (b)(6)
ID:

Correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Mateo Ixtatán, departamento de Huehuetenango,

CERTIFICA

que con fecha trece de agosto de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(del libro (b)(, del Registro Civil del Municipio de SAN MATEO IXTATÁN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Huehuetenango, San Mateo Ixtatán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día siete de marzo de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Juana , Gómez López
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día siete de marzo del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004195

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Mateo Ixtatán, departamento de Huehuetenango,

CERTIFICA

que con fecha trece de agosto de mil novecientos noventa y ocho, en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de SAN MATEO IXTATÁN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, San Mateo Ixtatán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día siete de marzo de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Juana , Gómez López

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día siete de marzo del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

SimonMed
See Tomorrow Today

FINAL

SimonMed Mesa Drive
DIAGNOSTIC IMAGING REPORT

Patient: (b)(6) (b)(6) Sex: M DOB: (b)(6), 1999 Age: 17 Diag. Imaging #(b)(6)
Status: Outpatient (PEDS)
Referring Physician: (b)(6)

Exam #(b)(6) - **Mar 08, 2017** - X-Ray - CHEST 1 VIEW

Exam Performed at SimonMed Mesa Drive

INDICATION: TB screening

COMPARISON: No prior studies available for comparison.

TECHNIQUE: CHEST 1 VIEW

FINDINGS:
The lungs are clear. There is no pleural fluid. There is no pulmonary edema. The cardiac silhouette is normal in size.

IMPRESSION: No acute cardiopulmonary disease.

ELECTRONICALLY SIGNED BY: Tagliabue M.D., James on Mar 08, 2017

dd: March 08, 2017

Reported by: James Tagliabue M.D.
Electronically signed by: James Tagliabue M.D.

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT/AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2017/01/12 13:46:29
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified correct DOB (b)(6) /1997.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/01/12 13:46:25
Delivered Date:	2017/01/12 13:46:29

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
January 12, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on December 24, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager immediately requested a copy of the birth certificate of Mr. (b)(6) from his parents in Honduras. Mrs. (b)(6) (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) 1999, however it had a visibly different font in the date of birth from standard formal documents; therefore the document was sent for verification to the Phoenix Honduras Consulate.

On January 11, 2017 Gesica Milla Assistant in Honduras Consulate emailed ORR the results of the verification of the birth certificate Mrs. (b)(6) mother had provided the program. **According to the verification of the RNP (Registro Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6) 1997.**

Case Manager then proceeded to contact and interview again Mrs. (b)(6) mother, who finally admitted to the Case Manager that the correct date of birth of his son is (b)(6) **1997**. And that the document was altered per advice from a family friend. However, he could not provide details about how the alteration occurred.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mrs. (b)(6) mother. Mr. (b)(6) first expressed not to be aware that his birth certificate was altered, but when the Case Manager informed him that his mother had already acknowledged how his birth certificate was altered, Mr. (b)(6) admitted to his correct date of birth and agreed to document it in writing.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) new information about his date of birth being (b)(6), 1997 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Photograph
- TB Clearance
- Immunizations
- Self-Statement
- Consular RNP BC

In accordance with ORR policy and in view of the new information regarding this individual and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.12 11:21:09 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

REPUBLICA DE HONDURAS
TRIBUNAL NACIONAL DE ELECCIONES
REGISTRO NACIONAL DE LAS PERSONAS
DIVISION DEL REGISTRO CIVIL

Nº (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito DIRECTOR GENERAL DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el decreto No. 150 Capitulo IV, literal Ó, Capitulo VIII, Articulo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982, CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número (b)(6) ubicada en el folio (b)(6) del tomo (b)(6) del año (b)(6) y que pertenece a:

a) (b)(6) Primer Apellido
b) (b)(6) Segundo Apellido
c) (b)(6) Nombres
SEXO F ☐ M ☒

y cuya información es la siguiente:

1.-Lugar y Fecha y orden de nacimiento:

a) SAN PEDRO SULA Municipio b) CORTES Departamento c) HONDURAS País
d) (b)(6) Día e) (b)(6) Mes f) 1999 Año g) UNICO Orden de Partos Múltiples

2.) Apellido, nombre y nacionalidad del padre:

a) AGUILERA Primer Apellido b) Segundo Apellido
b) (b)(6) Nombres d) HONDUREÑA Nacionalidad

3.) Apellido, nombre y nacionalidad del madre:

a) (b)(6) Primer Apellido b) (b)(6) Segundo Apellido
b) (b)(6) Nombres d) (b)(6) Nacionalidad

4) Notas marginales autorizadas:

NINGUNA

Extendida en: DISTRITO CENTRAL FRANCISCO MORAZAN
A los: TRECE días del mes de OCTUBRE
Del dos mil DIECISEIS

(b)(6)

Firma y Sello del Director General

Jesami01

004202

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) (b)(6) sexo **MASCULINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***SAN PEDRO SULA*** **b)** ***CORTÉS*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) ***SEIS*** **e)** ***ENERO*** **f)** ***1997***
dìa *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)**
primer apellido *segundo apellido*

c) (b)(6) **d)** ***HONDUREÑA***
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** ***HONDUREÑA***
nombre *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***ONCE*** dias del mes de ***ENERO***

del dos mil ***DIECISIETE*** (b)(6)

(b)(6)

firma y sello del registrador civil municipal

\tw6ULLD[7wn5JFeS@QSnAnD VF@zEFvS]8kVpB8\VC9@m@rlYZX@h@n@hSWW/D+a/KUfyak@L@[YoPCbp2]acIPrKuW@aC8Mj@Eo@hesE/f\Q/XEmcQ4

Facility #: --- 004203 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Dec 27, 2016 | Immunization Report | User: (b)(6)

Time: 19:37:33 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status:** All **Date Range:** 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Diphtheria	TBD	- - -	
HPV	Consented	- - 12/27/2016	
Influenza	Consented	- - 12/27/2016	
IPV	Consented	- - 12/27/2016	
Meningicoccal	Consented	- - 12/27/2016	
MMR	Consented	- - 12/27/2016	
Tdap	Consented	- - 12/27/2016	
Varicella (chicken pox)	Consented	- - 12/27/2016	
Hepatitis A	Consented	- - 12/27/2016	
Hepatitis B	Consented	- - 12/27/2016	

004204

(b)(6) (b)(6) (b)((b)(6) (MR # (b)(6)

Quantiferon TB

Status: Final result **Visible to patient: Not Released** **Next appt: None** **Dx: Encounter for routine child health ex...**

	Ref Range	6d ago
Quantiferon TB	Negative, Indeterminate	Negative
Quantiferon TB minus Nil	IU/mL	-0.002
Quantiferon Mitogen minus NIL	IU/mL	>10.000
QTB Nil	IU/mL	0.132
Resulting Agency	MIHS LAB	

Narrative

```
Interpretation of Results:

**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): <0.35
Mitogen minus Nil (IU/ml)*: >=0.5
QFT result: Negative
Report/Interpretation: M. tuberculosis infection NOT likely
**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & <25% of Nil value
Mitogen minus Nil (IU/ml)*: >=0.5
QFT result: Negative
Report/Interpretation: M. tuberculosis infection NOT likely
**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & >=25% of Nil value
Mitogen minus Nil (IU/ml)*: Any
QFT result: Positive**
Report/Interpretation: M. tuberculosis infection likely
**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): <0.35
Mitogen minus Nil (IU/ml)*: <0.5
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**********************************************************************
NIL (IU/ml):  <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & <25% of Nil value
Mitogen minus Nil (IU/ml)*: <0.5
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**********************************************************************
NIL (IU/ml): >8.0***
TB Antigen minus Nil (IU/ml): Any
Mitogen minus Nil (IU/ml)*: Any
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**********************************************************************

* Responses to the Mitogen positive control (and occasionally TB Antigen)
```

004205

(b)(6) (b)(6) (b)(6) (b)(6) (MR # (b)(6))

can be outside the range of the microplate reader. This has no impact on test results. Values >10 IU/ml are reported by the QFT software as >10 IU/ml.

** Where M. tuberculosis infection is not suspected, initially positive results can be confirmed by retesting the original plasma samples in duplicate in the QFT ELISA. If repeat testing of one or both replicates is positive, the test result is considered positive.

*** In clinical studies, less than 0.25% of subjects had IFN-gamma levels of >8.0 IU/ml for the Nil Control.

Quantiferon - TB Assay Limitations

Results from QuantiFERON-TB Gold IT testing must be used in conjunction with each individual's epidemiological history, current medical status, and results of other diagnostic evaluations.

1. The predictive value of a positive QuantiFERON-TB Gold IT result in diagnosing M. tuberculosis infection depends on the probability of infection, which is assessed by historical, epidemiological, diagnostic, and other findings.
2. A diagnosis of LTBI requires that tuberculosis disease must be excluded by medical evaluation including an assessment of current medical and diagnostic tests for disease as indicated.
3. A negative result must be considered with the individual's medical and historical data relevant to probability of M. tuberculosis infection and potential risk of progression to tuberculosis disease, particularly for individuals with impaired immune function. Negative predictive values are likely to be low for persons suspected to have M. tuberculosis disease and should not be relied on to exclude disease.

4. Indeterminate results may occur due to:
1. Incorrect transport/handling of blood specimen.
2. Excessive levels of circulating IFN-y or presence of heterophile antibodies.
3. Longer than 16 hours from blood specimen drawing to incubation.

Specimen Collected: 12/27/16 8:55 AM

Last Resulted: 12/31/16 4:16 AM

Order Details View Encounter Lab and Collection Details Routing Result History

Lab IDs

Specimen # (b)(6)

Routing History

Priority	Sent On	From	To	Message Type
⬆	12/27/2016 10:30 PM	Background User Lab	(b)(6)	NP
	12/27/2016 9:00 AM	Victoria Castaneda, MA	(b)(6)	PA

View SmartLink Info

QUANTIFERON TB (Order # (b)(6) on 12/27/16

004206

(b)(6) (b)(6) (b)((b)(6) (MR # (b)(6))

Order Information

QUANTIFERON TB (Order (b)(6) on 12/27/16

Additional Details

View Order Tracking

(b)(6) (b)(6) (b)((b)(6) (MR # (b)(6) Printed by (b)(6) at 1/2/17 12:37 PM

004207

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) SOL
Date:	2016/12/28 17:09:00
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a Memo of Age Redetermination for the above listed individual with a verified DOB (b)(6) /1995.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/12/28 17:08:57
Delivered Date:	2016/12/28 17:09:00

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 28, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa SOL

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Sol on December 19, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a date of birth different from what the Honduran consulate has now verified to be his real date of birth.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father in Honduras. The Case Manager then proceeded to send the document for verification with the Honduran consulate.

The Honduran Consulate verified the birth certificate provided is an altered document and provided a RENAP verification of identity and verified that his date of birth is (b)(6) **1995**.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Honduran Consulate and Case Manager for Mr. (b)(6) (b)(6) (b)(6) (b)(6) and agrees that he is 21 years of age and that he obtained a fraudulent document with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC DOB 5/15/1999
- Consulate RENAP verification of correct DOB (b)(6) 1995
- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy the documentation for this individual was reviewed indicating that the individual in question is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.28 14:57:44 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004211

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982, CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)

Número de Identidad

del Año **1999** y que pertenece a:

a) (b)(6) *Primer Apellido* (b)(6) *Segundo Apellido*

c) (b)(6) (b)(6) *Nombre* SEXO F ☐ M ☒

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) ***JUTICALPA*** Municipio b) ***OLANCHO*** Departamento c) ***HONDURAS*** País

d) (b)(6) Día e) (b)(6) Mes f) ***1999*** Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) (b)(6) *Primer Apellido* b) ------ *Segundo Apellido*

c) (b)(6) *Nombre* d) (b)(6) Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *Primer Apellido* b) ------ *Segundo Apellido*

c) (b)(6) *Nombre* d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en ***SAN PEDRO SULA*** Municipio ***CORTÉS*** Departamento

a los: ***CINCO*** días del mes de ***DICIEMBRE***

del DOS MIL ***DIECISEIS*** (b)(6)

FIRMA Y SELLO DEL DIRECTOR

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: (b)(6)

Nombre identificación: (b)(6) (b)(6) / (b)(6) (b)(6)

Nombre Registro Civil: (b)(6) (b)(6) / (b)(6) (b)(6)

Sexo: MASCULINO

Fecha nacimiento: (b)(6) 1995

Lugar de domicilio: (b)(6)

(b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud: (b)(6)

(b)(6)

004214

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(6 del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) (b)(6) sexo **MASCULINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***PATUCA*** **b)** ***OLANCHO*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***1995***
dìa *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***VEINTIOCHO*** dias del mes de ***DICIEMBRE***

del dos mil ***DIECISEIS*** (b)(6)

C0801197303448
47.182.55.159

firma y sello del registrador civil municipal

\tw6ULN1 rmbP@F5]Oc8hl]DIOu@YX4SSNBSSZUD7VD@B@5T7@ZRjh@LI@vWP]/zaJ/EfyaHe@1@vo$\9XF]xWIgrbErL@C8s0@u1@jzsQ/Oi$/XEmFQU

Facility #: ---
004215
Date: Dec 22, 2016
Time: 13:58:44 MT

Hacienda del Sol - Youngtown, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 12/21/2016	
Hepatitis B	Consented	Left Deltoid - 12/21/2016	
Meningicoccal	Consented	Left Deltoid - 12/21/2016	
MMR	Consented	Left Deltoid - 12/21/2016	
Tdap	Consented	Right Deltoid - 12/21/2016	
Influenza	Consented	Right Deltoid - 12/21/2016	
HPV	Consented	Right Deltoid - 12/21/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 12/21/2016	
IPV	Consented	Right Deltoid - 12/21/2016	

SimonMed
See Tomorrow Today

FINAL

Sun City West
DIAGNOSTIC IMAGING REPORT

Patient: (b)(6) (b)(6) Sex: M DOB: (b)(6) 1999 Age: 17 Diag. Imaging # (b)(6) (b)(6) **Ocseel**

Status: Outpatient (PEDS)

Referring Physician: (b)(6)

Exam # (b)(6) **- Dec 22, 2016 -** X-Ray - CHEST 1 VIEW

Exam Performed at Sun City West

INDICATION: Z111 - Encounter for screening for respiratory tuberculosis

TECHNIQUE: Single PA view of the chest.

COMPARISON: None.

FINDINGS: The lungs are clear. The cardiomediastinal silhouette is normal. There is no pneumothorax or pleural effusion.

IMPRESSION:

No acute cardiopulmonary or pleural abnormality. No evidence of active TB.

ELECTRONICALLY SIGNED BY: Yang M.D., Erica on Dec 22, 2016

dd: December 22, 2016

Reported by: Erica Yang M.D.
Electronically signed by: Erica Yang M.D.

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

(b)(6)

004217

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX
Date:	2016/12/23 19:14:58
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed individual who has been determined to have a correct DOB (b)(6) /1996.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/12/23 19:14:57
Delivered Date:	2016/12/23 19:14:58

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on December 18, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting her date of birth upon apprehension by immigration officials as (b)(6) 1999.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) could be overage. On December 20, 2016 assigned case manager proceeded to request from the Phoenix Guatemalan Consulate verification of the birth certificated provided by Ms. (b)(6) (b)(6) family. The Guatemala Consulate informed ORR that the correct date of birth is (b)(6) **1996** instead of (b)(6), 1999.

Case Manager then provided an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the verified date of birth by the Guatemalan consulate and the formal document her family provided for her and Ms. (b)(6) (b)(6) immediately admitted to Case Manager that it was her idea to modify her date of birth in an attempt to reunify as a minor with family in the US and that her correct date of birth is (b)(6), 1996.

I reviewed the documentation gathered by SWK Casa Phoenix and the verification of the birth certificate provided by the Guatemalan consulate and I agree that Ms. (b)(6) (b)(6) is 20 years of age.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- photograph
- TB Clearance
- Self-Statement
- Consular verification of DOB

In accordance with ORR policy the documentation for this individual was reviewed indicating that (b)(6) (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.23 17:09:32 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004221

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Joyabaj, departamento de Quiche,

CERTIFICA

que con fecha veintisiete de junio de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de JOYABAJ, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Quiche, Joyabaj

Lugar de nacimiento

FEMENINO

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día tres de noviembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 126
JOYABAJ,
QUICHE

Audelina del Rosario , Vega Santos
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso en papel bond el día tres de noviembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004223

RENAP

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-12-23

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
Catarina		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) 1996

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	JOYABAJ

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre:	Fecha nacimiento de la madre:
(b)(6)	

Nombre del padre:	Fecha nacimiento del padre:
(b)(6)	

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mi.

(b)(6)

Firma titular

Firma consul u operador

(b)(6)

004224

Encounter
View Encounter

Result Information
Status
Final result (12/20/2016 9:45 AM)
Provider Status: Reviewed

Lab Information
MIHS RAD

PACS Images
Show images for XR Chest Ap Only

Signed
Electronically signed by Poya Hedayati, MD on 12/20/16 at 0945 MST

Radiation Exposure Data

(b)(6) (b)(6) (b)(6)

12/20/2016 7:40 AM Appointment
MRN: (b)(6)
Department: **Fsa Walk-In Clinic**
CSN: (b)(6)
Description: **Female DOB:** (b)(6) **/1999**
Provider: **SEVENTH AVE WALK-IN ROOM 1**

View SmartLink Info
XR CHEST AP ONLY (Order #(b)(6)) on 12/20/16

ORDER INFORMATION

Maricopa Integrated Health System

XR Chest Ap Only [IMG1592] (Order (b)(6)**)**
Imaging Order: (b)(6)
Released By: (b)(6) (b)(6) **RN**
Authorizing: (b)(6) **NP**
Date: **12/20/2016**
Department: **7th Ave Walk-in Clinic**

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
12/20/16 06:29 AM	12/20/16 06:29 AM	12/20/16 06:29 AM	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	STAT	MIHS Performed

Original Order

Ordered On	Ordered By
12/20/2016 6:29 AM	(b)(6) RN

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Encounter for routine child health examination without abnormal findings - Primary	Z00.129	V20.2

Comments
Additional clinical info for Radiologist:

Order Questions

Question	Answer	Comment
Reason for exam:	**r/o tb**	preg unknown

Appointments for this Order

PACS Images

Show images for XR Chest Ap Only

External Result Report

External Result Report

Results

XR Chest Ap Only (Order (b)(6))

Result Information

Result Status	Signing Physician	Date	Time
Final result	Poya Hedayati, MD	Dec 20, 2016	9:45 AM

Study Result

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
r/o tb

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.

LUNGS: Clear. No consolidation, effusion or pneumothorax.

VASCULATURE: Unremarkable.

MEDIASTINUM: Unremarkable.

SOFT TISSUES: Unremarkable.

BONES: Unremarkable.

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no radiographic evidence of active fungal/granulomatous infection.

NOTE:
Report dictated by resident, Dane Van Tassel MD, 10561. The attending radiologist's signature indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Imaging

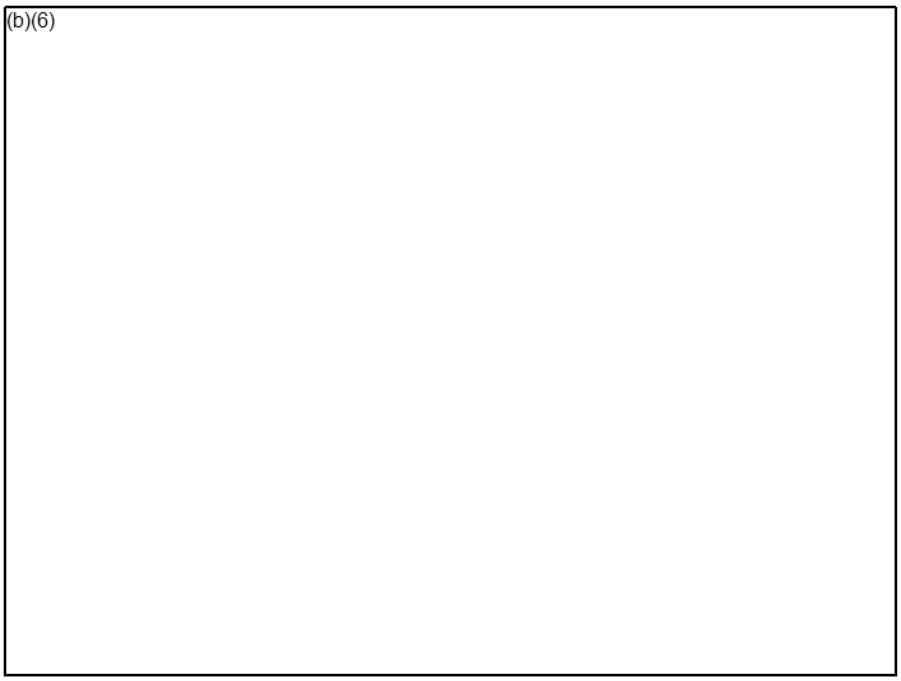
XR Chest Ap Only (Order #62935985) on 12/20/2016 - Imaging Information

Result History

XR Chest Ap Only (Order #62935985) on 12/20/2016 - Order Result History Report

Reviewed by List

(b)(6) NP on 12/20/2016 9:49 AM


(b)(6)

From:	(b)(6) @swkey.org>
To:	"Larry Levi Sandigo <lsandigo@firrp.org>"
CC:	"LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"
Subject:	Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6 (b)(6 (b)(AKA (b)((b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol
Date:	2016/07/28 23:24:27
Priority:	Normal
Type:	Note

Let me contact the LCM and make arrangements if possible at this time of the day.

(b)(6)

Sent from my iPhone

On Jul 28, 2016, at 8:01 PM, Larry Levi Sandigo <lsandigo@firrp.org>wrote:

Hi (b)(6)

Thank you for the update. Can you please arrange for her to speak to her family in COO tonight so she can discuss with them what she wants to do/where she wants to go? Also, is there any contact information for friends/family here in the United States?

I can speak with her tomorrow morning to see where she feels comfortable going and include that as part of our advocacy, but she will likely want to speak to her family first and that's why I'm asking if she can call them tonight.

Thank you.

Larry

On Thu, Jul 28, 2016 at 7:52 PM, (b)(6) <(b)(6)@swkey.org> wrote:

> Hi Everyone:
>
> SWK won't be able to Take the client (b)(6) (b)(6) to her court hearing tomorrow morning . Reason being we provide services to minors including transportation and limit us to transport adults even though they were admitted in our care as a minor.

Thank you all!

(b)(6)

Sent from my iPhone

On Jul 28, 2016, at 7:33 PM, LaGrow, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>wrote:

> Hello,
>
> I reviewed her case in the ORR records available to me. She was actually at another program when the decisions were initially made on her case under another
>
> FFS' assignment.

She arrived into care in January. She found out she was pregnant and stated she no longer wanted to go to the sponsor who was an unrelated male (godfather

was reportedly the relationship but this was never confirmed by any baptismal certificates). She wanted voluntary departure to be with her mother and for her mother to be with her with the baby.

Her NTA was requested January 26, 2016.

The sponsor was not pursued due to this. This case was originally at another shelter and I was not the FFS assisting in any final decisions. However, this

was the direction in this case for the past 7 months pending court.

I am unsure as to the ability of SWK Sol to transport her to court since she is determined to be an adult. I do not know if they are able to do this with their

contract/licensure. I am hopeful FIRRP can represent this information to the immigration court tomorrow and SWK Sol can inform what they are truly permitted to do or not.

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

Referred to DHS

Referred to DHS

From: (b)(6) [mailto: (b)(6) @swkey.org]

Sent: Thursday, July 28, 2016 4:14 PM

To: PHO, Juv Placement; LaGrow, Debra (ACF)

Cc: (b)(6) Centeno, Raquel (ACF) (CTR); Ivonne Velazquez; (b)(6)

Subject: Re: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Good afternoon,

The Dream Center was not contacted for assistance. We have requested the assistance of The Florence Project for assistance with possible housing. The attorney

has requested for an ICE Officer to contact him directly. The FIRRP Attorney is Larry Sandigo, Larry can be reached at (602) 274-0152.

Thank you,

Referred to DHS

Southwest Key Programs

Hacienda del Sol

P:

623-565-5701 ext. Referred

Referred to DHS

Referred to DHS

Referred to DHS

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Thursday, July 28, 2016 3:19 PM

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); Centeno, Raquel (ACF) (CTR); Velazquez, Ivonne (ACF); Mark Coates

Subject: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) - (b)(6) - SWK Sol

Hello Officers,

This individual is at SWK Sol.

Please note she is (b)(6) **pregnant.** Per the case manager, she is not supposed to travel.

She is also scheduled for

immigration court on 7/29/16 as she was planning to request Voluntary Departure for a juvenile.

She disclosed she borrowed her cousins' birth certificate and her mother admitted to all of this too. She reported her real identity and DOB that was

verified with the consulate and makes her an adult.

On the ORR memo is a contact name and phone number for a godfather who could not meet ORR release requirements. He is in Florida. She has nobody else

in the U.S.

The program will need to respond to any other questions you may have. Please make arrangements.

Thank you,

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

--

Larry Levi Sándigo, Esq.

Pro Bono

Florence Immigrant &Refugee Rights Project

Telephone: (602) 274-0152

Fax : (602) 340-0596

E-mail: lsandigo@firrp.org

www.firrp.org

Important: This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged,
confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you

are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

Sender:	(b)(6) @swkey.org>
Recipient:	"Larry Levi Sandigo <lsandigo@firrp.org>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/28 23:24:14
Delivered Date:	2016/07/28 23:24:27

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
CC:	"Maria Rios <MRios@swkey.org>"; "Eva Torres <ETorres@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) t@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)(6) CASA PHOENIX
Date:	2016/12/11 21:51:56
Priority:	Normal
Type:	Note

Good evening/morning,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) 1996.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>";

	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "Eva Torres <ETorres@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/12/11 21:51:51
Delivered Date:	2016/12/11 21:51:56

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 11, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 8, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared over age. Case Manager proceeded then to contact Mr. (b)(6) (b)(6) family in Guatemala that faxed to Case Manager a copy of Mr. (b)(6) (b)(6) birth certificate with a date of birth of (b)(6) 1999.

Case Manager then proceeded with reunification efforts to gather more information. The birth certificate was sent for verification to the Honduran Consulate which could not verify the document as the document did not exist in their database. Case Manager then contacted family in Honduras to obtain a valid document, but the family sent a second copy of the same document.

On December 10, 2016 Case Manager informed Mr. (b)(6) (b)(6) that his family was not providing a valid birth certificate for him. Mr. (b)(6) (b)(6) then admitted that the document was altered. He explained he was waiting at the Mexican border for months when a friend from Honduras put him in contact with a person who could alter his birth certificate. He stated that he was hesitant at first about accepting this proposition, but then gave in to the pressure of using an altered document in case he was detained when crossing the border. The document was going to be provided to family in Honduras if Mr. (b)(6) (b)(6) was to be referred to ORR, then his cousin Ms. (b)(6) will send the altered documented. Mr. (b)(6) (b)(6) admitted misreporting his date of birth as the altered documented reflected to show he was a minor, and his friends told him this is the only way to stay in the U.S.

On December 11, 2016 Mr. (b)(6) (b)(6) family provided a valid document showing a date of birth of (b)(6) **1996**.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Case Manager for this individual including his own retraction of his first provided incorrect date of birth including admitting that he is 20 years old and that he has carried out a scheme to mislead authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- True BC
- Photograph
- TB Clearance
- Statement

In accordance with ORR policy and new documents provided indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.11 19:43:43 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004248

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

El infrascrito DIRECTOR GENERAL DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de Noviembre de 1983, CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)

del Año 1997 y que pertenece a:

a) (b)(6) Primer Apellido
b) (b)(6) Segundo Apellido
c) (b)(6) Nombre
SEXO F ☐ M ☒

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) DANLÍ Municipio
b) EL PARAISO Departamento
c) HONDURAS País
d) (b)(6) Día
e) (b)(6) Mes
f) 1996 Año

2.) Apellidos, nombre y nacionalidad del padre:

a) (b)(6) Primer Apellido
b) (b)(6) Segundo Apellido
c) (b)(6) Nombre
d) (b)(6) Nacionalidad

3.) Apellidos, nombre y nacionalidad de la madre:

a) (b)(6) Primer Apellido
b) (b)(6) Segundo Apellido
c) (b)(6) Nombre
d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en DULCE NOMBRE DE CULMÍ Municipio, OLANCHO Departamento

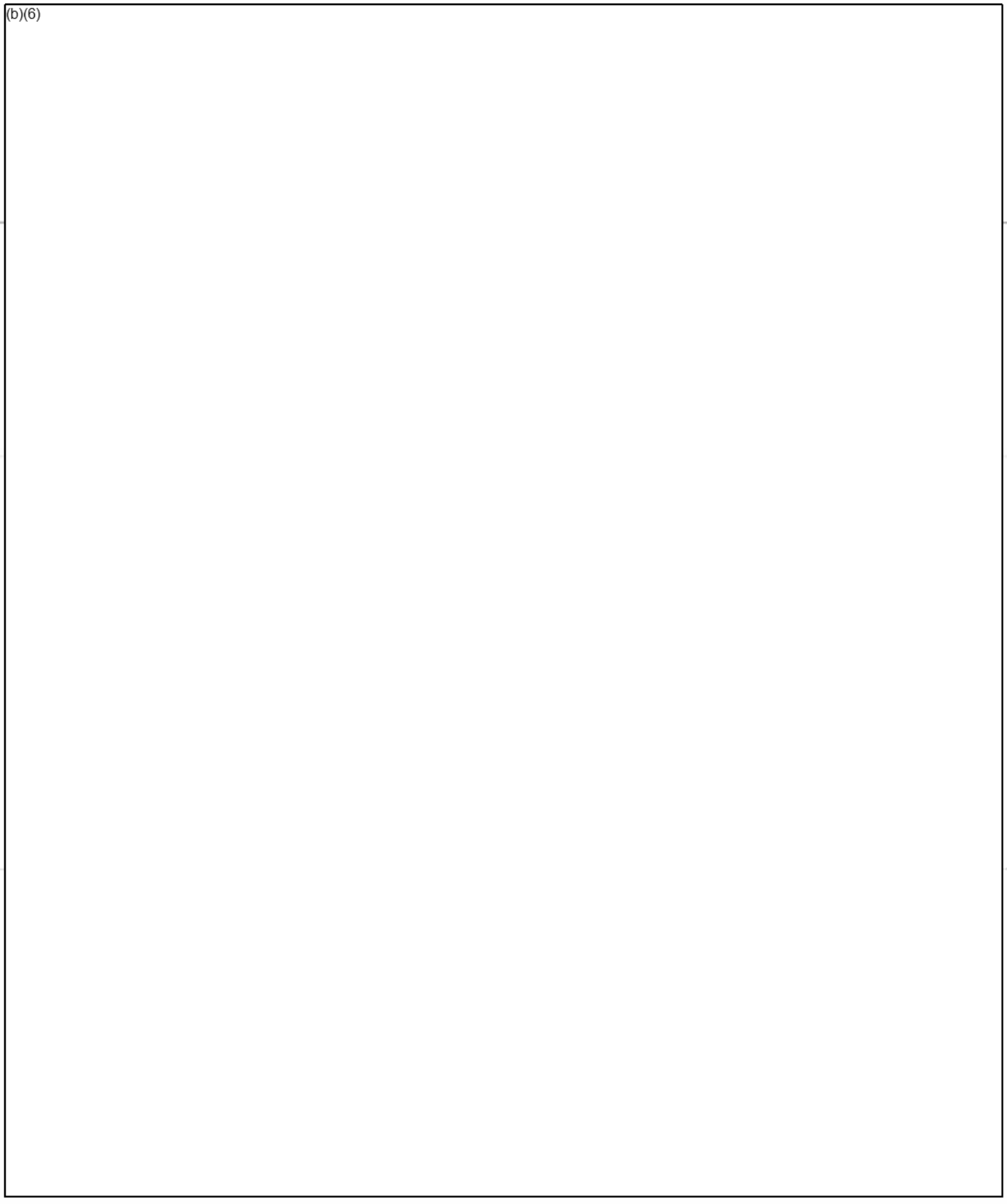
a los: NUEVE días del mes de DICIEMBRE

del DOS MIL DIECISEIS

(b)(6)

Firma y Sello del Director General

nsLPuEWaZTv2g1FRTRyTm8dSiwhgS+flBwkP3ccqGf31Cw32e1gT5xFIXjEVY$pKREu


(b)(6)

004250

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

N° (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982, CERTIFICA: que en esta institución se encuentra el acta de nacimiento número: (b)(6) del Año 1999 y que pertenece al ubicada en el folio (b)(del tomo (b)(6)

a) (b)(6) Primer Apellido

(b)(6) Segundo Apellido

c) (b)(6) (b)(6) Nombre

y cuya información es la siguiente: SEXO F ☐ M ☒

1.) Lugar, fecha y orden de nacimiento

a) JUTICALPA Municipio

b) OLANCHO Departamento

c) HONDURAS País

d) (b)(6) Día

e) (b)(6) Mes

f) 1999 Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

d) (b)(6) Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en SAN PEDRO SULA Municipio CORTÉS Departamento

a los: CUATRO días del mes de OCTUBRE

del DOS MIL DIECISEIS

(b)(6)

Facility #: --- 004251

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Oct 13, 2016

Immunization Report

User: (b)(6)

Time: 19:03:02 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 10/01/2016 - 10/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Influenza	Consented	- - 10/11/2016	
Hepatitis B	Consented	- - 10/11/2016	
Varicella (chicken pox)	Consented	- - 10/11/2016	
Tdap	Consented	- - 10/11/2016	
IPV	Consented	- - 10/11/2016	
MMR	Consented	- - 10/11/2016	
Meningicoccal	Consented	- - 10/11/2016	
HPV	Consented	- - 10/11/2016	
Hepatitis A	Consented	- - 10/11/2016	

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
MRN #: (b)(6)

DOB: (b)(6) /1999
Sex: Male
Ord #: (b)(6)
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Tue Oct 11, 2016 (b)(6)
Accession #: (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for routine child health examination without abnormal findings

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None.

TECHNIQUE:
Single frontal view of the chest.

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary abnormality. Specifically, no evidence for granulomatous or fungal
infection.

Printed by (b)(6) at 10/11/2016 8:09:34 PM

NOTE:
Report dictated by resident, Charles Runyan, MD, PAS#10713. The attending radiologist's
signature indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Poya Hedayati, MD
Charles E Runyan, MD

Released By: Poya Hedayati, MD on 10/11/2016 1:39 PM

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E. Roosevelt St. Phoenix AZ 85008		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
CC:	"Maria Rios <MRios@swkey.org>"; "Eva Torres <ETorres@swkey.org>"; "(b)(6) <jmagana@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/12/09 17:07:30
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1997.
Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	Lead Case Manager	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "Eva Torres <ETorres@swkey.org>"; "[redacted]@swkey.org>"
Sent Date:	2016/12/09 17:07:23
Delivered Date:	2016/12/09 17:07:30

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 9, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Phoenix on December 3, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what he has now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) who proceeded to contact his family in Honduras. Mr. (b)(6) father sent to Case Manager on December 6 a copy of a formal birth certificate with the name (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) 2002. Case Manager then sent the document to the Honduran Consulate for verification along with a photograph.

On December 8, 2016 the Honduran Consulate in Dallas verified that the document provided by the family was a valid document, however, the document does not belong to person in ORR care. The Honduran Consulate, while verifying the provided document, was able to trace the document with the entire pictorial family tree revealing then that the person in ORR custody is not (b)(6) (b)(6) (b)(6) (b)(6) but is his older brother (b)(6) (b)(6) (b)(6) (b)(6) **with date of birth** (b)(6) **1997**.

Case Manager provided an opportunity for Mr. (b)(6) (b)(6) to explain the discrepancy between the birth certificate provided by his father and the Identification card with picture and birth certificate sent by the Honduran consulate. Mr. (b)(6) then admitted that he is in fact (b)(6) (b)(6) (b)(6) (b)(6) and that he came from home country with the intention to use his brother's birth certificate since his father suggested it would be a faster and easier process. He stated his father handed him the document and reassured him about using his brother's identity. Case manager spoke to father in home country who confirmed Mr. (b)(6) (b)(6) story and stated that this was suggested to them by an unknown person.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Honduran Consulate and Case Manager for Mr. (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) and his own retraction of his first provided incorrect name and date of birth including admitting that he is 19 years old and that he and his father have carried out a scheme to take a sibling's identity with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Birth Certificate of taken identity of (b)(6) (b)(6) (b)(6) (b)(6)
- Verified RENAP BC of true identity (b)(6) (b)(6) (b)(6) (b)(6)
- Dental exam
- Photograph
- Immunization Records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.09 14:55:13 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne 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

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: (b)(6)

Nombre identificación: (b)(6)

Nombre Registro Civil:

Sexo: MASCULINO

Fecha nacimiento: (b)(6) 1997

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud:

(b)(6)

004259

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) sexo **MASCULINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***MAGDALENA*** **b)** ***INTIBUCÁ*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***2002***
dìa *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)**
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)**
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***OCHO*** dias del mes de ***DICIEMBRE***

del dos mil ***DIECISEIS*** (b)(6)

(b)(6)

firma y sello del registrador civil municipal

CiXEIJnyHb[D@$0MPJgaXJByb@v22cypr abdPgc@27x@Wig@mtpa@W@Q+/nuY+g/gxu5w7@f@QlGLs7H3nM4dFORo3@CB@DWXC@Lr/WSPWO/n+7d

004260

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) (b)(6) sexo **MASCULINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***MAGDALENA*** **b)** ***INTIBUCÁ*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***1997***
dia *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)**
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)**
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***OCHO*** dias del mes de ***DICIEMBRE***

del dos mil ***DIECISEIS*** (b)(6)

(b)(6)

firma y sello del registrador civil municipal

Ce306zd92SIhyZ@BxzUHh]CF4@OHyBs38uFA/POLTpl/t@e3C@[d8@RTkV@[@fgwk/Ez[oW/gAsFwv@I@wbKfJhHZPFeDo0gA3tR@Q+iw@y]@aGmX/ylKCr/W+73

Facility #: ---
004261
Date: Dec 6, 2016
Time: 17:51:58 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB (b)(6) 2002 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 12/05/2016	
Hepatitis B	Consented	- - 12/05/2016	
Influenza	Consented	- - 12/05/2016	
IPV	Consented	- - 12/05/2016	
Meningicoccal	Consented	- - 12/05/2016	
Tdap	Consented	- - 12/05/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 12/06/2016	
MMR	Consented	Left Deltoid - 12/06/2016	

004262

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
CC:	"Rodriguez, Erika <Erika.Rodriguez1@(b)(6) >"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) Casa Kokopelli
Date:	2016/12/08 22:19:05
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) 1996. He is medically cleared.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Rodriguez, Erika <Erika.Rodriguez1@(b)(6) >"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org"
Sent Date:	2016/12/08 22:19:01
Delivered Date:	2016/12/08 22:19:05

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
December 8, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Key Casa Kokopelli on November 26, 2016 as a juvenile as a result of Mr. (b)(6) misreporting his date of birth as (b)(6), 1999 upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6), who requested a copy of Mr. (b)(6) birth certificate from his family in Guatemala. Upon receipt of the formal document Case Manager proceeded to submit the document for verification with the Guatemalan Consulate in Phoenix.

On December 8, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) family sent on his behalf. **According to the verification of the official RENAP (Registro Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6), 1996** and not (b)(6), 1999 as the altered document provided by the family shows.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) Consular Verification of date of birth and aggress that he is 19 years and that there is sufficient objective strong evidence to support the claim that he is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Consular Verification of DOB
- Photograph
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for her care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.08 20:06:15 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velazquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
Cell: 202-281-9535http://www.acf.hhs.gov/programs/orr

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
CC:	"Rodriguez, Erika <Erika.Rodriguez1@(b)(6)>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Kokopelli
Date:	2016/12/08 22:41:10
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) /1998. He is medically cleared.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Rodriguez, Erika <Erika.Rodriguez1@(b)(6)>"; (b)(6)edelao@swkey.org>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org"
Sent Date:	2016/12/08 22:41:00
Delivered Date:	2016/12/08 22:41:10

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
December 8, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Key Casa Kokopelli on November 26, 2016 as a juvenile as a result of Mr. (b)(6) misreporting his date of birth as (b)(6), 2000 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), who requested a copy of Mr. (b)(6) birth certificate from his family in Guatemala. Upon receipt of a copy of the formal document Case Manager proceeded to submit the document for verification with the Guatemalan Consulate in Phoenix.

On December 8, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) family sent on his behalf. **According to the verification of the official RENAP (Registro Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6), 1998** and not (b)(6), 2000 as the altered document provided by the family shows.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) (b)(6) Consular Verification of date of birth and agrees that he is 18 years old and that there is sufficient objective strong evidence to support the claim that he is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Consular Verification of DOB
- Photograph
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=20016996475, cn=Myriam B. Hillin -S
Date: 2016.12.08 20:32:27 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velazquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
Cell: (b)(6) http://www.acf.hhs.gov/programs/orr

004269

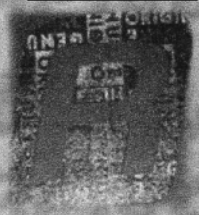
(b)(6)

RENAP Registro Nacional de las Personas

Registro Nacional de las Personas

D

Republica de Guatemala



Registro Civil de las Personas
Certificado de Nacimiento

ID: (b)(6)

El Infrascrito Registro Civil de las Personas del Registro Nacional de las Personas del municipio de Nebaj, departamento de Quiche,
CERTIFICA

Que con fecha siete de julio del dos mil, en la partida (b)(6
Folio (b)(6 del libro (b)(del Registro Civil del Municipio de NEBAJ, Departamento de QUICHE, quedó inscrito el nacimiento de:

(b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía No disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) del dos mil

Fecha de nacimiento

Guatemala, Quiche, Nebaj

Lugar de nacimiento

Masculino

Genero

Datos de la madre

(b)(6) (b)(6) (b)(6)

Nombres y apellidos de la madre

Fotografía No disponible

Fotografía No disponible

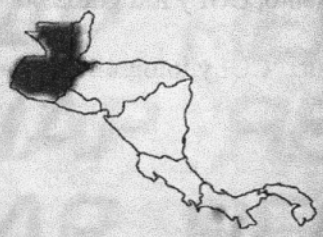
Datos del padre

(b)(6) (b)(6) (b)(6) -

Nombres y apellidos de padre

–

Fecha de nacimiento



–

Fecha de nacimiento

Nebaj

Lugar de origen

Nebaj

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

El Renap cuida y valora tu identidad

www.renap.gob.gt

004270

Observaciones

NO CONSTA NINGUNA ANOTACION

----------ULTIMA LINEA----------

Extendida el día dos de octubre de dos mil quince por el Registrador Civil de las Personas la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

Doy fe

(b)(6)

Juana , Cedillo Ramirez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 111
NEBAJ,
QUICHE

Notas Referenciales:

En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del Inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud del DPI del inscrito.

Este certificado fue impreso el dia 2 de octubre de dos mil quince y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-cerficado o bien llamado al 1516.

004271

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión:

No. solicitud:

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	
Primer Apellido:	**Segundo Apellido:**	**Apellido Casada:**
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1998

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	NEBAJ

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

(b)(6)

de la madre:

(b)(6)

Fecha nacimiento de la madre:

del padre:

(b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es veridica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

(b)(6)

Firma titular

Firma cónsul u operador

© 2012 Registro Nacional de las Personas
PBX 502 2416-1900 CALL CENTER: 1516 www.renap.gob.gt

USUARIO: 3527565860101

oxford.
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 2000
Collection Date/Time: 11/28/2016 (b)(6)

Provider: (b)(6)
Location: SKW-Kokopelli
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 11/29/2016 4:00AM EST
Approval Date/Time: 11/30/2016 3:13PM EST

T-SPOT.TB

T-SPOT.TB	Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4. This includes values less than zero.
Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (http://www.cdc.gov/tb/publications/guidelines/default.htm) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

Nil (Neg) Control Spot Count	0
Panel A Spot Count	0
Panel B Spot Count	0
Positive Control Spot Count	>20

Negative 12/01/2016 10:50:12 AM (b)(6)

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with M. xenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculosis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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To: PM640 From: iRadiology Pages: 1

PACIFIC MOBILE
PMDXRAY.com

Pacific Mobile Diagnostics, Inc.
615 East Palo Verde Drive
Phoenix, AZ 85012
Phone: (602) 249-4790
FAX: (602) 241-1711

FINAL

PATIENT: (b)(6) (b)(6) DOB: (b)(6) /2000
PATIENT ID: (b)(6) DOS: 11/28/2016 (b)(6)
PHYSICIAN: CHEYBANI, KIANOUSH
LOCATION: CASA KOKOPELLI
EXAM(S): CHEST
REASON: TB SCREENING

PORTABLE CHEST:
The single view of the chest shows no infiltrate, effusion or mass. The heart size is normal, and the pulmonary vascular flow pattern is physiologic. The sulci are clear. The bony structures are intact and free of obvious metastatic disease. There are no findings of active tuberculosis.

CONCLUSION:
1. Negative chest.
2. No radiographic evidence of active tuberculosis.

Signed by MCCLELLAN, ROGER MD at 11/28/2016 7:12:06 PM

11/28/2016 5:08:30 PM

T: AHP

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Facility #004274

Date: Nov 28, 2016

Time: 19:39:01 MT

Casa Kokopelli Mesa

Immunization Report

Facility Code: —

User: (b)(6)

Resident: (b)(6) Date Range: 11/01/2016 - 11/30/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) DOB: (b)(6) 2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 11/28/2016	
Hepatitis A	Consented	Left Deltoid - 11/28/2016	
Hepatitis B	Consented	Left Deltoid - 11/28/2016	
Influenza	Consented	Right Deltoid - 11/28/2016	
Meningicoccal	Consented	Left Deltoid - 11/28/2016	
MMR	Consented	Left Deltoid - 11/28/2016	
IPV	Consented	Right Deltoid - 11/28/2016	
Tdap	Consented	Right Deltoid - 11/28/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 11/28/2016	

(b)(6)

004275

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
CC:	"Rodriguez, Erika <Erika.Rodriguez1@(b)(6); (b)(6)@swkey.org>"; (b)(6) (b)(6) (b)(6) (b)(6)@swkey.org>"; (b)(6)@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)((b)(6) Casa Kokopelli
Date:	2016/12/08 23:48:15
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1995. He is medically cleared.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "Rodriguez, Erika <Erika.Rodriguez1@(b)(6)>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org>"; (b)(6)@swkey.org>"
Sent Date:	2016/12/08 23:48:03
Delivered Date:	2016/12/08 23:48:15

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 8, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)
AKA: (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Kokopelli on September 26, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what he has now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be over age. Upon placement Mr. (b)(6) (b)(6) stated that his date of birth was (b)(6), 1999. Case Manager proceeded then to contact Mr. (b)(6) (b)(6) family in Guatemala to request a birth certificate. His family submitted a copy of a formal document for (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1999. The document was verified as a valid document with correct DOB and name.

Thus, on November 16, 2016 Mr. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine his chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached his 18th birthday as a percentage is 85.80%**". Per ORR policy if "an individual's estimated probability of being 18 or older is 75 percent or greater, ORR will refer the individual to DHS (and) this applies to all medical methods and approaches identified by the medical community as 'appropriate methods for assessing age'".

On December 07, 2016 Case Manager asked for Mr. (b)(6) permission to access his Facebook account. He provided permission to search his Facebook name, but would not allow account access. The name provided was (b)(6) stating that "everybody changes their name on Facebook" as explanation for the difference in name. Case Manager then contacted Mr. (b)(6) mother, (b)(6) (b)(6) in Guatemala to discuss the information noted. When confronted with the information, Mrs. (b)(6) stated the individual in ORR care is not her son, but rather her neighbor. Mrs. (b)(6) stated they were very poor and wanted a better life so she decided to help her neighbor by providing her son's birth certificate and did not want to provide more information.

On December 8, 2016 Mr. (b)(6) was then provided an opportunity to comment on the new information and he admitted to Case Manager that he misreported his date of birth and name and acknowledged that his true name is (b)(6) (b)(6) (b)(6) **with DOB** (b)(6) **1995**. He then provided his real's mother's name and phone number. After contacting her mother she stated that her son's name is (b)(6) (b)(6) (b)(6) with the date of birth (b)(6) 1995, making him 21 years

of age. She also provided a copy of his correct birth certificate which was verified with the official RENAP site and returned with a match.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Mr. (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6 (b)(6) (b)(6) and his own retraction of his first provided incorrect name and date of birth including admitting that he is 21 years old that he has carried out a scheme to take another individual's identity with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Birth Certificate of taken identity of (b)(6) (b)(6) (b)(6) (b)(6)
- Verified RENAP BC of true identity (b)(6 (b)(6) (b)(6)
- Dental exam
- Photograph
- TB Clearance
- Immunization Records

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6 (b)(6) (b)(6) is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.08 21:36:51 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne 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

004279

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID: (b)(6)

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Nentón, departamento de Huehuetenango,

CERTIFICA

que con fecha seis de noviembre de mil novecientos noventa y cinco, en la partida (b)(6), folio (b)(del libro (b)(, del Registro Civil del Municipio de NENTÓN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y cinco

Fecha de nacimiento

Guatemala, Huehuetenango, Nentón

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6), (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Nentón, departamento de Huehuetenango, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 23/10/2013, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)
13/08/2014 - La persona inscrita contrajo matrimonio con Micaela Tomás Pérez Ver inscripción de Matrimonio número 1267 del Municipio de Nentón, Departamento de Huehuetenango. EHERRERA032

Extendida el día ocho de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Benjamín Amado , Martínez Gómez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día ocho de diciembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004281

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de La Libertad, departamento de Huehuetenango,

CERTIFICA

que con fecha diez de septiembre de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(del libro (b)(6), del Registro Civil del Municipio de LA LIBERTAD, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Unico de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Huehuetenango, La Libertad

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6)
(b)(6)

Nombres y apellidos de la madre

Fotografía no disponible

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

Nombres y apellidos del padre

Fecha de nacimiento

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Página 1 de 2

30:39p.m.

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día diez de noviembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

Doy fe

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 247
LA LIBERTAD, HUEHUETENANGO

Jenner Jacobo , Samayoa Villatoro
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
No constan datos del padre por no existir registro.

Este certificado fue impreso en papel bond el día diez de noviembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004283

Dr. Peter Arvanitis Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

(b)(6)

Date: 11/16/2016 **Case #:** (b)(6)
First Name: (b)(6) (b)(6) **Last Name:** (b)(6)
Sex: Male **Ancestry:** American Hispanic
Reported DOB: (b)(6) /1999
Reported Age: 17
Case Agency: Office of Refugee Resettlement
Location: Phoenix
Odontologist: Peter Arvanitis DDS PC
Radiologist: Peter Arvanitis DDS PC

Maxillary

3.50		H

Mandibular

Calculated Statistical Data

Avg. Mean Age: 19.80
RightLeft 2 Std. Dev.:

Age Range -: 16.30
Age Range +: 23.30

Avg. E.P.: 85.80

The data reported above are calculated using the molar development method as an estimator of chronological age.

Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

004284

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6) (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) is 19.80 plus or minus 3.50 years. The range of possible ages for such a male is 16.30 to 23.30 years. The empirical statistical probability of (b)(6) (b)(6) (b)(6) (b)(6) (b)(6), having attained 18 years of age is 85.80.

Respectfully Submitted,
Peter Avanitis DDS PC

To: PM640 From: iRadiology Pages: 1

PACIFIC MOBILE
PMOXRAY.com
87

Pacific Mobile Diagnostics, Inc.
615 East Palo Verde Drive
Phoenix, AZ 85012
Phone: (602) 249-4790
FAX: (602) 241-1711

FINAL

PATIENT: (b)(6) (b)(6) (b)(6)
PATIENT ID: (b)(6)
PHYSICIAN: YOBLONSKI, LARA
LOCATION: CASA KOKOPELLI
EXAM(S): CHEST
REASON: TB SCREENING

DOB: (b)( )/1999
DOS: 9/28/2016 (b)(6)

PORTABLE CHEST:
The single view of the chest shows no infiltrate, effusion or mass. The heart size is normal, and the pulmonary vascular flow pattern is physiologic. The sulci are clear. The bony structures are intact and free of obvious metastatic disease. There are no findings of active tuberculosis.

CONCLUSION:
1. Negative chest.
2. No radiographic evidence of active tuberculosis.

Signed by MCCLELLAN, ROGER MD at 9/28/2016 9:27:25 PM

9/28/2016 6:17:20 PM

T: AHP

(b)(6)

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004286

oxford
DIAGNOSTIC LABORATORIES

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID# (b)(6)
Charles Handorf, MD PhD, Medical Director

Patient Name:	(b)(6) (b)(6) (b)(6) (b)(6)	Provider:	(b)(6) PA-C
Patient ID:	(b)(6)	Location:	SWK-Campbell
Sex:	M	Customer Number:	(b)(6)
DOB:	(b)(6) 1999	Sample ID:	(b)(6)
Collection Date/Time:	9/28/2016 (b)(6)	Received Date/Time:	9/29/2016 04:00
		Approval	9/30/2016 14:36

T-SPOT®.*TB* Test Results [A]

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.

T-SPOT.TB	Negative
Nil (Neg) Control Spot Count	0
Panel A Spot Count	0
Panel B Spot Count	0
Positive Control Spot Count	>20

(b)(6)

10/1/16- negative cxr, negative tspot, f/u prn

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with M. xenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculosis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

T-SPOT, Oxford Diagnostic Laboratories, and the Oxford Diagnostic Laboratories logo are registered trademarks of Oxford Immunotec Ltd.

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Facility #: ---
Date: Oct 27, 2016
Time: 08:29:51 MT

Casa Kokopelli Mesa
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 09/28/2016 - 10/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) - DOB (b)(6)/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 09/28/2016	
Hepatitis B	Consented	Left Deltoid - 09/28/2016	
IPV	Consented	Right Deltoid - 09/28/2016	
MMR	Consented	Left Deltoid - 09/28/2016	
Meningicoccal	Consented	Left Deltoid - 09/28/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 09/28/2016	
Tdap	Consented	Right Deltoid - 09/28/2016	
Influenza	Consented	Right Deltoid - 09/28/2016	
HPV	Consented	Right Deltoid - 09/28/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT Age Redetermination (b)(6) (b)(6) (b)(6 AKA (b)(6) (b)(6) (b)(6 (b)((b)(6) - (b)(/SWK Casa Phoenix
Date:	2016/09/27 17:18:18
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) 1996. He is of Mexican origin and not Guatemalan. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/09/27 17:18:13
Delivered Date:	2016/09/27 17:18:18

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 27st 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6 (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on August 31, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager,(b)(6) (b)(6) , to whom it became apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager was not provided with any contact information for Mr. (b)(6) (b)(6) in Guatemala nor in the United States. During the initial interview, Mr. (b)(6) (b)(6) reported to be from Guatemala.

Mr. (b)(6) was interviewed by Guatemalan Consulate on September 6, 2016. Guatemalan consulate reported to Case Manager that date of birth did not coincide with RENAP and birth certificate was not found in the RENAP system.

On September 8, 2016,(b)(6) from Del Rio Guatemala Consulate contacted Case Manager via phone call in an effort to establish relation between(b)(6) (b)(6) (b)(6) detained with ICE and his alleged son Mr. (b)(6) (b)(6) Case Manager requested verified birth certificate for Mr. (b)(6) (detained with ICE) and Mr. (b)(6) (b)(6) (in ORR care)

On September 14, 2016, Case Manager received an email from Del Rio Guatemalan Consulate with the birth certificate verification for Mr. (b)(6) (b)(6) detained with ICE, however birth certificate for Mr. (b)(6) (b)(6) was not found.

On September 15, 2016, Mr. (b)(6) (b)(6) disclosed to Clinician (b)(6) that he is an adult and disclosed that Mr. (b)(6) (detained with ICE) is not his father. Mr. (b)(6) (b)(6) was offered by Mr. (b)(6) the opportunity to enter to United Stated with a Guatemalan false birth certificate and paid 1,000 dollars for a false Guatemalan birth certificate. Mr. (b)(6) (b)(6) and Mr.(b)(6) met on the streets of (b)(6) and planned the strategy to cross the border by saying they were father and son. When immigration detained them, Mr. (b)(6) (b)(6) knowingly misreported his date of birth and claimed to be the father of Mr. (b)(6) (b)(6)

Case Manager contacted the real father of Mr. (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) in Mexico, Mr. (b)(6) (b)(6) who reported that he is the biological father of Mr. (b)(6) (b)(6) and confirmed the story provided by his son. Mr. (b)(6) (b)(6) provided a correct birth certificate to Case Manager.

Case Manager sent birth certificate to Mexican Consulate to be verified on September 17, 2016. On September 21, 2016 the Consulado General de Mexico in Phoenix, AZ was able to provide proof of birth certificate verification for Mr. (b)(6) (b)(6) showing a correct name (b)(6) (b)(6) (b)(6) **Dias DOB:** (b)(6) **, 1996.**

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6) , 1996 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 20 years old.

Along with this Memo ORR is submitting the following documents:

- Birth Certificate
- Proof of birth certificate verification
- Photograph
- TB Clearance
- Immunization record

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that Mr. (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004292

(b)(6)

ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL
CERTIFICADO DE NACIMIENTO

(b)(6)

No. DE CONTROL I-CO-130
CLAVE 0101014

[redacted]

(b)(6)	09/12/2014	$96.00
BOLETA No.:	FECHA:	DERECHOS:

DE ACUERDO A LA INFORMACION CONTENIDA EN EL BANCO DE DATOS CENTRAL DEL REGISTRO CIVIL DEL ESTADO DE CHIAPAS, SE EXTIENDE LA PRESENTE:

OFICIALIA: (	LIBRO: (b)(	ACTA: (b)(	FOJA: (b)(6)	FECHA DE REGISTRO: (b)(6) 1998
TAPACHULA LUGAR DE REGISTRO				

NOMBRE (b)(6) (b)(6) (b)(6 (b)(6 SEXO: MASCULINO

LUGAR DE NACIMIENTO: CANTON VILLAFLOR, TAPACHULA, CHIAPAS, MEXICO

FECHA DE NACIMIENTO: (b)(6) DE 1996 HORA DE NACIMIENTO: (b)(6 PRESENTADO: VIVO

COMPARECE AMBOS No. CERTIFICADO:NO HUBO C.R.I.P. (b)(6) C.U.R.P.PEDM960425HCSRZR01

PADRES

PADRE (b)(6) NACIONALIDAD (b)(6) EDAD (b)(6) AÑOS

MADRE NACIONALIDAD EDAD AÑOS

ABUELOS

ABUELO PATERNO (b)(6) NACIONALIDAD (b)(6)

ABUELA PATERNA NACIONALIDAD

ABUELO MATERNO NACIONALIDAD

ABUELA MATERNA NACIONALIDAD

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO

NOMBRE PARENTESCO EDAD AÑOS

SE EXTIENDE ESTA CERTIFICACIÓN CON FUNDAMENTO EN LOS ARTÍCULOS 34, 35, 36, 37, 40 Y 45 DEL CODIGO CIVIL VIGENTE EN EL ESTADO.

EN LA CIUDAD DE HUIXTLA

A LOS 09 DIAS DEL MES DE DICIEMBRE 2014

DIRECTORA DEL REGISTRO CIVIL DEL ESTADO
DOY FE.

21231732-441A3927FAE41C12971A8EAD25D70B8267F17197

ESTADO LIBRE Y SOBERANO DE CHIAPAS
PODER EJECUTIVO
INSTITUTO DE LA CONSEJERÍA JURÍDICA Y DE ASISTENCIA LEGAL
DIRECCIÓN DEL REGISTRO CIVIL

(b)(6)

FIRMA

C. FLOR DE MARIA COELLO TREJO.

NOMBRE

Clave Única de Registro de Población

(b)(6)

Estados Unidos Mexicanos
Extracto de
Acta de Nacimiento

Certificado de Nacimiento de SSA

Entidad de Registro
CHIAPAS

Datos del Registrado

(b)(6) (b)(6)	(b)(6)	(b)(6)
Nombre(s):	Primer Apellido:	Segundo Apellido:

MASCULINO	(b)(6) /1996	CANTON VILLAFLOR, TAPACHULA, CHIAPAS, MEXICO
Sexo:	Fecha de Nacimiento:	Lugar de Nacimiento:

Datos de Filiación del Registrado

(b)(6)

Nombre(s):	Primer A.:	Segundo A.:	Nacionalidad:	CURP:

(b)(6)

Nombre(s):	Primer A.:	Segundo A.:	Nacionalidad:	CURP:

Anotaciones Marginales	Certificación
	Se expide el presente extracto del acto registral de Nacimiento que fue inscrito por el Registro Civil de **CHIAPAS**.

Cadena del Acto	Fecha de Registro
(b)(6)	(b)(6) /1998

Oficialía	Libro	Foja	Tomo	Acta	Municipio/Delegación de Registro
(b)(6	(b)	(b)(6)	(b)(	(b)(6)	(b)(6)

0042794

ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL
CERTIFICADO DE NACIMIENTO

(b)(6)

No. DE CONTROL I-CO-130
CLAVE 0101014

[redacted]

(b)(6)

(b)(6)	09/12/2014	$96.00
BOLETA No.:	FECHA:	DERECHOS:

DE ACUERDO A LA INFORMACION CONTENIDA EN EL BANCO DE DATOS CENTRAL DEL REGISTRO CIVIL DEL ESTADO DE CHIAPAS, SE EXTIENDE LA PRESENTE:

OFICIALIA: (b	LIBRO: (b)(	ACTA: (b)(	FOJA: (b)(6)	FECHA DE REGISTRO: (b)(6) - 1998

TAPACHULA
LUGAR DE REGISTRO

NOMBRE (b)(6) (b)(6) (b)(6) (b)(6)

SEXO: MASCULINO

LUGAR DE NACIMIENTO: CANTON VILLAFLOR, TAPACHULA, CHIAPAS, MEXICO

FECHA DE NACIMIENTO: (b)(6) DE 1996

HORA DE NACIMIENTO: (b)(6)

PRESENTADO: VIVO

COMPARECE: AMBOS

No. CERTIFICADO: NO HUBO

C.R.I.P. 070890298008036

C.U.R.P. PEDM960425HCSRZR01

PADRES

PADRE (b)(6)

NACIONALIDAD (b)(6)

EDAD (b)(6) AÑOS

MADRE (b)(6)

NACIONALIDAD

EDAD AÑOS

ABUELOS

ABUELO PATERNO (b)(6)

ABUELA PATERNA

ABUELO MATERNO

ABUELA MATERNA

NACIONALIDAD

NACIONALIDAD

NACIONALIDAD

NACIONALIDAD

(b)(6)

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO

NOMBRE

PARENTESCO

EDAD AÑOS

SE EXTIENDE ESTA CERTIFICACIÓN CON FUNDAMENTO EN LOS ARTÍCULOS 34, 35, 36, 37, 40 Y 45 DEL CODIGO CIVIL VIGENTE EN EL ESTADO.

EN LA CIUDAD DE: HUIXTLA

A LOS 09 DIAS DEL MES DE DICIEMBRE 2014

DIRECTORA DEL REGISTRO CIVIL DEL ESTADO
DOY FE.

ESTADO LIBRE Y SOBERANO DE CHIAPAS
PODER EJECUTIVO
INSTITUTO DE LA CONSEJERÍA JURÍDICA Y DE ASISTENCIA LEGAL
DIRECCIÓN DEL REGISTRO CIVIL

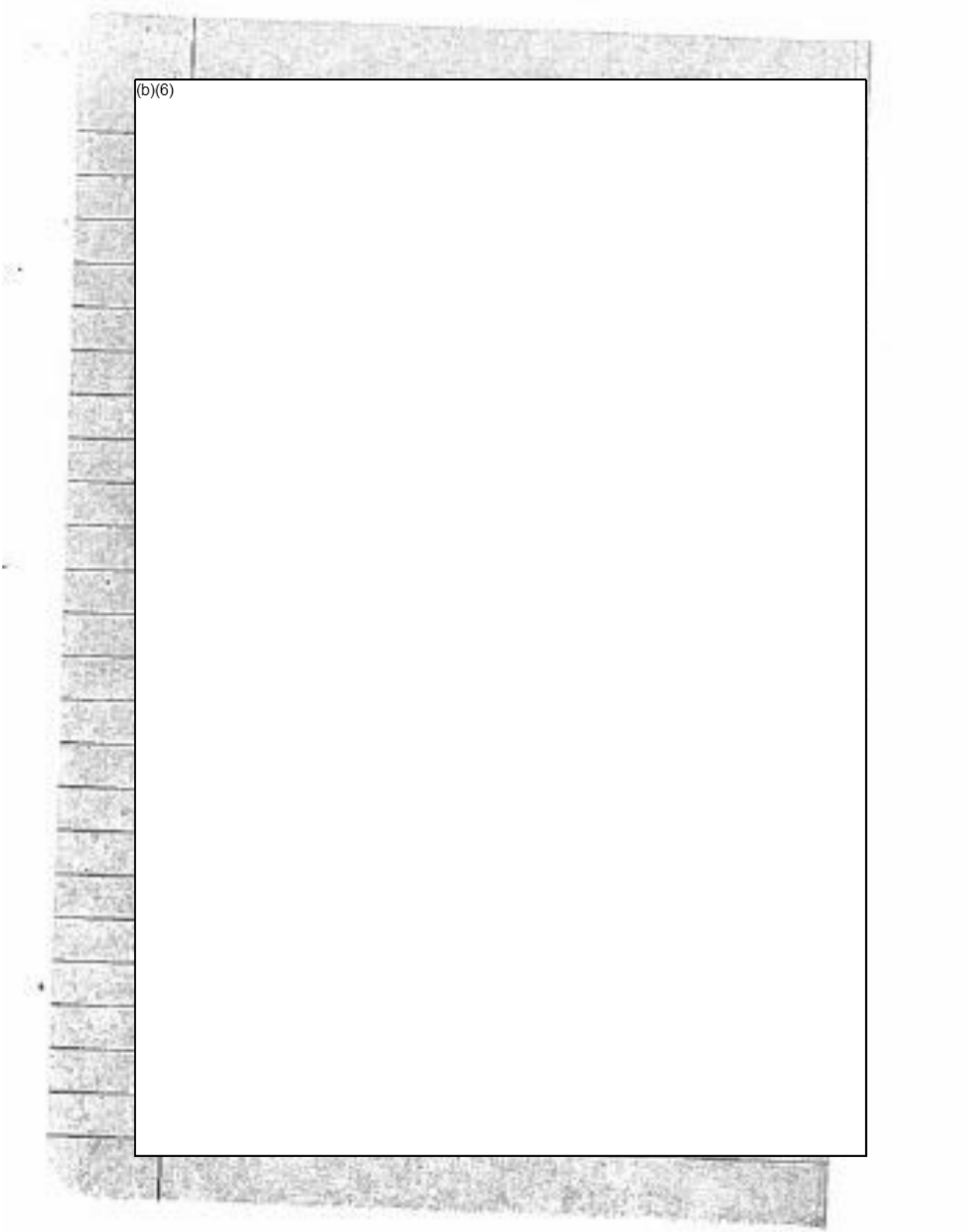
(b)(6)

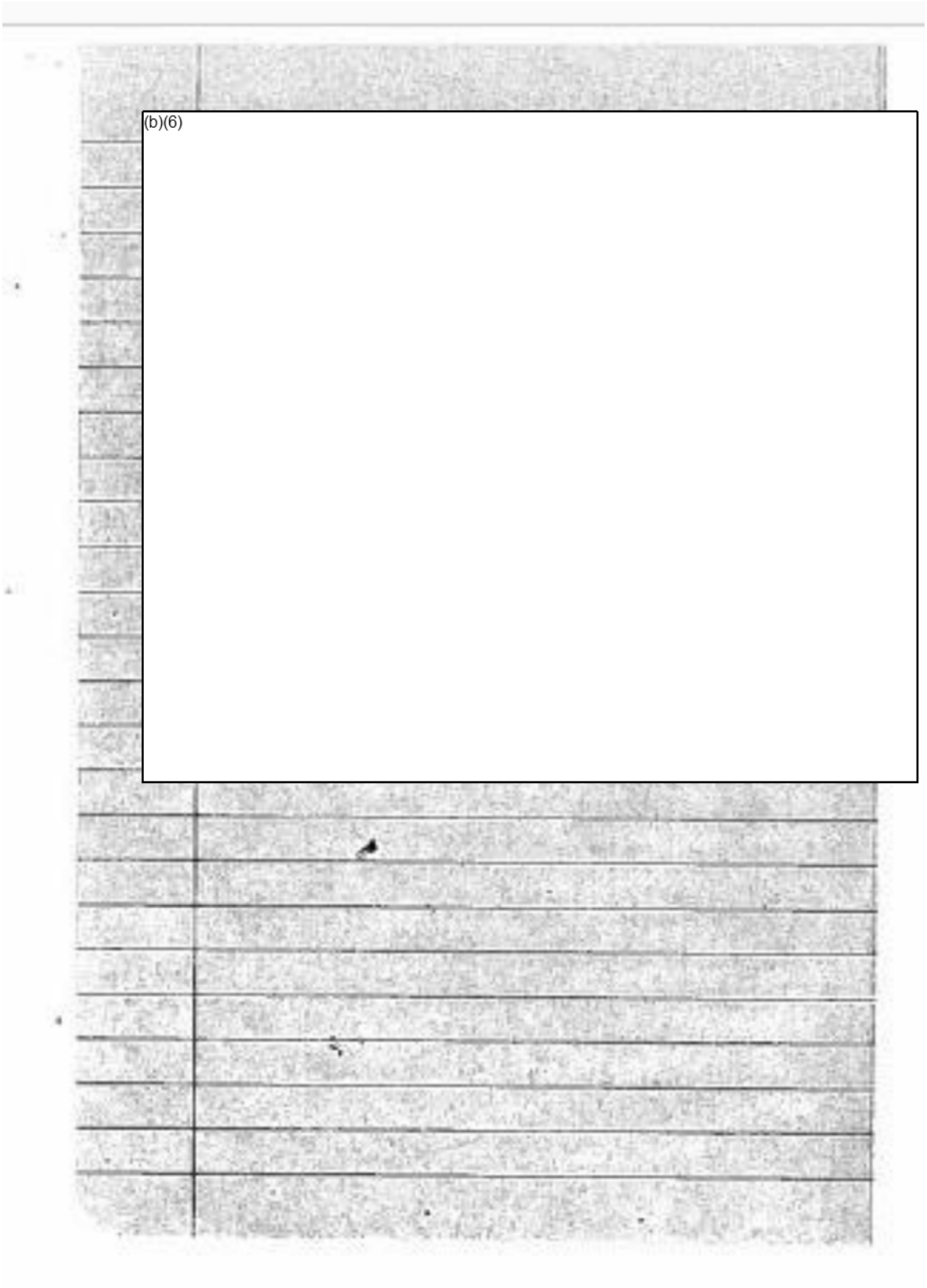
21231732-441A3927FAE41C12971A8EAD25D70B8267F4197

C. FLOR DE MARIA COELLO TREJO.

NOMBRE

FIRMA


(b)(6)


(b)(6)

Facility #: --- 004297

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Sep 1, 2016

Immunization Report

User: (b)(6)

Time: 19:55:03 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6)/2001 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 09/01/2016	
Hepatitis B	Consented	- - 09/01/2016	
Tdap	Consented	- - 09/01/2016	
Varicella (chicken pox)	Consented	- - 09/01/2016	
HPV	Consented	- - 09/01/2016	
IPV	Consented	- - 09/01/2016	
Meningicoccal	Consented	- - 09/01/2016	
MMR	Consented	- - 09/01/2016	

(b)(6) (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) 01
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Sep 2, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
AP Chest

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no radiographic evidence of active
fungal/granulomatous infection.
NOTE
Report dictated by resident, Ashley Crowder MD, 10774 the attending radiologist's signature
indicates that the study has been interpreted and the report approved.

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(AKA (b)(6) (b)(6) (b)(6) (b)(6 (b)(6) CASA PHOENIX
Date:	2016/11/16 13:43:02
Priority:	Urgent
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) /1996. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/11/16 13:42:54
Delivered Date:	2016/11/16 13:43:02

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 16, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 24, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what he and his family have now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that he appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his mother, (b)(6) (b)(6) (b)(6) who resides in Honduras. Ms. (b)(6) immediately informed Case Manager that Mr. (b)(6) (b)(6) was not her son and that her nephew (b)(6) (b)(6) (b)(6) (b)(6) was the person in ORR care and he was misreporting his identity. She added that her nephew (b)(6) (b)(6) (b)(6) (b)(6) provided ORR with her son's (b)(6) (b)(6) (b)(6) (b)(6) birth certificate as his identification. Ms. (b)(6) (b)(6) informed Case Manager that her nephew's correct name is (b)(6) (b)(6) (b)(6) (b)(6) and that she was unaware of his date of birth.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the information verbally received from Ms. (b)(6) received and the information he verbally provided about his date of birth and name. Mr. (b)(6) (b)(6) very regretfully admitted that his correct name is (b)(6) (b)(6) (b)(6) (b)(6) and that he was unsure of his correct date of birth although he presumed it was (b)(6) 2000. Mr. (b)(6) (b)(6) reported he was not honest when he provided the name (b)(6) (b)(6) (b)(6) (b)(6) He added that when he was traveling to the US his cousin advised him to report that he was a minor and so he reported the date of birth and name of his cousin instead of his true name and date of birth.

Case Manager requested a copy of Mr. (b)(6) (b)(6) (b)(6) (b)(6) birth certificate from his mother, (b)(6) (b)(6) (b)(6) (b)(6) who resides in (b)(6) Ms. (b)(6) (b)(6) faxed a copy of Mr. (b)(6) birth certificate on November 11, 2016 with his correct name as (b)(6) (b)(6) (b)(6) (b)(6) with a date of birth (b)(6) 2000 to the Case Manager who proceeded to request verification of the document with the Honduran Consulate.

The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security

(DHS). To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures which are outlined in *Section 1.6 Determining the Age of an Individual without Lawful Immigration Status*.

Thus, on November 9, 2016 Mr. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine his chronological age. Dr. Arvanitis provided a report concluding that "**the average probability that this individual has reached his 18th birthday as a percentage is 85.80%**".

The Honduras Consulate verified Mr. (b)(6) birth certificate on November 15, 2016 with a date of birth of (b)(6) **1996** instead of (b)(6), 2000 confirming that Mr. (b)(6) is over the age of 18.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the altered birth certificate that was received and the information he verbally provided about his date of birth. Mr. (b)(6) (b)(6) admitted that his correct date of birth **is** (b)(6) **, 1996** and that he was not honest when he provided the date of birth as (b)(6), 2000. Mr. (b)(6) reported not being aware of the individual who altered the document, he could not provide details about how the alteration occurred.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Mr. (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) including his verified birth certificate indicating a correct date of birth of (b)(6), 1996, his own retraction of his first provided incorrect date of birth and name including admitting that he is 20 years old and his aunt's corroboration of this information including admitting that this individual and his mother they both have carried out a scheme to create a false date of birth with the purpose of misleading authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC's
- True Identity BC
- Photograph
- TB Clearance
- Immunizations
- Dental Forensic Exam
- Self-Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004303

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina; se encuentra el acta de nacimiento número: (b)(6) *Número de Identidad* ubicada en el folio (b)( ) del tomo (b)(6) del Año 1999 y que pertenece a:

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) (b)(6) *Nombre*

SEXO F ☐ M ☒

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) *JUTICALPA* Municipio

b) *OLANCHO* Departamento

c) *HONDURAS* País

d) (b)(6) Día

e) (b)(6) Mes

f) *1999* Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre: *N. Identidad:* (b)(6)

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre: *N. Identidad:* (b)(6)

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en *JUTICALPA* Municipio *OLANCHO* Departamento

a los: *DOCE* días del mes de *OCTUBRE*

del DOS MIL *DIECISEIS*

(b)(6)

004304

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

N° (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina, se encuentra el acta de nacimiento número: (b)(6) *Número de Identidad* ubicada en el folio (b)(del tomo (b)(6)

del Año 2000 y que pertenece a:

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) (b)(6) *Nombre* SEXO F [ ] M [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) JUTICALPA *Municipio*

b) OLANCHO *Departamento*

c) HONDURAS *País*

d) (b)(6) *Día*

e) (b)(6) *Mes*

f) 2000 *Año*

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) *Nacionalidad*

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) *Nacionalidad*

4.) Notas marginales autorizadas:

NINGUNA

Extendida en JUTICALPA *Municipio* OLANCHO *Departamento*

a los: SIETE días del mes de NOVIEMBRE

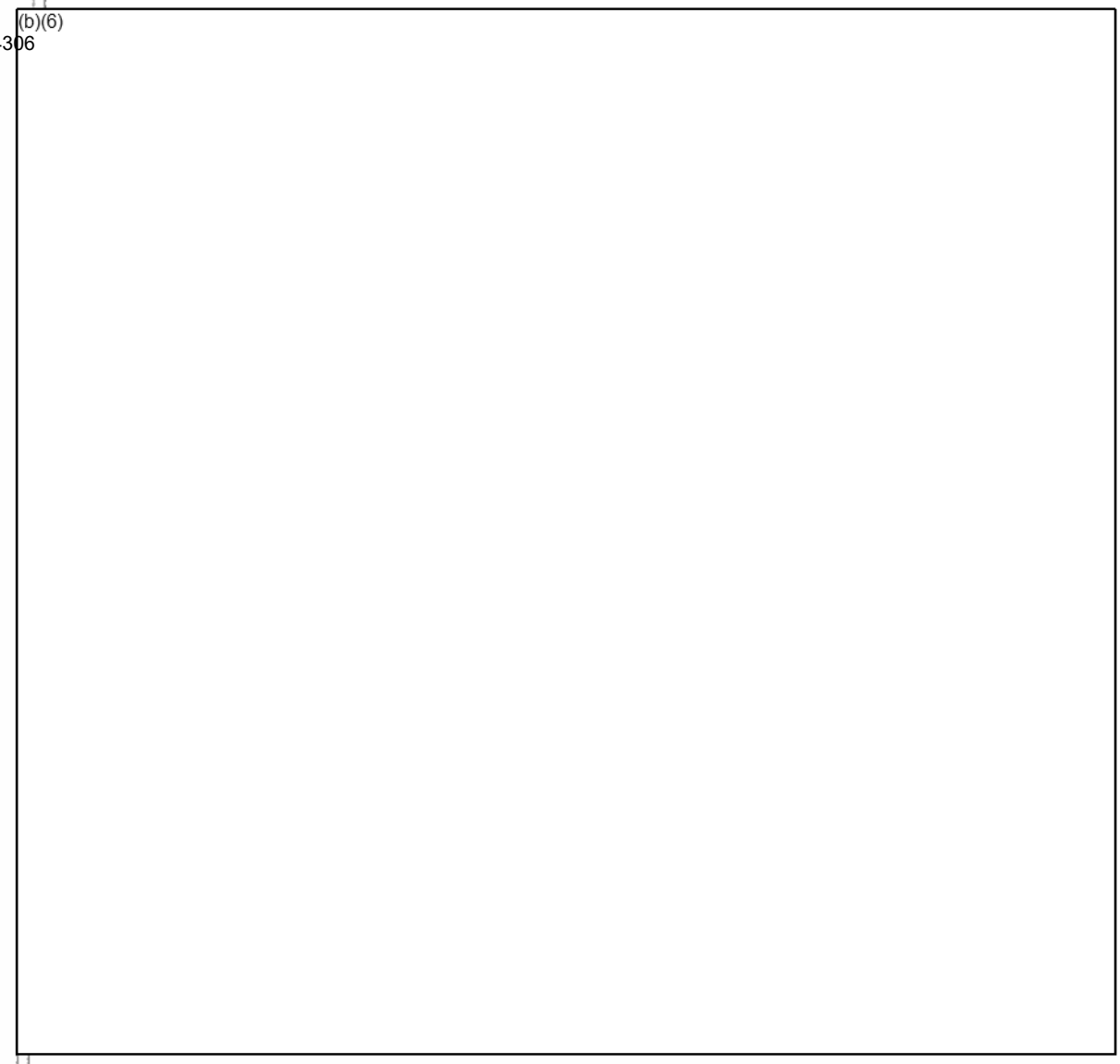
del DOS MIL DIECISEIS

(b)(6)

FIRMA Y SELLO DEL REGISTRADOR CIVIL

(b)(6) 004305

(b)(6)
004306



(b)(6), (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) /1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Wed Oct 26, 2016 4:11 PM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
TB screening

COMPARISON:
None.

TECHNIQUE:
AP chest

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David L August, MD

(b)(6), (b)(6) (MRN (b)(6))
Released By: David L August, MD on 10/26/2016 4:24 PM

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W. Thomas Rd Phoenix AZ 85013		

Facility #: --- 004309

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Oct 26, 2016

Immunization Report

User: (b)(6)

Time: 17:29:15 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 10/01/2016 - 10/31/2016

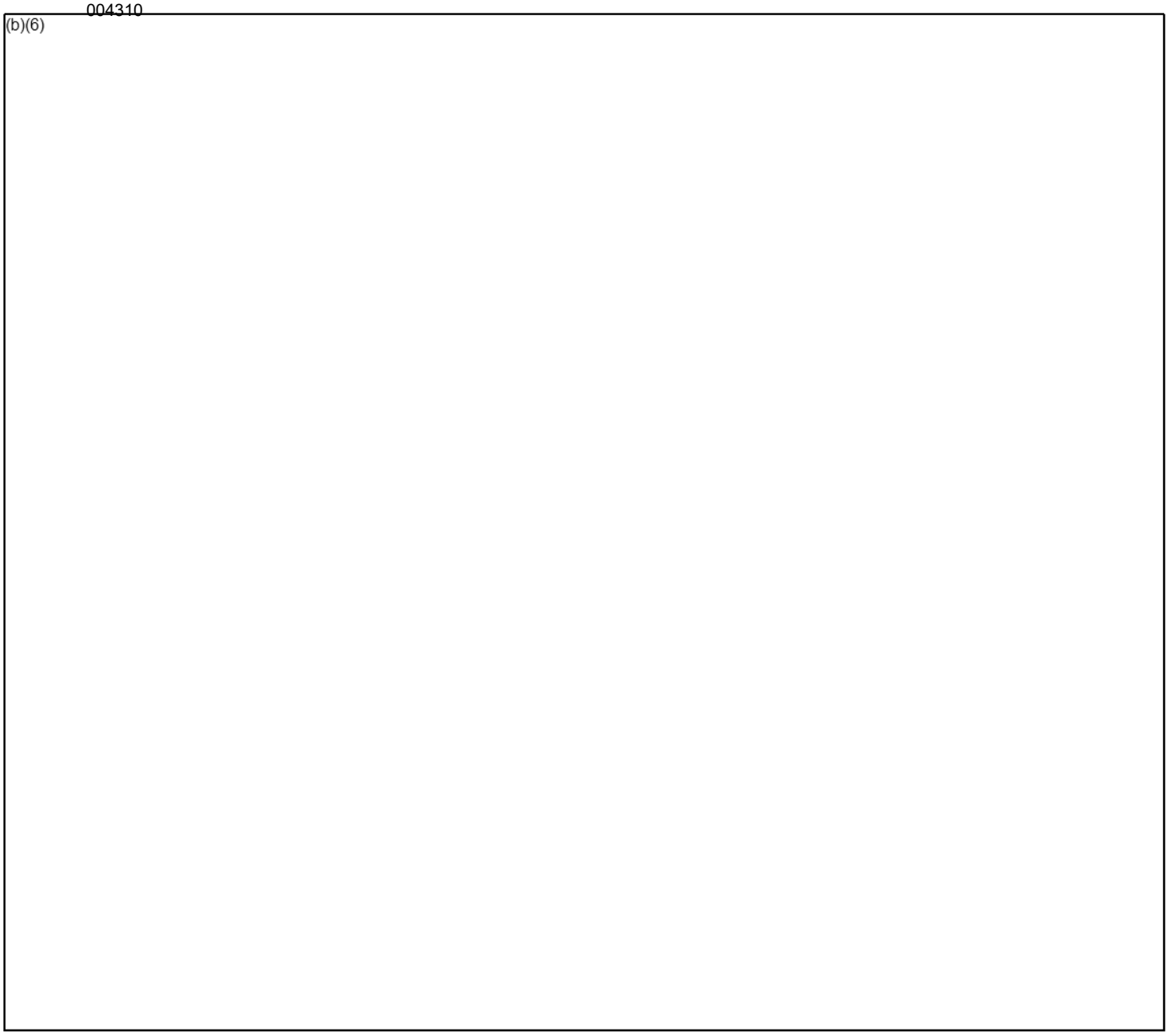
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Tdap	Consented	Left Deltoid - 10/26/2016	
MMR	Consented	Left Deltoid - 10/26/2016	
IPV	Consented	Right Deltoid - 10/26/2016	
Hepatitis A	Consented	Left Deltoid - 10/26/2016	
Influenza	Consented	Right Deltoid - 10/26/2016	
HPV	Consented	Right Deltoid - 10/26/2016	
Meningicoccal	Consented	Right Deltoid - 10/26/2016	
Hepatitis B	Consented	Left Deltoid - 10/26/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 10/26/2016	

004310

(b)(6)



004311

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) (b)(6) sexo **MASCULINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***JUTICALPA*** **b)** ***OLANCHO*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***1996***
dia *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***QUINCE*** dias del mes de ***NOVIEMBRE***

del dos mil ***DIECISEIS*** (b)(6)

C0801197303448
172.20.1.1

firma y sello del registrador civil municipal

pVrhMfR YqzcDvB3kzX8@7Hp6w90g A0+P9t@S0TNsZrsu3CCBjxulYsAjYEcCi6@\dc@587EfJ1@qXvCY8@g2x@m73k/wK7a Y7/Pb93Sb4osu@xuO@XBA8 lBZNjLo0C$Ss\Rzu5IPBfJ@xq]19vI@6zOB@7Asfww/u
nn$Pc/$S[4dsmz

004312

Dr. Peter Arvanitis Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date:	11/09/2016	**Case #:**	(b)(6)
First Name:	(b)(6) (b)(6	**Last Name:**	(b)(6) (b)(6)
Sex:	Male	**Ancestry:**	American Hispanic
Reported DOB:	(b)(6) /2000		
Reported Age:	16		
Case Agency:	Office of Refugee Resettlement		
Location:	Phoenix		
Odontologist:	Peter Arvanitis DDS PC		
Radiologist:	Peter Arvanitis DDS PC		

(b)(6)

Maxillary

H	H	

Right **Left**

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.80
2 Std. Dev.:	3.50
Age Range -:	16.30
Age Range +:	23.30
Avg. E.P.:	85.80

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6 (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6 (b)(6) (b)(6) (b)(6) is 19.80 plus or minus 3.50 years. The range of possible ages for such a male is 16.30 to 23.30 years. The empirical statistical probability of (b)(6) (b)(6 (b)(6) (b)(6) (b)(6), having attained 18 years of age is 85.80.

Respectfully Submitted,

Peter Arvanitis DDS PC

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; '(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - (b)(SWK CASA PHOENIX
Date:	2016/10/26 00:12:26
Priority:	Normal
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1998. This person was interviewed today by the Guatemalan Consulate to assist with verifying her identify and correct DOB.

From: CONSULADO GUATEMALA PHOENIX
Sent: Tuesday, October 25, 2016 3:47 PM
Subject: Re: Lista de Entrevistas - SWK Casa Phoenix (25 de Octubre de 2016)

Respecto al siguiente caso , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

1. Datos coinciden con RENAP
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento : (b)(6) de 1998
Lugar de nacimiento: Guatemala, San Marcos, Sipacapa
Libro (b)(Folio (b)(Partida (b)(

ENTREVISTA CON (b)(6) (b)(6) (b)(6) corroboro los datos que se encuentran en el Acta de nacimiento, de acuerdo a (b)(6) el padre de ella venia a Estados Unidos y falleció en el (b)(6) tiene (b)(6) (b)(6) estudio hasta el grado (b) y se dedicaba a sembrar verduras para luego venderlas.

* Adjunto constancias de verificacion

(b)(6)
Asistente en documentación consular
Consulado General de Guatemala
Pheonix, Arizona

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org

Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org
Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/10/26 00:12:21
Delivered Date:	2016/10/26 00:12:26

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 25, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on September 17, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) misreporting her date of birth as (b)(6) 2000 to apprehending officials.

Ms. (b)(6) (b)(6) assigned Case Manager, (b)(6), requested a copy of Ms. (b)(6) (b)(6) birth certificate from family in country of origin, Guatemala. Ms. (b)(6) (b)(6) mother, (b)(6) (b)(6) (b)(6) faxed a copy of the requested birth certificate, which stated that Ms. (b)(6) (b)(6) true name and date of birth are as follows: (b)(6) (b)(6) (b)(6) (b)(6) born (b)(6) **1998** making her 18 years old.

Case Manager then met with Ms. (b)(6) (b)(6) to provide her the opportunity to explain the new information about her identity provided by her mother, (b)(6) (b)(6) (b)(6). Ms. (b)(6) (b)(6) explained to Case Manager, (b)(6) that she always believed that she was underage, but that besides the verbal date of birth statement provided to Immigration at the time of apprehension, documentation was never altered or presented in order for her to reunify as a minor. Ms. (b)(6) (b)(6) mother was contacted to further inquire about age and confirmed that Ms. (b)(6) (b)(6) is 18 years old.

The Guatemalan consulate representative Ms. (b)(6 met with (b)(6) on October 25, 2016 to assess that in fact she is (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) 1998 and confirmed that the document presented by her family is a valid document.

Case Manager, (b)(6) was working with Ms. (b)(6) (b)(6) sister, (b)(6) (b)(6) (b)(6) during the reunification process. Ms. (b)(6) (b)(6) (b)(6) resides in Oakland, CA with phone number (b)(6) Ms. (b)(6) (b)(6) (b)(6) was also contacted for inquiry and confirmed that Ms. (b)(6) (b)(6) is 18 years old and that they never attempted to be dishonest about her true age.

I reviewed the information, documents and assessments gathered by Case Manager (b)(6) regarding the identity of Mr. (b)(6) (b)(6) and agrees that she is an adult. Ms. (b)(6) (b)(6) was able to provide a synopsis of the above mentioned information in a written statement.

Along with this Memo ORR is submitting the following documents:

- Ms. (b)(6) (b)(6) true BC
- A photograph
- TB clearance

- Immunizations
- Written statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) AKA (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004317

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID

Correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Sipacapa, departamento de San Marcos,

CERTIFICA

que con fecha siete de julio de mil novecientos noventa y ocho, en la partida (b)(6) folio (b)(del libro (b)(del Registro Civil del Municipio de SIPACAPA, Departamento de SAN MARCOS, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, San Marcos, Sipacapa

Lugar de nacimiento

Femenino

Género

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día diez de octubre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Amalia Teresa , Ramírez Pérez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diez de octubre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

004319

Facility #: --- 004320

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Sep 20, 2016

Immunization Report

User: (b)(6)

Time: 14:11:12 MT

Resident: (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b) (b)(6) - DOB: (b)(6) /2000 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Hepatitis B	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Influenza	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Tdap	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Varicella (chicken pox)	Consented	Right Deltoid Rita Ramirez 09/19/2016	
HPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
IPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Meningicoccal	Consented	Left Deltoid Rita Ramirez 09/19/2016	
MMR	Consented	Left Deltoid Rita Ramirez 09/19/2016	

004321

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 09/19/2016 16:09 **Location:** (b)(6)

Initial Admission: 09/19/2016 **Admission:** 09/19/2016 **A#:** (b)(6)

Date of Birth: (b)(6) 2000 **Gender:** F **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6)

b.Telephone:

(b)(6)

2. Date of visit

09/19/2016

3. Name of program staff with child

(b)(6)

4. Program Name

922 - Southwest Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied

2. Date Read

3. Result in mm

4. Interpretation

- a. Positive
- b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn

09/19/2016

6. Test type

- a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
- b. T-SPOT TB test (T-Spot)

7. Results:

- a. Positive
- b. Negative
- c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date

09/19/2016

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b) (b)(6)

10. TB Determination

- [x] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

004323

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-10-24

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) 1998

Pais, departamento y municipio de nacimiento:

GUATEMALA	SAN MARCOS	SIPACAPA

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(6	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			6452

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

Pais, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mi.

(b)(6)

Firma titular

CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA

Firma cónsul u operador

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION: (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/10/24 14:30:02
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB: (b)(6) /**1998** and correct name: (b)(6) (b)(6) (b)(6) (b)(6) This person entered ORR care impersonating her younger sister (b)(6) (b)(6) (b)(6) (b)(6) with DOB (b)(6) /2000.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/10/24 14:29:57
Delivered Date:	2016/10/24 14:30:02

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 24, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6) **A#** (b)(6)
AKA (b)(6) (b)(6) (b)(6) (b)(6) **DOB:** (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 5, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting her identity upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) who requested a copy of Ms. (b)(6) (b)(6) birth certificate from her mother, Ms. (b)(6) (b)(6) (b)(6) currently residing in Guatemala. Case Manager received an older version of Ms. (b)(6) (b)(6) birth certificate. Case Manager requested the newest Registro Nacional de las Personas (RENAP) version of the Guatemalan birth certificate from Ms. (b)(6) (b)(6)

During assessments, Ms. (b)(6) (b)(6) presented suspicious behavior and the information provided in the assessments conducted between her family in Guatemala and the sponsor Ms. (b)(6) (b)(6) did not coincide; as a result, Case Manager set up a Guatemalan Consulate interview for Ms. (b)(6) (b)(6) scheduled for October 18, 2016.

Case Manager received Ms. (b)(6) (b)(6) 2016 version birth certificate via fax. Case Manager, (b)(6) noticed misalignments in the birth certificate where an individual's photo belongs, which led her to verify the birth certificate through the Registro Nacional de las Personas (RENAP) website. The verified birth certificate returned with a different individual's photograph. Case Manager, (b)(6) and Clinician, (b)(6) gathered to provide Ms. (b)(6) (b)(6) an opportunity to explain the discrepancy between the different photographs in the birth certificates. Ms. (b)(6) (b)(6) disclosed that the birth certificate belongs to her sister, (b)(6) (b)(6) (b)(6) (b)(6) and that her true name is (b)(6) (b)(6) (b)(6) (b)(6) Ms. (b)(6) (b)(6) continued to explain that her true date of birth is (b)(6) ***1998***, making her 18 years old. Ms. (b)(6) (b)(6) explained that she attempted to migrate to the U.S. in September 2016, where she was not able to make it beyond Mexico. Ms. (b)(6) (b)(6) also explained that she was afraid that she would not make it to the U.S. if she used her true name as she had been previously seized with it. In addition, she stated that she also knew she would be turning 18 years old therefore, proceeded to use her sister's birth certificate to reunify as a minor.

Case Manager contacted Ms. (b)(6) (b)(6) in Guatemala to address the information disclosed by Ms. (b)(6) (b)(6) Ms. (b)(6) (b)(6) confirmed the information provided and Case Manager proceeded to request the true birth certificate for (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6), 1998. The birth certificate was received and also verified the information verbally provided.

Ms. (b)(6) (b)(6) originally came to the U.S. with the intention of residing with an unrelated Sponsor, (b)(6) (b)(6) whom was deemed unviable during the Sponsor assessment process.

I reviewed the documentation regarding Ms. (b)(6) (b)(6) true name: (b)(6) (b)(6) (b)(6) (b)(6) and true date of birth: (b)(6) 1998, gathered by SWK Casa Phoenix and I agreed that there is sufficient strong evidence to indicate that Ms. (b)(6) (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- RENAP verified BC
- True BC
- Written name statement
- photograph
- TB Clearance
- Vaccinations

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004327

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: I0002543019102016

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Las Cruces, departamento de Peten,

CERTIFICA

que con fecha cuatro de diciembre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(del libro (b) del Registro Civil del Municipio de LA LIBERTAD, Departamento de PETEN, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Peten, La Libertad

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día diecinueve de octubre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Byron Anibal , Bran Martínez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecinueve de octubre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado Literal de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Las Cruces, Departamento de Peten,

CERTIFICA

Haber tenido a la vista el libro de Nacimientos No. (b)(Folio No. (b)(6) en donde se encuentra la partida No. (b)(6) del Registro Civil del Municipio de La Libertad, Departamento de Peten, la que copiada literalmente dice:

Datos del inscrito

(b)(6)

Nombres y Apellidos del inscrito

(b)(6) de dos mil

Fecha de inscripción

(b)(6) de dos mil — 17:00

Fecha de nacimiento — Hora de nacimiento

Guatemala, Peten, La Libertad, Aldea Las Cruces — Femenino

País, Departamento, Municipio de nacimiento — Género

Datos de la Madre

(b)(6) — 19

Nombres y Apellidos de la Madre — Edad

(b)(6)

Lugar de Origen

Datos del Padre

(b)(6) — 37

Nombres y Apellidos del Padre — Edad

(b)(6)

Lugar de Origen

Datos del Compareciente

(b)(6) — -

Nombres y Apellidos del Compareciente — Edad

Documento de identificación Extendida en — Cedula

(b)(6)

Residencia del Compareciente

Observaciones

Razón: los nombres de la madre de la referida de fondo son: Rosa Emilia Pérez Acevedo y no como aparecen inscritos, según documentación presentada, la rectificación se hizo basada al art. 18 del decreto 67-2001. Conste, La Libertad, Petén. 13-02/2001.

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

004330

Extendida el día quince de enero de dos mil catorce ante el Registrador Civil, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

Doy fe (b)(6)

Byron Anibal , Bran Martínez

Registrador Civil

RENAP LAS CRUCES PETEN OFICINA No. 430

ID: 114000015877

2 de 2

SFRANCO430
15/01/2014 08:58:09a.m.
REG_430_012

RENAP
Registro Nacional de las Personas

Correlativo: I0006511417102016

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de La Libertad, departamento de Peten,

CERTIFICA

que con fecha cuatro de julio de dos mil, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de LA LIBERTAD, Departamento de PETEN, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de dos mil

Fecha de nacimiento

Guatemala, Peten, La Libertad

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

-(b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

(b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

(b)(6)

Extendida el día diecisiete de octubre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Skarlet Haydeé , Del Valle Acosta

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecisiete de octubre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

OMB Control No: 0970-0466
Expiration date: 11/30/2018

Supplemental Form: TB Screening
Unaccompanied Children's Program
Office of Refugee Resettlement (ORR)

General Information
(to be completed by program staff)

Child	Last name: (b)(6)	First name: (b)(6)	
	DOB: (b)(6) /2000	A# (b)(6)	Gender: F
Healthcare Provider or Health Dept.	Name: Dr. Patterson MD	Phone number:	Clinic/Practice: Homestead
	Street address:	City/Town: Homestead	State: FL	Date of visit: 10/4/16
Program	Name of program staff with child:	Program name: Homestead.	

Medical Information
(to be completed by healthcare provider's office or health department)

PPD/Tuberculin skin test (TST):	**Date applied:** ___/___/_____	**Date read:** ___/___/_____
	Result: _____ mm	**Interpretation:** ☐ Positive ☐ Negative
TB blood test (Interferon-Gamma Release Assay [IGRA]):	**Date drawn:** 10/4/16	
	Test Type: ☐ QuantiFERON®-TB Gold In-Tube test (QFT-GIT)	☑ T-SPOT®.TB test (T-Spot)
	Result: ☐ Positive	☑ Negative ☐ Borderline/Equivocal/Indeterminate
Chest x-ray:	**Date:** 10/4/16	**Findings:** ☑ Normal ☐ Abnormal

Additional Information

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

DH687 IMMUNIZATION CLINIC RECORD CARD

(b)(6)

Phone: **DOB:** (b)(6) /2000

Race: (b)(6) **SSN:**

Medicaid ID#:
State Immunization ID: (b)(6)
Clinic Loc: CHSI-HOMESTEAD
WIC ID:

Contraindications: N/A
Adverse Reaction: N/A
Client's Age Today: 16 yrs/(b)(6)

Form DH 1478 Provided [ ]

Series/Dose	DteGivn	Mfg/Lot#	Vaccine Type	VFC	Rte/Site	Service Provider	In?	VIS Dte	VIS Recipient	Consent?
OTHER	10/04/16	SKB TS5F3	FLU3Y+ PF	NoIns	IM/LD	GARCIA,ROCIO	Y	08/07/15	G:REFUGEE OFFICE OF	Y
DTAP 1	10/04/16	PMC U5477CA	TDAP	NoIns	IM/RD	GARCIA,ROCIO	Y	02/24/15	G:REFUGEE OFFICE OF	Y
HEP A 1	10/04/16	SKB ED72D	HEP A	NoIns	IM/LD	GARCIA,ROCIO	Y	07/20/16	G:REFUGEE OFFICE OF	Y
HEP B 1	10/04/16	SKB D344L	HEP B	NoIns	IM/RD	GARCIA,ROCIO	Y	07/20/16	G:REFUGEE OFFICE OF	Y
HPV 1	10/04/16	MSD M020103	HPV9	NoIns	IM/LD	GARCIA,ROCIO	Y	03/31/16	G:REFUGEE OFFICE OF	Y
MEASLES 1	10/04/16	MSD M006544	MMR	NoIns	SC/RA	GARCIA,ROCIO	Y	04/20/12	G:REFUGEE OFFICE OF	Y
MEN 1	10/04/16	PMC U5415AA	MCV4	NoIns	IM/LD	GARCIA,ROCIO	Y	03/31/16	G:REFUGEE OFFICE OF	Y
MUMPS 1	10/04/16	MSD M006544	MMR	NoIns	SC/RA	GARCIA,ROCIO	Y	04/20/12	G:REFUGEE OFFICE OF	Y
POLIO 1	10/04/16	PMC N1A45	IPV	NoIns	SC/RA	GARCIA,ROCIO	Y	07/20/16	G:REFUGEE OFFICE OF	Y
RUBELLA 1	10/04/16	MSD M006544	MMR	NoIns	SC/RA	GARCIA,ROCIO	Y	04/20/12	G:REFUGEE OFFICE OF	Y
VZV 1	10/04/16	MSD M027343	VZV	NoIns	SC/LA	GARCIA,ROCIO	Y	03/13/08	G:REFUGEE OFFICE OF	Y

Varicella: Disease ___/___/_____ **[ ] Parental Recall** **[ ] Physician Documentation**

Date Printed: 10/04/2016

Page 1 of 1

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) a@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/10/02 20:51:35
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person with a verified DOB (b)(6) /1998. She is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/10/02 20:51:25
Delivered Date:	2016/10/02 20:51:35

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
October 2, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 14, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting her date of birth as (b)(6) (b) 1998 upon apprehension by immigration officials with the purpose of misrepresenting herself as a minor.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) could be overage. Case Manager requested a copy of Ms. (b)(6) (b)(6) birth certificate from her mother, Mrs. (b)(6) (b)(6) (b)(6), who resides in (b)(6) Mrs. (b)(6) (b)(6) faxed to the Case Manager a copy of Ms. (b)(6) (b)(6) birth certificate showing a date of birth of (b)(6) 1998 which matched the verbal date of birth provided by Ms. (b)(6) (b)(6) upon apprehension.

Case Manager then proceeded to verify the document with the Guatemalan Consulate. On September 30th, 2016 Case Manager received a verified document with a date of birth of (b)(6) **, 1998** from Guatemalan Consulate representative Wendy Lehr.

Case Manager then provided Ms. (b)(6) (b)(6) an opportunity to explain why her verified birth certificate was showing a different date of birth and Ms. (b)(6) (b)(6) admitted that her correct date of birth is (b)(6) 1998 and not December 6th, 1998.

Ms. (b)(6) (b)(6) and her family are not disputing that they have engaged in the modification of Ms. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Ms. (b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Ms. (b)(6) (b)(6) could be reunited with her sponsor.

Along with this Memo the following documents are submitted:

- Original BC
- Altered BC
- Photograph
- TB Clearance
- Self-Statement.

004338

Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento CORRECTA: (b)(6) DE 1998
Lugar de nacimiento: Guatemala, Huehuetenango, Union Cantinil
Libro (b) Folio (b)(Partida (b)(6)

In accordance with ORR policy FFS Supervisor Ivonne (b)(6) reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for her care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne 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

004339

(b)(6)

Registro Nacional de las Personas

República de Guatemala

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

(b)(6)

VERIFICADOR: (b)(6)

ID:

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Unión Cantinil, departamento de Huehuetenango,

CERTIFICA

que con fecha trece de septiembre de dos mil seis, en la partida (b)(6), folio (b)(6) del libro (b)(del Registro Civil del Municipio de UNIÓN CANTINIL, Departamento de HUEHUETENANGO, quedo inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, Unión Cantinil

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

En RENAP registramos lo más valioso de Guatemala... "su gente"

www.renap.gob.gt

004340

Observaciones:

RAZÓN: La presente se reasentó en base al Decreto 09-2006 del Congreso Nacional de la República de Guatemala

----------ULTIMA LINEA----------

Extendida el día treinta de agosto de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 245
UNION
CANTINIL
HUEHUETENANGO

Doy fe

(b)(6)

Widvin Duglas , Mérida Velásquez
Registrador Civil de las Personas

Este certificado fue impreso el día treinta de agosto de dos mil dieciséis y tiene vigencia de seis meses.

004341

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR (b)(6)
ID

Correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Unión Cantinil, departamento de Huehuetenango,

~~CERTIFICA~~

que con fecha trece de septiembre de dos mil seis, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de UNIÓN CANTINIL, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, Unión Cantinil

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
RAZÓN: La presente se reasentó en base al Decreto 09-2006 del Congreso de la República de Guatemala
RAZON: El titular presento partida No. (b)(6) libro (b)(6) de Chiantla H. Unión Cantinil (b)(6) Firma y sello Registrador Civil.

Extendida el día veintinueve de agosto de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Widvin Duglas , Mérida Velásquez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintinueve de agosto del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

004343

Facility #: ---
004344
Date: Sep 18, 2016
Time: 21:03:04 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1998 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 09/08/2016	
Hepatitis B	Consented	Left Deltoid - 09/15/2016	
Meningicoccal	Consented	Left Deltoid - 09/15/2016	
MMR	Consented	Left Deltoid - 09/15/2016	
Tdap	Consented	Right Deltoid - 09/15/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 09/15/2016	
HPV	Consented	Right Deltoid - 09/15/2016	
IPV	Consented	Left Deltoid - 09/15/2016	

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)(6)/1998
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-254-0390

Final
XR Chest Ap Only

Exam Date & Time: Fri Sep 16, 2016 7:53 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None

TECHNIQUE:
Single AP portable chest radiograph was performed.

FINDINGS:
The heart and mediastinum are within normal limits. No focal infiltrates or radiographic signs
of CHF are seen. The costophrenic angles are clear.

IMPRESSION:
No acute disease. No radiographic evidence of active tuberculosis.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Allan R. Britt, MD

Released By: Allan R. Britt, MD on 9/16/2016 8:59 AM
CC: CELESTE J OLMOS, PA - FAX

004346

(b)(6) (b)(6) (b)(6) (MRN (b)(6))

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W THOMAS RD PHOENIX AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) A.J (b)(6) /SWK Kokopelli
Date:	2017/06/25 17:42:28
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the person listed in the subject line with a verified DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2017/06/25 17:42:27
Delivered Date:	2017/06/25 17:42:28

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 25, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Kokopelli

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) A# (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Kokopelli on June 21, 2017 as a juvenile as a result of misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Upon initial assessment and interview conducted by assigned Case Manager, (b)(6), and while reviewing Mr. (b)(6) (b)(6) 's file it became apparent to the assigned Case Manager that Mr. (b)(6) (b)(6) could be overage. Case Manager contacted father in Guatemala who faxed a copy of the birth certificate for his son with a date of birth of (b)(6) **1998**.

On June 24, ORR verified the provided document with the RENAP website which returned as a match with the document provided by Mr. (b)(6) (b)(6) family. The verified document contains a picture matching the individual placed in ORR custody. The document shows a name of (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **1998**.

Case Manager provided Mr. (b)(6) (b)(6) an opportunity to explain why he provided a different date of birth to immigration officials and he stated that he believed his year of birth was 1999. Mr. (b)(6) (b)(6) reviewed the verified document and stated that the document was his birth certificate.

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID

Correlativo: I0000533323062017

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Pedro Necta, departamento de Huehuetenango,

CERTIFICA

que con fecha diecisiete de noviembre de mil novecientos noventa y ocho, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de SAN PEDRO NECTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, San Pedro Necta

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6) (b)(6) (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

86849386B0550CE5C32C0543281D1DD488081D25

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintitrés de junio de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Catarina , Recinos Ramírez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintitres de junio del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: ---

Date: Jun 24, 2017

Time: 12:27:10 MT

Casa Kokopelli Mesa

Immunization Report

Facility Code: ---

User: (b)(6)

Resident: (b)(6) Date Range: 06/01/2017 - 06/30/2017

004351

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 06/23/2017	
Hepatitis A	Consented	Left Deltoid - 06/23/2017	
Hepatitis B	Consented	Left Deltoid - 06/23/2017	
Influenza	Consented	Right Deltoid - 06/23/2017	
Meningicoccal	Consented	Left Deltoid - 06/23/2017	
MMR	Consented	Left Deltoid - 06/23/2017	
IPV	Consented	Right Deltoid - 06/23/2017	
Tdap	Consented	Right Deltoid - 06/23/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 06/23/2017	

004352

PACIFIC MOBILE diagnostics 87
PMDXRAY.com

Pacific Mobile Diagnostics, Inc.
615 East Palo Verde Drive
Phoenix, AZ 85012
Phone: (602) 249-4790
FAX: (602) 241-1711

FINAL

PATIENT: (b)(6) (b)(6) (b)(6) DOB: (b)(6)
PATIENT ID: ABR111499 DOS: 6/23/2017 2:27:21 PM
PHYSICIAN: RAVI, SANDHYA
LOCATION: CASA KOKOPELLI
EXAM(S): CHEST
REASON: ANNUAL TB

PORTABLE CHEST:
The single view of the chest shows no infiltrate, effusion or mass. The heart size is normal, and the pulmonary vascular flow pattern is physiologic. The sulci are clear. The bony structures are intact and free of obvious metastatic disease. There are no findings of active tuberculosis.

CONCLUSION:
1. Negative chest.
2. No radiographic evidence of active tuberculosis.

Signed by MCCLELLAN, ROGER MD at 6/23/2017 5:34:00 PM

T: AHP

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6 (b)(6) AKA (b)(6 (b)(6) (b)((b)(6 (b)(6) /SWK CASA PHOENIX
Date:	2017/02/01 12:45:34
Priority:	Normal
Type:	Note

Good morning,

Attached please find a memo of age redetermination for the above listed individual with a verified DOB (b)(6) /1997.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/02/01 12:45:28
Delivered Date:	2017/02/01 12:45:34

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
February 1, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)
AKA (b)(6) (b)(6) (b)(6 A# (b)(6)

Mr. (b)(6 (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on January 22, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what Mr. (b)(6) (b)(6) and his family have now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, to whom it became apparent that Mr. (b)(6) (b)(6) could be over age. Case Manager then proceeded to ask Mr. (b)(6) (b)(6) for his siblings' names. Mr. (b)(6) (b)(6) complied and began listing his siblings' names, one of which was identical to his own. As of a result of a possible discrepancy, Case Manager asked him why he and his 15 year old brother had the same name and date of birth. Mr. (b)(6) (b)(6) then proceeded to confirm his real identity: (b)(6) (b)(6) (b)(6) (b)(6) **born on** (b)(6) **1997.** Mr. (b)(6) (b)(6) will be hereinafter referred to as Mr. (b)(6) (b)(6) (b)(6) (b)(6) in this document.

Case manager contacted Mr. (b)(6) (b)(6) family in Guatemala and they confirmed that Mr. (b)(6) (b)(6) (b)(6) (b)(6) is his true identity. Case Manger requested Mr. (b)(6) (b)(6) birth certificate to continue with the age- redetermination process.

On January 31, 2017 Case Manager received true birth certificate of Mr. (b)(6) (b)(6) The birth certificate had the name of (b)(6) (b)(6) (b)(6) (b)(6) **and date of birth of** (b)(6) **1997**. The document was verified by the Phoenix Guatemalan Consulate.

Case Manager provided then an opportunity to Mr. (b)(6) (b)(6) to explain why he took the identity of Mr. (b)(6) (b)(6) (b)(6) Mr. (b)(6) (b)(6) reported that he wanted to come to the U.S to provide a better future for his family in Guatemala, therefore, he presented himself as a minor because he believed he would be released from immigration to a family member in the U.S.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Mr. (b)(6 (b)(6) (b)(6) (b)(6) including his birth certificate indicating a correct date of birth of (b)(6) **1997**, his own retraction stating he took the identity of a younger half-sibling. Furthermore, Mr. (b)(6) (b)(6) admitted he is 19 years old. FFS agrees that there is sufficient evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- BC for correct identity
- Immunization records
- Statement

In accordance with ORR policy and procedures (b)(6 (b)(6) (b)(6) AKA (b)(6 (b)(6) (b)(6) (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.02.01 10:28:16 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004356

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Sibinal, departamento de San Marcos,

CERTIFICA

que con fecha seis de octubre de mil novecientos noventa y siete, en la partida (b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de SIBINAL, Departamento de SAN MARCOS, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y siete

Fecha de nacimiento

Guatemala, San Marcos, Sibinal

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 316 SIBINAL SAN MARCOS

004357

Observaciones
Razón: Al margen de libro, Se lee la razón por reconocimiento. Arto. 426 del Código Civil. Conste, Sibinal 24-08-1998

Extendida el día diecinueve de julio de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

004358

(b)(6)

Facility #: --- 004359

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jan 24, 2017

Immunization Report

User: (b)(6)

Time: 19:37:24 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 01/01/2017 - 01/31/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6)/2001 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 01/24/2017	
Hepatitis B	Consented	- - 01/24/2017	
HPV	Consented	- - 01/24/2017	
Influenza	Consented	- - 01/24/2017	
IPV	Consented	- - 01/24/2017	
Meningicoccal	Consented	- - 01/24/2017	
MMR	Consented	- - 01/24/2017	
Tdap	Consented	- - 01/24/2017	
Varicella (chicken pox)	Consented	- - 01/24/2017	

(b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) 01
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Tue Jan 24, 2017 7:57 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for routine child health examination without abnormal findings

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession # (b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

(b)(6)

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

(b)(6), (b)(6) (MRN (b)(6))

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 1/24/2017 8:28 AM
CC: SWK - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	2601 E Roosevelt St Phoenix AZ 85008		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT AGE REDETERMINATION Pair mother-child (b)((b)(6) (b)(6) (b)(6) (b)(6) & (b)(6) (b)((b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/10/06 01:04:11
Priority:	Urgent
Type:	Note

Good evening/morning,

The pair mother/son (b)(6) (b)(6) (b)(6 (b)(6) and (b)(6) (b)(6) (b)(6) (b)(6 were placed in ORR care at SWK Casa Phoenix on 09/16/2016. The mom has been determined to be an adult with a verified DOB (b)(6) /1997. They were seeking reunification with the mother of Ms. (b)(6 (b)(6) partner, Mrs. (b)(6), who resides in (b)(6).
The father of the baby, (b)(6) (b)(6) (b)(6) (b)(6) may reside as well in (b)(this was not confirmed.

The pair mother/baby are part of the UC exposed to (b)(Mother has been cleared and baby had initially a diagnosis of (b)(6) and was discharged from the hospital on (b)(6) /16. He is taking (b)(for the (b)(6) and has no current meds for the diagnosis of (b)(6) as he has recuperated. He was however exposed to (b) and the following is the information provided by Maricopa County attending physician:

(b)(6)

Below please find the contact information for the person expecting their arrival (I also attached a copy of her Honduran Passport and proof of address):

(b)(6)

Please let us know if anything else is needed for their transfer to your custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/10/06 01:04:04
Delivered Date:	2016/10/06 01:04:11

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 6, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 16, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting her date of birth as (b)(6) 1998 to apprehension immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Ms. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Ms. (b)(6) (b)(6) birth certificate from her mother in law, Mrs. (b)(6) (b)(6)

On October 3, 2016 Mrs. (b)(6) (b)(6) emailed a copy of her daughter in law's certificate to the Case Manager with a date of birth of (b)(6) 1997. Case Manager then proceeded to send the document for verification by the Honduras Consulate which then verified Ms. (b)(6) (b)(6) birth certificate on October 4, 2016 with a valid date of birth of (b)(6) **1997** instead of (b)(6) 1998. As an additional proof of identity the Honduran Consulate provided also a Honduran governmental id with her picture and fingerprint.

Case Manager, (b)(6), provided then an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate and her verbal statement that her date of birth is (b)(6) 1998. Ms. (b)(6) (b)(6) reported that she believes her date of birth to be (b)(6) 1998.

Case Manager (b)(6) contacted Mrs. (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her daughter in law placed her as an adult. Mrs (b)(6) (b)(6) reported she requested all the documents from Honduras and they informed (b)(6) (b)(6) (b)(6) (b)(6) date of birth is (b)(6) 1998, but when she received the document she noticed that the formal document reflected a DOB of (b)(6) 1997. Mrs. (b)(6) (b)(6) reported she sent the document she received from the Honduras "Registro Nacional de Personas" and that she does not know what is the correct date of birth of (b)(6) (b)(6) (b)(6) (b)(6)

The consulate verified that the document is a true document and that the true date of birth of (b)(6) (b)(6) (b)(6) (b)(6) is (b)(6) 1997 and I agreed that there is sufficient strong evidence to indicate that Ms. (b)(6) (b)(6) is over 18 years of age.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Photograph
- TB Clearance
- Honduras ID

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6 (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velasquez, LCSW
Federal States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina; se encuentra el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6) del Año 1998 y que pertenece a:

Número de Identidad

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

SEXO F [X] M [ ]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) DISTRITO CENTRAL Municipio

b) FRANCISCO MORAZÁN Departamento

c) HONDURAS País

d) (b)(6) Día

e) (b)(6) Mes

f) (b)(6) Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

d) (b)(6) Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

a) (b)(6) Primer Apellido

b) (b)(6) Segundo Apellido

c) (b)(6) Nombre

d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

(b)(6)

Extendida en DISTRITO CENTRAL Municipio FRANCISCO MORAZÁN Departamento

a los: VEINTISEIS días del mes de AGOSTO

del DOS MIL DIECISEIS

FIRMA Y SELLO DEL REGISTRADOR CIVIL

004367

REPUBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
TARJETA DE IDENTIDAD

(b)(6)

(b)(6)

(b)(6)

(b)(6)

HONDUREÑA POR : NACIMIENTO

NACIO EL : (b)(6) 1997

SEXO : FEMENINO

EMITIDA EL (b)(6) 2016

(b)(6)

(b)(6)

(b)(6)

004368

ARTICULO 91 LEY DEL REGISTRO NACIONAL DE LAS PERSONAS: Ninguna Autoridad o persona particular, podrá privar a una persona de la tenencia de su Tarjeta de Identidad. ... La Infracción de la disposición de este artículo dará lugar a la sanción penal correspondiente.

(b)(6)

(b)(6)

004369

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) (b)(6) sexo **FEMENINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***DISTRITO CENTRAL*** **b)** ***FRANCISCO MORAZÁN*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** (b)(6)
dia *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

4.) notas marginales autorizadas:

(b)(6)

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***CUATRO*** dias del mes de ***OCTUBRE***

del dos mil ***DIECISEIS***

(b)(6)

C0801197303448
172.20.1.1

firma y sello del registrador civil municipal

\4$F[7Ye[8T@D3Vh+]m9zWT@9w2rGea9sBkcDSAKN[acXq@de0@zkSr$@o@Q@qTN7/MfgbQ/+xuI9z@U@JaFsLM93Sr4BpFCxGVy@cftra9@Xje4@O$/w\gF /rbEK g

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: **0801199800210**

Nombre identificación: (b)(6) (b)(6) / (b)(6) (b)(6)

Nombre Registro Civil: (b)(6) (b)(6) / (b)(6) (b)(6)

Sexo: **FEMENINO**

Fecha nacimiento: (b)(6) **1997**

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación:

Lugar de solicitud:

(b)(6)

Facility #: --- 004371 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Sep 20, 2016 | Immunization Report | User: (b)(6)

Time: 14:14:15 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (22161) **Consent Status:** All **Date Range:** 09/01/2016 - 09/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1998 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Hepatitis B	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Influenza	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Tdap	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Varicella (chicken pox)	Consented	Right Deltoid Rita Ramirez 09/19/2016	
HPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
IPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Meningicoccal	Consented	Left Deltoid Rita Ramirez 09/19/2016	
MMR	Consented	Left Deltoid Rita Ramirez 09/19/2016	

Sobre la hospitalizacion de su hijo/a

Su hijo/a fue admitido/a el: (b)(6)

El tratamiento más reciente a su hijo/a fue el: (b)(6)
Medical Center Pediatric Intensive Care

Le dieron de alta a su hijo/a el: (b)(6)

Por que fue ingresado su hijo/a

La diagnosis primaria de su hijo/a es: No está archivado/a
La diagnosis de su hijo/a también incluye: Trouble Breathing, Bronchiolitis, Respiratory Insufficiency, Anemia

Personal medico que le ha tratado durante su estancia

Personal Médico
Zola N Trotter, MD
Suresh Lal, MD

Alergias

A partir del: 10/2/2016

No Known Allergies

Current Weight

	Most Recent Value
Weight	(b)(6)

Vacunas

Administradas en esta admisión:

No hay ninguna vacuna archivada.

Length of Stay

Actual
3 days

More information (continued)

(b)(6)

Medicamentos:

(b)(6)

Facility #: ---
004374
Date: Sep 19, 2016
Time: 20:23:56 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 09/01/2016 - 09/30/2016**
Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **DOB:** (b)(6) **/2015 - Sex: M**

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	Left Thigh Rita Ramirez 09/19/2016	
Hepatitis A	Consented	Left Thigh Rita Ramirez 09/19/2016	
Diphtheria	Consented	Left Thigh Rita Ramirez 09/19/2016	
Influenza	Consented	Right Thigh Rita Ramirez 09/19/2016	
Pneumovax Dose 1	Consented	Right Thigh Rita Ramirez 09/19/2016	
Varicella (chicken pox)	Consented	Left Thigh Rita Ramirez 09/19/2016	
IPV	Consented	Left Thigh Rita Ramirez 09/19/2016	
MMR	Consented	Right Thigh Rita Ramirez 09/19/2016	
Hib	Consented	Right Thigh Rita Ramirez 09/19/2016	

004375

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

Nº (b)(6)

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina; se encuentra el acta de nacimiento número: (b)(6) *Número de Identidad* ubicada en el folio (b)(6) del tomo (b)(6) del Año **2015** y que pertenece a:

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

SEXO F [ ] M [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) ***DISTRITO CENTRAL*** Municipio

b) ***FRANCISCO MORAZÁN*** Departamento

c) ***HONDURAS*** País

d) (b)(6) Día

e) (b)(6) Mes

f) ***2015*** Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre: ***N. Identidad:*** (b)(6)

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre: ***N. Identidad: 0801-1998-00210***

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en ***DISTRITO CENTRAL*** Municipio ***FRANCISCO MORAZÁN*** Departamento

a los: ***TRECE*** días del mes de ***JULIO***

del DOS MIL ***DIECISEIS***

(b)(6)

FIRMA Y SELLO DEL REGISTRADOR CIVIL

004376

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 09/21/2016 14:46 **Location:** (b)(6)

Initial Admission: 09/19/2016 **Admission:** 09/19/2016 **A#:** (b)(6)

Date of Birth: (b)(6) /2015 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6)

b.Telephone:

(b)(6)

2. Date of visit

09/22/2016

3. Name of program staff with child

(b)(6)

4. Program Name

Southwest Key Program-Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied

09/22/2016

2. Date Read

09/24/2016

3. Result in mm

0

4. Interpretation

- a. Positive
- b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn

6. Test type

- a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
- b. T-SPOT TB test (T-Spot)

7. Results:

- a. Positive
- b. Negative
- c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

004377

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

10. TB Determination

- [x] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

(b)(6)

004378

(b)(6)

(b)(6)

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0030

SB

Notice	(b)(6)
Tax Year	
Notice date	
Social Security numbe	
To contact us	Phone 1-800-829-8374
Your Caller ID	(b)(6)

Page 1 of 4

013789.365794.326020.11335 2 AT 0.406 1134

013789

(b)(6)

(b)(6)

Time Warner Cable

3650 W MLK, LOS ANGELES CA 90008-1700
8448 3000 NO RP 01 09022016 NNNNNYNN 01 001501 0005

(b)(6)

(b)(6)

Payment due date
Sep 12, 2016

Account number
(b)(6)
Please write your account number on your check.

Please enclose this coupon with your payment.

**Please allow 7-10 days for delivery and payment processing. See reverse side for more convenient payment options.

Total amount due
[redacted]

Amount enclosed

TIME WARNER CABLE
PO BOX 60074
CITY OF INDUSTRY CA 91716-0074

84483007366577080010450 5

Taxes, fees and surcharges are subject to change

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)((b)(6) CASA PHOENIX
Date:	2017/07/27 16:49:32
Priority:	Urgent
Type:	Note

Good afternoon,

The person listed in the subject line has a verified DOB (b)(6) 1999.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2017/07/27 16:49:26
Delivered Date:	2017/07/27 16:49:32

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 27, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with SWK Casa Phoenix on July 11, 2017 as a juvenile as a result of Ms. (b)(6) (b)(6) misreporting her date of birth as (b)(6), 1999 upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it was not apparent that she was overage. Case Manager requested a copy of Ms. (b)(6) (b)(6) (b)(6) birth certificate from her father, Mr. (b)(6) (b)(6) (b)(6) in (b)(6) On July 19, 2017 Mr. (b)(6) (b)(6) (b)(6) provided a copy of his daughter (b)(6) birth certificate to the Case Manager who proceeded to verify the document with the Guatemalan RENAP website.

On July 26, 2017 Case Manager retrieved a copy of the verified birth certificate from the RENAP website which returned with a date of birth of (b)(6) **1999**. The Case Manager then forwarded the document to the Phoenix Guatemalan Consulate for further verification.

On July 27, 2017 ORR received a formal verification of the birth certificate from Consular Assistant, Ms. (b)(6) from the Guatemalan Phoenix Consulate, corroborating that the document presented by Ms. (b)(6) (b)(6) (b)(6) father is an altered document. The Consulate verified that the correct date of birth of (b)(6) (b)(6) (b)(6) is (b)(6) **1999**.

Case Manager spoke with Ms. (b)(6) (b)(6) father and maternal aunt who both denied knowing anything about the birth certificate being altered. Case Manager then met with Ms. (b)(6) (b)(6) (b)(6) who stated that she was not aware that her birth certificate was altered and that she believed that she was born on (b)(6) 1999.

Along with this Memo ORR is submitting the following documents:

- Altered Birth Certificate
- Verified Birth Certificate
- Photograph of Ms. (b)(6) (b)(6) (b)(6)
- TB Clearance
- Immunization Records
- Consular verification of DOB

In accordance with ORR policy and in view of the new information demonstrating that Ms. (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.27 13:24:45 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004383

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-07-26

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	12/04/1999

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	SAN MATEO IXTATÁN

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6) (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6) (b)(6) (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

Firma cónsul u operador

004384

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Mateo Ixtatán, departamento de Huehuetenango,

CERTIFICA

que con fecha **diez de octubre** de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de SAN MATEO IXTATÁN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Huehuetenango, San Mateo Ixtatán

Lugar de nacimiento

Femenino

Género

Datos de la madre

- (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día diez de julio de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 339 SAN MATEO IXTATAN, HUEHUETENANGO

Juana , Gómez López
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diez de julio del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004386

(b)(6) (b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6), (b)(6)
DOB: (b)(6) 1999
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-396-7601

Final
XR CHEST AP ONLY

Exam Date & Time: Thu Jul 13, 2017 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

Normal · MQR

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence for active granulomatous/fungal
disease.

NOTE:
Report dictated by resident, Cody Larson MD, 10626. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

004387

(b)(6) (b)(6) (b)(6) (MRN (b)(6))

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD
Cody R Larson, MD

Released By: Daniel G. Gridley, MD on 7/13/2017 12:14 PM
CC: SW KEYS KIDS - FAX

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	Phoenix AZ 85008		

Resident: (b)(6) (b)(6) (b)(6) (51211) **Consent Status:** All **Date Range:** 07/01/2017 - 07/31/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (51211) - Zone A 415 2 - DOB: 10/01/1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 07/12/2017	
Hepatitis B	Consented	Left Deltoid - 07/12/2017	
MMR	Consented	Left Deltoid - 07/12/2017	
Meningicoccal	Consented	Left Deltoid - 07/12/2017	
Tdap	Consented	Right Deltoid - 07/12/2017	
HPV	Consented	Right Deltoid - 07/12/2017	
IPV	Consented	Right Deltoid - 07/12/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 07/12/2017	
TB 1 Step Mantoux (PPD)	Consented	Left Forearm - 07/12/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2017/07/21 11:20:05
Priority:	Urgent
Type:	Note

Good morning,

The individual listed in the subject line has a verified DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2017/07/21 11:20:00
Delivered Date:	2017/07/21 11:20:05

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 www.acf.hhs.gov

Memo of Age Determination
July 21, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on July 17, 2017 as a juvenile as a result of Ms. (b)(6) (b)(6) misreporting her date of birth as (b)(6), 2000 following her apprehension by immigration authorities.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6), to whom it became immediately apparent that Ms. (b)(6) (b)(6) appeared to be overage. Case Manager then requested her birth certificate from her father (b)(6) (b)(6) (b)(6)

On July 19, 2017 Case Manager received a copy of the birth certificate of Ms. (b)(6) (b)(6) with date of birth of (b)(6) **1999**. Case Manager proceeded to verify the birth certificate on the Guatemalan RENAP website, which revealed that the date of birth in the document is (b)(6), **1998**.

Case Manager then met with Ms. (b)(6) (b)(6) who stated that she had no idea what her date of birth was. She did not know if her parents had altered her birth certificate, but stated that she was told by her parents that she was 17 years old. Case Manager then spoke with father Jose (b)(6) (b)(6) and prospective sponsor (b)(6) who both denied knowing anything about the birth certificate being altered.

Case manager then sent the birth certificate to be verified by the Phoenix Guatemalan Consulate. The birth certificate was verified by Consular Assistant Gabriela Franco from the Phoenix Guatemalan Consulate who informed ORR that the correct date of birth of (b)(6) (b)(6) (b)(6) is (b)(6) **1998**.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by Guatemalan consulate and agrees that Ms. (b)(6) (b)(6) is an adult with a date of birth (b)(6), **1998.**

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verified BC
- Photograph
- Immunizations
- TB clearance
- Consulate Verification of DOB

In accordance with ORR policy and in view of the new information demonstrating that Ms. (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.21 07:36:03 -07'00'

Myriam Hillin, MA-MSPC Federal
Field Specialist Division of
Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Santa Ana Huista, departamento de Huehuetenango,

CERTIFICA

que con fecha dieciséis de noviembre de mil novecientos noventa y nueve en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Huehuetenango, Concepción Huista

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos de la madre

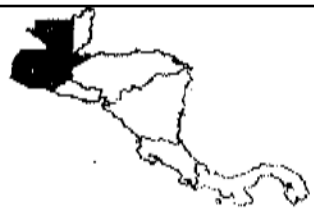
(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)



Datos del padre

(b)(6)

Código Único de Identificación (CUI)

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 248
SANTA ANA HUISTA
HUEHUETEN

(b)(6)

Observaciones

(b)(6)

Extendida el día diecisiete de julio de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 248 SANTA ANA HUISTA, HUEHUETENANGO

Rosa Teudicely , Jerónimo Ordóñez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecisiete de julio del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004394

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Santa Ana Huista, departamento de Huehuetenango,

CERTIFICA

que con fecha dieciséis de noviembre de mil novecientos noventa y ocho, en la partida (b)(, folio (b)(6 del libro (b)(6) del Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, Concepción Huista

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Código Único de Identificación (CUI)

-(b)(6) , (b)(6) (b)(6)

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Datos del padre

(b)(6)

Código Único de Identificación (CUI)

- (b)(, (b)(6) (b)(6)

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

(b)(6)

Extendida el día diecisiete de julio de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Rosa Teudicely , Jerónimo Ordóñez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecisiete de julio del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004396

(b)(6) (b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: (b)/00
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-396-7509

Final
XR CHEST AP ONLY

Exam Date & Time: Wed Jul 19, 2017 (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

Accession #: (b)(6)

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
No acute cardiopulmonary disease. No radiographic evidence for active granulomatous/fungal
disease.

NOTE:
Report dictated by resident, Cody Larson MD, 10626. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Poya Hedayati, MD
Cody R Larson, MD

Released By: Poya Hedayati, MD on 7/19/2017 10:10 AM

Printed by (b)(6)

004397

(b)(6) (b)(6) (b)(6) (MRN 0103698759)

CC: SW KEYS KIDS - FAX

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:	602-344-5011	**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	Phoenix AZ 85008		

Printed by NECOECHEA, HORACIO [975]

Facility #: --- 004398 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Jul 20, 2017 | Immunization Report | User: (b)(6)

Time: 12:22:24 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 07/01/2017 - 07/31/2017**

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - Zone A 419 2 - DOB: (b)(6) /2000 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 07/19/2017	
Hepatitis B	Consented	Left Deltoid - 07/19/2017	
MMR	Consented	Left Deltoid - 07/19/2017	
Meningicoccal	Consented	Left Deltoid - 07/19/2017	
IPV	Consented	Right Deltoid - 07/19/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 07/19/2017	
Tdap	Consented	Right Deltoid - 07/19/2017	
HPV	Consented	Right Deltoid - 07/19/2017	

004399

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-07-19

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre: (b)(6)

Segundo Nombre:

Tercer Nombre:

Primer Apellido: (b)(6)

Segundo Apellido: (b)(6)

Apellido Casada:

CUI: (b)(6)

ID Partida: (b)(6)

Sexo: FEMENINO

Fecha de Nacimiento: (b)(6)/1998

País, departamento y municipio de nacimiento:

GUATEMALA | HUEHUETENANGO | CONCEPCIÓN HUISTA

Libro: (b)(6)

Folio: (b)(6)

Partida: (b)(6)

Estado civil: SOLTERO

Teléfono casa:

Teléfono celular: (b)(6)

Teléfono trabajo:

Correo electrónico:

Nombre Usual:

Identificación de Persona chip:

Pueblo:

No. Inscripción: (b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA | ARIZONA | PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es 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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)((b (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/12/01 22:09:25
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to have a correct DOB (b)(6) /1998. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	(b)(6)	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/12/01 22:09:20
Delivered Date:	2016/12/01 22:09:25

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 1, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b) was transferred to and placed in HHS ORR care on October 28, 2016 as a juvenile as a result of Mr. (b)(6) (b) knowingly providing a false birth certificate with a date of birth of (b)(6), 2000 to apprehending officials.

Following placement in ORR care Mr. (b)(6) (b) was interviewed by assigned Case Manager (b)(6), who on December 1, 2016 verified the birth certificate, that Mr. (b)(6) (b) brought with him upon admission, on the official RENAP. The verification of the document revealed that the date of birth for the document is (b)(6), **1998**.

Case Manager provided an opportunity for Mr. (b)(6) (b) to explain the discrepancy between the birth certificate he provided and the RENAP results and Mr. (b)(6) (b) stated that he never knew his date of birth prior to coming to the United States and he was told by his father that his date of birth was (b)(6), 2000.

Case manager spoke to father in home country who denied that his son was born (b)(6), 1998 and maintained that his son was born in 2000.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Mr. (b)(6) (b)(6) (b) and FFS agrees that the individual in question is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- RENAP Verified birth certifícate
- Photograph
- TB clearance
- Immunizations

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004404

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Totonicapán, departamento de Totonicapan,

CERTIFICA

que con fecha dieciséis de septiembre de mil novecientos noventa y ocho, en la partida (b)(6) folio (b)(del libro (b)(del Registro Civil del Municipio de TOTONICAPÁN, Departamento de TOTONICAPAN, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Totonicapan, Totonicapán

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) (b) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) (b)(6) (b) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

(b)(6)

Extendida el día veintiocho de octubre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Francisco Javier Mencos Ochoa

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veintiocho de octubre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

RENAP

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Totonicapán, departamento de Totonicapan,

CERTIFICA

que con fecha dieciséis de septiembre del dos mil en la partida (b)(, folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de TOTONICAPÁN, Departamento de TOTONICAPAN, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) del dos mil

Fecha de nacimiento

Guatemala, Totonicapan, Totonicapán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Fotografía no disponible

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

(b)(6) (b)(6

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

(b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6) /00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Mon Oct 31, 2016 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #1(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are within
normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Pejman Hedayati, MD

Released By: Pejman Hedayati, MD on 10/31/2016 6:01 PM
CC: SW KEYS KIDS - FAX

(b)(6) (b)(6) (MRN (b)(6)

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:	602-685-3100	**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	No address on file		

Facility #: --- 004409

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Nov 2, 2016

Immunization Report

User: (b)(6)

Time: 10:33:01 MT

Resident: (b)(6) (b)((b)(6) (b)(6) Date Range: 10/1/2016 - 11/30/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b) (b)(6) (b)(6) - DOB: (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
MMR	Consented	Left Deltoid - 10/31/2016	
Tdap	Consented	Right Deltoid - 10/31/2016	
IPV	Consented	Right Deltoid - 10/31/2016	
Hepatitis A	Consented	Left Deltoid - 10/31/2016	
Influenza	Consented	Right Deltoid - 10/31/2016	
HPV	Consented	Right Deltoid - 10/31/2016	
Meningicoccal	Consented	Left Deltoid - 10/31/2016	
Hepatitis B	Consented	Left Deltoid - 10/31/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 10/31/2016	

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; '(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)((b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/12/30 16:49:20
Priority:	Urgent
Type:	Note

I am resending this email to include a copy of the correct BC that family just provided.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Friday, December 30, 2016 2:37 PM
To: PHO, Juv Placement; Phoenix, Juvenile
Cc: Velazquez, Ivonne (ACF); Buriel, Celestina (ACF) (CTR); (b)(6) ; Maria Rios
Subject: ADULT AGE REDETERMINATION (b)(6) (b)(6 (b)(6) (b)(6) (b)(6) CASA PHOENIX
Importance: High

Good afternoon,

The person listed in the subject line has a correct verified DOB of (b)(6) /1995.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2016/12/30 16:49:15
Delivered Date:	2016/12/30 16:49:20
From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Subject:	Consular verification (b)(6)
Date:	2016/12/30 16:31:50
Priority:	Normal
Type:	Note

From: CONSULADO GUATEMALA PHOENIX
Sent: Friday, December 30, 2016 8:52 AM
Subject: Re: Verificacion de Actas - Caso de los Hermanos (b)(6) (b)(6) (SWK Casa Phoenix)

2. Datos NO coinciden con RENAP
(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento (b)(6) 1995
- No se pudo sacar constancia, se mando el certificado al cede central en Guatemala y me confirmaron que la fecha no esta corecta en el acta de nacimiento y mandaron la fecha corecta que es (b)(6) 1995.

(b)(6)
Asistente en Proteccion Consular
Consulado General de Guatemala
Phoenix, Arizona

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"
Sent Date:	2016/12/30 16:31:50

MUNICIPALIDAD DE
ZACUALPA, DEPTO. DE EL QUICHE:
República de Guatemala, C. A.

CERTIFICACION DE NACIMIENTO:

EL INFRASCRITO REGISTRADOR CIVIL DEL MUNICIPIO DE ZACUALPA, DEL DEPARTAMENTO DE EL QUICHÉ:

C E R T I F I C A :

Que para el efecto tiene a la vista el libro de Nacimiento No. (b)(6)
en el cual a folio (s) No. (b)(6) se encuentra la Partida No. (b)(6)
en donde consta que: (b)(6)
nació el (b)(6) DE MIL NOVECIENTOS NOVENTA Y CINCO (b)(6)
(b)(6) de 1,995) a las ocho horas cuarenta y cinco minutos, ——
en (b)(6) hij a de (b)(6)
originario de este Municipio.
y de Marcela Ruiz Coj.-
originaria de este Municipio.
FIRMARON LA PARTIDA: (fs) L.Molina R.——Registrador——sello.——
Moisés Gómez Quino.
ANOTACIONES:

N I N G U N A:

Timbre Fiscal
Exento Dto. 37-92.
Congreso Nacional

Y, para los usos legales que a la parte interesada convengan, se extiende la presente en Zacualpa, a los trece días del mes de febrero del año dos mil tres.-

HONORARIOS DE LEY:

(b)(6)

REGISTRO CIVIL
Corina Mauricio de Mota.-

* * * * * * * * * * * * * * * *

COPIÓ Y CONFRONTÓ

12-30-'16 15:19 DE- COMERCIAL EL AMIGO 7736609 T-026 P0001 F-091

004414

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Rowland-Dunn, Caroline (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e8bbc4d845ba413980c171020e6955b2-Rowland-Dun>"; (b)(6) @swkey.org>"; (b)(6) <mcoates@swkey.org>"; (b)(6) <cecilia.medrano@swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) (b)(6) (b)(6)
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) SWK SOL
Date:	2016/12/23 15:52:53
Priority:	Urgent
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the person listed in the subject line who has been determined to be (b)(6) (b)(6) (b)(6) with a correct DOB (b)(6) /1993.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Rowland-Dunn, Caroline (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e8bbc4d845ba413980c171020e6955b2-Rowland-Dun>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"
Sent Date:	2016/12/23 15:52:48

Delivered Date:	2016/12/23 15:52:53

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA SOL

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA (b)(6) (b)(6) (b)(6) **DOB** (b)(6) **/1993**

Ms. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Casa Sol on December 13, 2016 as a juvenile as a result of knowingly providing to apprehending officials a name and date of birth different from what she has now revealed to be her real identity with the purpose of misrepresenting herself as a minor.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6), who proceeded to contact her reported mother (b)(6) (b)(6) residing in the US. Ms. (b)(6) (b)(6) provided the Case Manager with a document purportedly of her daughter (b)(6) (b)(6) (b)(6) with DOB (b)(6), 1999.

Case Manager submitted the document for verification with the Guatemalan Consulate which informed ORR that the documented provided by Ms. (b)(6) (b)(6) is a fraudulent document and that the correct name for the person in ORR care is (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **, 1993**.

Case Manager provided an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between what the consulate provided as to the correct identity for the individual placed in ORR care and the document she submitted on her behalf and Ms. (b)(6) (b)(6) acknowledged that she is not the mother of the (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) and that she offered to assist the family with family reunification by altering the birth certificate of (b)(6) to indicate that she is the daughter of (b)(6) (b)(6) and a minor.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Guatemalan Consulate and Case Manager for Ms. (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) and her own retraction of her first provided incorrect name and date of birth including admitting that she is 23 years old and that she, her family in Guatemala and friend in the US, all have carried out a scheme to take a different identity with the purpose of misleading authorities to believe she was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Consular Documentation of true identity (b)(6) (b)(6) (b)(6)
- Immunization Records
- Medical Clearance
- Altered document

In accordance with ORR policy the documentation for this individual was reviewed indicating that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) is 23 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.23 13:43:26 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004419

Re: Verificación para (b)(6) (b)(6) (b)(6) A#(b)(6) (SWK Sol)

CONSULADO GUATEMALA PHOENIX <consguateazuac@gmail.com>

Fri 12/23/2016 10:51 AM

To:Rowland-Dunn, Caroline (ACF) (CTR) <Caroline.Rowland-Dunn@acf.hhs.gov>;

Estimada Caroline,

Respetuosamente me dirijo a usted a confirmar que el acta de nacimiento esta alterada. No pude sacar constancia con el acta alterada, se lo mande al sede central para una verificacion y mandaron los datos corectos, que son los siguientes:

(b)(6) (b)(6) (b)(6)
Fecha de Nacimiento: (b)(6) 1993
Hija de (b)(6) (b)(6)
Libro (b)(Folio (b)(Partida (b)(6

Atentamente,

Briseyda Mateo
Asistente en Proteccion Consular
Consulado General de Guatemala
Phoenix, Arizona

2016-12-21 17:24 GMT-07:00 Rowland-Dunn, Caroline (ACF) (CTR) <Caroline.Rowland-Dunn@acf.hhs.gov>:

> Estimada Cónsul (b)(6)
>
> Solicitamos la asistencia del Consulado de Guatemala en verificar el certificado de nacimiento para el cliente (b)(6) (b)(6) (b)(6) (b)(6) copia de la acta de nacimiento y foto del cliente para su análisis.
>
> Agradecemos su ayuda y tiempo con este caso.
>
> (b)(6)

004420

Saludos Cordiales,

Caroline Rowland-Dunn

Contract Field Specialist / Senior Assistant (CTR)

U.S. Department of Health and Human Services

Division of Children Services

Office of Refugee Resettlement

Seattle, WA.

(b)(6) (work cell)

caroline.rowland-dunn@acf.hhs.gov

004421

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Joyabaj, departamento de Quiche,

CERTIFICA

que con fecha trece de agosto de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de JOYABAJ, Departamento de QUICHÉ, quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

(b)(6)

Lugar de nacimiento

FEMENINO

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

06/08/2015 08:59 77559005 LIB SAGRADO CORAZO PAGE 01
RECIBIDO 12/07/2016 11:12AM 4012720155 EMB BELLA VISTA

004422

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veintiocho de octubre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Audelina del Rosario , Vega Santos
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso en papel bond el día veintiocho de octubre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

06/08/2015 09:02 77559805 LIB SAGRADO CORAZO PAGE 01
RECIBIDO 12/07/2016 11:15AM 4012720155 EMB BELLA VISTA

oxford.
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) /1999
Collection Date/Time: 12/14/2016 (b)(6)

Provider: (b)(6)
Location: SWK-Hacienda Del Sol
Customer Number: HCDL12
Sample ID: (b)(6)
Received Date/Time: 12/15/2016 4:00AM EST
Approval Date/Time: 12/16/2016 5:19PM EST

T-SPOT.TB

T-SPOT.TB Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4. This includes values less than zero.
Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (http://www.cdc.gov/tb/publications/guidelines/default.htm) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

Nil (Neg) Control Spot Count	0
Panel A Spot Count	0
Panel B Spot Count	0
Positive Control Spot Count	>20

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with M. xenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculosis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

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Facility #: ---
004424
Date: Dec 15, 2016

Hacienda del Sol - Youngtown, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)
Pupo

Time: 20:48:27 MT

Resident: (b)(6) (b)(6) (b)(6) Date Range: 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

Velasquez (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 12/14/2016	
Hepatitis B	Consented	Left Deltoid - 12/14/2016	
Meningicoccal	Consented	Left Deltoid - 12/14/2016	
MMR	Consented	Left Deltoid - 12/14/2016	
Tdap	Consented	Right Deltoid - 12/14/2016	
Influenza	Consented	Right Deltoid - 12/14/2016	
HPV	Consented	Right Deltoid - 12/14/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 12/14/2016	
IPV	Consented	Right Deltoid - 12/14/2016	

Referred to DHS

(b)(6)
(b)(6)
(b)(6)
(b)(6)

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]

Sent: Friday, August 25, 2017 4:47 PM

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: Velazquez, Ivonne (ACF); Maria Rios; (b)(6) (b)(6)

Subject: [WARNING: MESSAGE ENCRYPTED]ADULT AGE REDETERMINATION (b)(6) (b)(6) OR AKA (b)(6) (b)(6) (b)(6) /SWK CASA PHOENIX

Importance: High

Good afternoon,

The person listed in the subject line has a verified DOB (b)(6) /1997.

ORR Universal Password applies.

POC: PD Maria Rios 623-203-7772

LCM: Referred to

Additional Information

(b)(6)

(b)(6)

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Unaccompanied Children's Operations (DUCO)

Office of Refugee Resettlement

Western Region – Phoenix

(b)(6)

Myriam.Hillin@acf.hhs.gov

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Referred to DHS

004428

Referred to DHS

(b)(6)

(b)(6)

(b)(6)

From:	(b)(6) @swkey.org>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Subject:	RE: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - SWK Las Palmas
Date:	2016/07/28 18:33:51
Priority:	Normal
Type:	Note

Hello,

We have the following address for father in the U.S:

(b)(6)

Thank You,

(b)(6)

(b)(6)

BSW | Casa Las Palmas 924

Southwest Key Programs

Phone: (480)355-5460

Cell: (b)(6)

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Referred to DHS

(b)(6)

(b)(6)

Referred to DHS

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Thursday, July 28, 2016 2:50 PM

To: PHO, Juv Placement; Phoenix, Juvenile

Cc: (b)(6) r@swkey.org) (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) ; Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF); (b)(6) (b)(6) @swkey.org)

Subject: ADULT - Age Redetermination - (b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6) - (b)(6) - SWK Las Palmas

Hello Officers,

This individual recently arrived and the birth certificate provided to the case manager had DOB of (b)(6) /1998. However, the RENAP birth certificate has her DOB as (b)(6) /1997. The individual admitted she is really
18 years old.

Please see both birth certificates attached as well as the ORR memo with other information in it. She is a recent arrival therefore TB results are not available.

Please make arrangements to pick up this individual.

Thank you,

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

Sender:	(b)(6) @swkey.org>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"
Sent Date:	2016/07/28 18:33:26
Delivered Date:	2016/07/28 18:33:51

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
CC:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Subject:	Re: ADULT AGE REDETERMINATION Bangladeshi (b)(6) (b)(6) (b)(6) adult males in ORR - Casa Phoenix
Date:	2018/11/05 16:18:27
Priority:	Normal
Type:	Note

Thank you Nancy. Please see attached documentation for the person placed at Casa Phoenix.

v/r

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov.

Referred to DHS

Referred to DHS

Thank you,

Referred to DHS

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
Sent Date:	2018/11/05 16:18:19
Delivered Date:	2018/11/05 16:18:27

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
November 3, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Lighthouse

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an individual in ORR care

RE: (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on September 24, 2018 with date of birth (b)(6), 2001.

Following placement in ORR care it became apparent to the case manager that Mr. (b)(6) appeared physically older than 17 years of age. The case manager requested a copy of the birth certificate from his alleged sponsor, Ms. (b)(6) (b)(6) who resides in (b)(6)

Case Manager then requested dental forensics and on October 4, 2018 Dr. Arvanitis concluded that the probability that Mr. (b)(6) attained 18 years of age is 51.40%.

Mr. (b)(6) reported that he left his home on (b)(6) 2018 and that the trip took approximately (months. He flew from (b)(6) to (b)(6) by airplane. Once in (b)(6) he traveled by bus to (b)(6) and then UAC reported to have migrated through the following countries by various buses: Ecuador, Colombia, Panama, Costa Rica, Nicaragua, Honduras, Guatemala, and Mexico. He explained that there was a chain of smugglers in each country who guided him throughout his journey. He added that he would rest at hotels and various houses during his journey. He added that his parents paid around $30,000 to the guides that he had throughout his journey. He is unable to recall if he used a different name or date of birth and that his passport was lost during his journey. Mr. (b)(6) indicated that his father planned his journey and that all family provided financial support (about $17,000) for him to complete his journey and that his father was the one who was in contact with the guide.

On October 30, 2018 the case manager received a copy of a birth certificate for Mr. (b)(6)

On November 5, 2018 ORR received information that Mr. (b)(6) entered the US with a date of birth of (b)(6) 1998 making him 20 years old.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic
- Consulate's Results of Birth Certificate

In accordance with ORR age redetermination policy and procedures, (b)(6) (b)(6) is 20 years of age and ORR requests that FOJC coordinates and ensures the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Referred to DHS

(b)(6)
(b)(6)
(b)(6)
(b)(6)

(b)(6)

(b)(6)

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Friday, May 06, 2016 2:53 PM

To: Phoenix, Juvenile

Cc: (b)(6);(b)(7)(E) ; (b)(6);(b)(7)(E) ; (b)(6) ; Velazquez, Ivonne (ACF); (b)(6) @swkey.org); (b)(6) (b)(6) @swkey.org); (b)(6) @swkey.org); Centeno, Raquel (ACF) (CTR)

Subject: ADULT - Age Redetermination (b)(6) (b)(6) (b)(6) (b)(6) SWK Hacienda Del Sol

Hello,

This individual is in placement at SWK Hacienda Del Sol. His DOB is (b)(6) 1998. This is not contested and confirmed by the attached BC, the individual, his family in country or origin, and his potential sponsor. This follows ORR policy and ORR has determined he is an adult.

Attached is the BC, medical documents, and ORR memo.

Debra LaGrow, BSW, MPA

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Debra.LaGrow@acf.hhs.gov

004443

Referred to DHS

(b)(6)
(b)(6)
(b)(6)
(b)(6)

Referred to DHS

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

(b)(6)
(b)(6)

Referred to DHS

From: Calero, Wilfred (ACF) [mailto:Wilfred.Calero@acf.hhs.gov]

Sent: Thursday, March 03, 2016 8:16 AM

To: Phoenix, Juvenile; Moore, Robert L

Cc: (b)(6) Weech, Ana V; Agredano-Lozano, Obed (ACF) (CTR); Velazquez, Ivonne (ACF)

Subject: RE: ADULT Age Redetermination - Las Palmas; (b)(6)

(b)(6)

Please see attached. (b)(6) has no medical issues and is clear to travel.

If you need any further information please let me know.

Thanks for your attention on this matter.

Wilfred Calero

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

321-368-4479

wilfred.calero@acf.hhs.gov

Referred to DHS

(b)(6)
(b)(6)
(b)(6)
(b)(6)
(b)(6)

(b)(6)

004447

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/11/04 19:01:38
Priority:	Normal
Type:	Note

Good afternoon,

The person listed on the subject line has a verified DOB (b)(6) /1995.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"
Sent Date:	2016/11/04 19:01:34
Delivered Date:	2016/11/04 19:01:38

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 4, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on October 29, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing a false birth certificate with a date of birth of (b)(6) 1999 to apprehending officials.

Following placement in ORR care Mr. (b)(6) was interviewed by assigned Case Manager (b)(6) to whom it became apparent that Mr. (b)(6) appeared to be overage. On November 3, 2016 assigned case manager proceeded to immediately verify the birth certificate that Mr. (b)(6) brought with him upon admission on the official RENAP site and the verified document revealed a date of birth of (b)(6) **1995.**

Case Manager provided an opportunity for Mr. (b)(6) to explain the discrepancy between the birth certificate he provided and the verified birth certificate. Mr. (b)(6) immediately confirmed that the birth certificate was altered and that his actual date of birth is (b)(6), 1995, making him 21 years old. Mr. (b)(6) stated that he received the altered birth certificate from the foot guide with whom he traveled, but denied knowing the name of the man who provided the altered birth certificate. Mr. (b)(6) stated that he was told to use the altered birth certificate to help him stay in the US and be reunified with his brother: (b)(6) (b)(6) (b)(6) Case Manager followed by contacting Mr. (b)(6) father, (b)(6) (b)(6) (b)(6) (b)(6) in (b)(6) whom confirmed that the Mr. (b)(6) actual date of birth is (b)(6) 1995, however denied knowledge of how the altered document was obtained.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) new information about his date of birth being (b)(6), 1995 and I agree that there is sufficient strong evidence to indicate that Mr. (b)(6) is 21 years old.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified birth certificate
- Photograph
- TB clearance
- Self-Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is 21 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004452

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Ixcán, departamento de Quiche,
CERTIFICA

que con fecha veinte de marzo de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b), del Registro Civil del Municipio de SAN ANDRÉS SEMETABAJ, Departamento de SOLOLÁ, quedó inscrito el nacimiento de:

(b)(6) (b)(6) (b)(6) (b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)
Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve
Fecha de nacimiento

Guatemala, Sololá, San Andrés Semetabaj
Lugar de nacimiento

Femenino
Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día cinco de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

ULTIMA LÍNEA

Doy fe

(b)(6)

Axel Maximiliano , Granados Herrera

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día cinco de septiembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

RENAP
Registro Nacional de las Personas

(b)(6)

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Ixcán, departamento de Quiche,

CERTIFICA

que con fecha veinticuatro de marzo de mil novecientos noventa y cinco, en la partida (b)(6), folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de SAN ANDRÉS SEMETABAJ, Departamento de SOLOLÁ, quedó inscrito el nacimiento No.

- (b)(6) (b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y cinco

Fecha de nacimiento

Guatemala, Sololá, San Andrés Semetabaj

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día cinco de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Axel Maximiliano , Granados Herrera

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día cinco de septiembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

004456

004457

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) (b)(6)
Effective Date: 11/01/2016 09:22
Location: (b)(6)
Initial Admission: 10/30/2016
Admission: 10/30/2016
A#: (b)(6)
Date of Birth: (b)(6) /1999
Gender: M
Score: NA
Category: NA
Physician: (b)(6)

A. General Information

1. Healthcare Provider
   a.Name and Designation:
   (b)(6)
   b.Telephone:
   (b)(6)
2. Date of visit
   11/01/2016
3. Name of program staff with child
   (b)(6)
4. Program Name
   Southwest Key Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied
2. Date Read
3. Result in mm
4. Interpretation
   - a. Positive
   - b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn
   11/01/2016
6. Test type
   - a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
   - b. T-SPOT TB test (T-Spot)
7. Results:
   - a. Positive
   - b. Negative
   - c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date
   10/29/2016
9. Findings

- (●) a. Normal
- ( ) b. Abnormal

10. TB Determination

- [ ] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

Facility #: ---
004459
Date: Nov 2, 2016
Time: 18:54:13 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
MMR	Consented	Left Deltoid - 11/01/2016	
Tdap	Consented	Right Deltoid - 11/01/2016	
IPV	Consented	Right Deltoid - 11/01/2016	
HPV	Consented	Right Deltoid - 11/01/2016	
Influenza	Consented	Right Deltoid - 11/01/2016	
Hepatitis A	Consented	Left Deltoid - 11/01/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 11/01/2016	
Hepatitis B	Consented	Left Deltoid - 11/01/2016	
Meningicoccal	Consented	Left Deltoid - 11/01/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) (b)(6) CASA PHOENIX
Date:	2016/11/04 20:32:58
Priority:	Normal
Type:	Note

Good evening,

The UC listed above has a verified DOB (b)(6) /1998.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"
Sent Date:	2016/11/04 20:32:55
Delivered Date:	2016/11/04 20:32:58

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 4, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA DOB: (b)(6) 1998

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 25, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) misrepresentation of herself as a minor by providing a date of birth of (b)(6), 1999 to apprehending officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager, (b)(6) (b)(6). Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from her father, (b)(6) (b)(6) (b)(6) who was able to fax to Case Manager a copy of her daughter's document showing a date of birth (b)(6), 1999.

It was apparent to the Case Manager the birth certificate presented a different date than the date Ms. (b)(6) (b)(6) reported to her case manager. On October 31, 2016 the Case Manager was unable to verify the document with the official RENAP website, therefore she submitted the document to the Phoenix Guatemalan Consulate for verification.

On Nov 4, 2016 Guatemalan Consular Assistant Ms. (b)(6) emailed ORR the results of the verification of the birth certificate Ms. (b)(6) (b)(6) father provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) (b)(6) (b)(6) (b)(6) was registered with a date of birth (b)(6) 1998.**

Case Manager provided then an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth, than the birthdate she had reported to the Case Manager on October 26, 2016. Mr. (b)(6) (b)(6) proceed to admit she was confused with her birthday being (b)(6) 1999 stating that was the date her parents told her all her life, she admitted being 18 years of age; stating she did not want to return to Guatemala due to economic struggles .

Case Manager then spoke with Ms. (b)(6) (b)(6) father to obtain additional information. Mr. (b)(6) (b)(6) stated his daughter was more than 17 years of age, he also stated he did not know how to read or write and could not provide an explanation as to why he sent a document on behalf of his daughter with an incorrect date of birth.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- photograph
- TB Clearance

- RENAP Consular Verification:

(b)(6) (b)(6) (b)(6) (b)(6)
Fecha de nacimiento: (b)(6) DE 1998
LdN: Guatemala, Huehuetenango, San Juan Atitan
CdN: Libro (b) Folio (b)(Partida (b)(

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004464

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas

República de Guatemala

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

(b)(6)

ID: (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Juan Atitán, departamento de Huehuetenango,

CERTIFICA

que con fecha cinco de octubre de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(del libro (b)(6 del Registro Civil del Municipio de SAN JUAN ATITÁN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Huehuetenango, San Juan Atitán

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

REGISTRO CIVIL DE LAS PERSONAS 2 RENAP Atitán Oficina No.

(b)(6)

(b)(6)

(b)(6)

004465

(b)(6)

004466

(b)(6) (b)(6) (MRN (b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)/1999
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Thu Oct 27, 2016 7:31 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

ADDENDUM:
The above report should read:
Clear lungs without consolidation. No radiographic evidence active TB.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view of the chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: In the left lower lobe there is multifocal patchy airspace opacification. No appreciable pneumothorax or effusion.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
Multifocal airspace opacification in the left lower lobe. Considerations include fungal/granulomatous infection.
NOTE:

004467

(b)(6) (b)(6 (MRN(b)(6)

Report dictated by resident, Tanner Harmon MD, 10876. The attending radiologist's signature indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Addended by: Mary J. Connell, MD on 10/27/2016 11:06 AM

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view of the chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: In the left lower lobe there is multifocal patchy airspace opacification. No
appreciable pneumothorax or effusion.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
Multifocal airspace opacification in the left lower lobe. Considerations include
fungal/granulomatous infection.
NOTE:
Report dictated by resident, Tanner Harmon MD, 10876. The attending radiologist's signature
indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD
Tanner J Harmon, MD

Released By: Mary J. Connell, MD on 10/27/2016 11:02 AM
CC: SW KEYS KIDS - FAX

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:	602-685-3100	**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	No address on file		

Facility #: --- 004468 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Oct 27, 2016 | Immunization Report | User: (b)(6)

Time: 20:03:41 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 10/01/2016 - 10/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	Left Deltoid - 10/27/2016	
Hepatitis A	Consented	Left Deltoid - 10/27/2016	
Meningicoccal	Consented	Left Deltoid - 10/27/2016	
MMR	Consented	Left Deltoid - 10/27/2016	
Tdap	Consented	Right Deltoid - 10/27/2016	
HPV	Consented	Right Deltoid - 10/27/2016	
Influenza	Consented	Right Deltoid - 10/27/2016	
IPV	Consented	Right Deltoid - 10/27/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 10/27/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADUL AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/11/04 18:05:46
Priority:	Normal
Type:	Note

Good afternoon,

The person listed on the subject line has a verified DOB (b)(6) /1993.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/11/04 18:05:42
Delivered Date:	2016/11/04 18:05:46

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 4, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on October 23, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Ms. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Ms. (b)(6) (b)(6) birth certificate from her sister, Mrs. (b)(6) (b)(6)

On October 28, 2016 Mrs. (b)(6) (b)(6) emailed a copy of her sister's birth certificate to the Case Manager who proceeded to send it to the Guatemalan Consulate for verification. The Guatemalan Consulate verified Ms. (b)(6) (b)(6) birth certificate on November 3, 2016 with a date of birth of (b)(6) **1993** instead of (b)(6), 1999.

Case Manager (b)(6), provided then an opportunity to Ms. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate and her birth certificate that was sent by her sister in Guatemala. Ms. (b)(6) (b)(6) continued with her statement that her date of birth is (b)(6), 1999.

Case Manager (b)(6) contacted Mrs. (b)(6) (b)(6) to address the fact that the verification of the birth certificate she sent on behalf of her sister placed her as an adult. Mrs. (b)(6) (b)(6) reported she went to a local place in her town where people went to obtain birth certificates and was unaware of any changes. She stated that she does not recall the name of the place and that she did not have to pay any money to receive the birth certificate.

Case Manager then spoke to potential Sponsor Mrs. (b)(6), who stated that they called her to help her niece out and she accepted. She stated that she was unaware of her age, but remembers that she was really young the last time she saw her. She stated she did know why the age difference since she didn't really know her age.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Ms. (b)(6) (b)(6) new information about her date of birth being (b)(6) **1993** and I agreed that there is sufficient strong evidence to indicate that Ms. (b)(6) (b)(6) is 23 years old.

Along with this Memo ORR is submitting the following documents:

- Altered BC

- Consular Verification of DOB
- Photograph
- TB Clearance
- Immunizations

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 23 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004473

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Tajumulco, San Marcos

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de Tajumulco

CERTIFICA

que con fecha diecisiete de noviembre de mil novecientos noventa y nueve en la partida (b)(6) del folio (b)(6) y libro (b)(6), fue inscrito el nacimiento de:

Datos del inscrito

(b)(6), (b)(6) (b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y nueve | Femenino

Fecha de nacimiento | Género

Guatemala, San Marcos, Tajumulco, aldea Toquián Chico

Lugar de nacimiento

Datos de la madre

(b)(6) (b)(6) (b)(6)

Nombres y apellidos de la madre

aldea Toquian Chico

Lugar de origen

Datos del padre

(b)(6) (b)(6) (b)(6)

Nombres y apellidos del padre

Lugar de origen

Observaciones

Razón: La inscrita al fondo con esta fecha queda reconocida por su padre: (b)(6) (b)(6) (b)(6) Segun Acta NO. 55 F-55 L.10 respectivo. Por lo que de hoy en adelante puede llevar y usar sus apellidos paternos y gozar de los derechos que la ley le otorga. Artículos 426 y 427 del Código Civil. Tajumulco 14 de enero de 2005, Aparece sello y firma del registrador civil.

MGOMEZ317
28/01/2011 12:18:27p.m.
MGOMEZ317

Trabajando con la población para garantizar su identidad www.renap.gob.gt

004474

Extendida en el municipio de Tajumulco, departamento de San Marcos, el día diecisiete de agosto de dos mil diez por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Patricia Maribel , López Guardado
Registrador Civil de las Personas

(b)(6)

(b)(6)

Facility #: --- 004475 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Oct 27, 2016 | Immunization Report | User: (b)(6)

Time: 09:06:49 MT

Resident: Espeban (b)(6) (b)(6) (b)(6) Date Range: 10/01/2016 - 10/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

Espeban (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 10/25/2016	
Hepatitis B	Consented	- - 10/25/2016	
HPV	Consented	- - 10/25/2016	
Influenza	Consented	- - 10/25/2016	
IPV	Consented	- - 10/25/2016	
Meningicoccal	Consented	- - 10/25/2016	
MMR	Consented	- - 10/25/2016	
Tdap	Consented	- - 10/25/2016	
Varicella (chicken pox)	Consented	- - 10/25/2016	

PACS Images

Show images for XR chest AP only

External Result Report

External Result Report

Results

XR chest AP only (Order (b)(6))

Result Information

Result Status	Signing Physician	Date	Time
Final result	Pejman Hedayati, MD	Oct 25, 2016	1:16 PM

Study Result

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None.

TECHNIQUE:
Single frontal view of the chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal. Patient has situs inversus, which is a normal variant.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

The above findings are take into account the "Left-sided"marker placed on the patient.

IMPRESSION:
No acute cardiopulmonary disease.

NOTE:
Report dictated by resident, Tanner Harmon MD, 10876. The attending radiologist's signature indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Imaging

XR chest AP only (Order #(b)(6)) on 10/25/2016 - Imaging Information

Result History

XR chest AP only (Order #(b)(6)) on 10/25/2016 - Order Result History Report

Encounter

View Encounter

Result Information

Status
Final result (10/25/2016 1:16 PM)
Provider Status: Open

Lab Information

MIHS RAD

PACS Images

Show images for XR chest AP only

Signed

Electronically signed by Pejman Hedayati, MD on 10/25/16 at 1316 MST

Radiation Exposure Data

(b)(6) (b)(6) (b)(6)

10/25/2016 10:00 AM Office Visit Department: (b)(6) Description: **Female DOB: (b)(6) 1999**
MRN: (b)(6) CSN: (b)(6) Provider: **Shawn R. McMahon, MD**

View SmartLink Info

XR CHEST AP ONLY (Order # (b)(6)) on 10/25/16

ORDER INFORMATION

Maricopa Integrated Health System

XR chest AP only [IMG1592] (Order (b)(6))
Imaging Order: (b)(6)

Released By: (b)(6) (b)(6) **RN**
Authorizing: **Shawn R. McMahon, MD**

Date: **10/25/2016**
Department: **7th Ave Walk-in Clinic**

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
10/25/16 06:05 AM	10/25/16 06:05 AM	10/25/16 06:05 AM	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	STAT	MIHS Performed

Original Order

Ordered On	Ordered By
10/25/2016 6:05 AM	Aracelis B Dowell, RN

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Encounter for well child check without abnormal findings - Primary	Z00.129	V20.2

Comments

Additional clinical info for Radiologist:

Order Questions

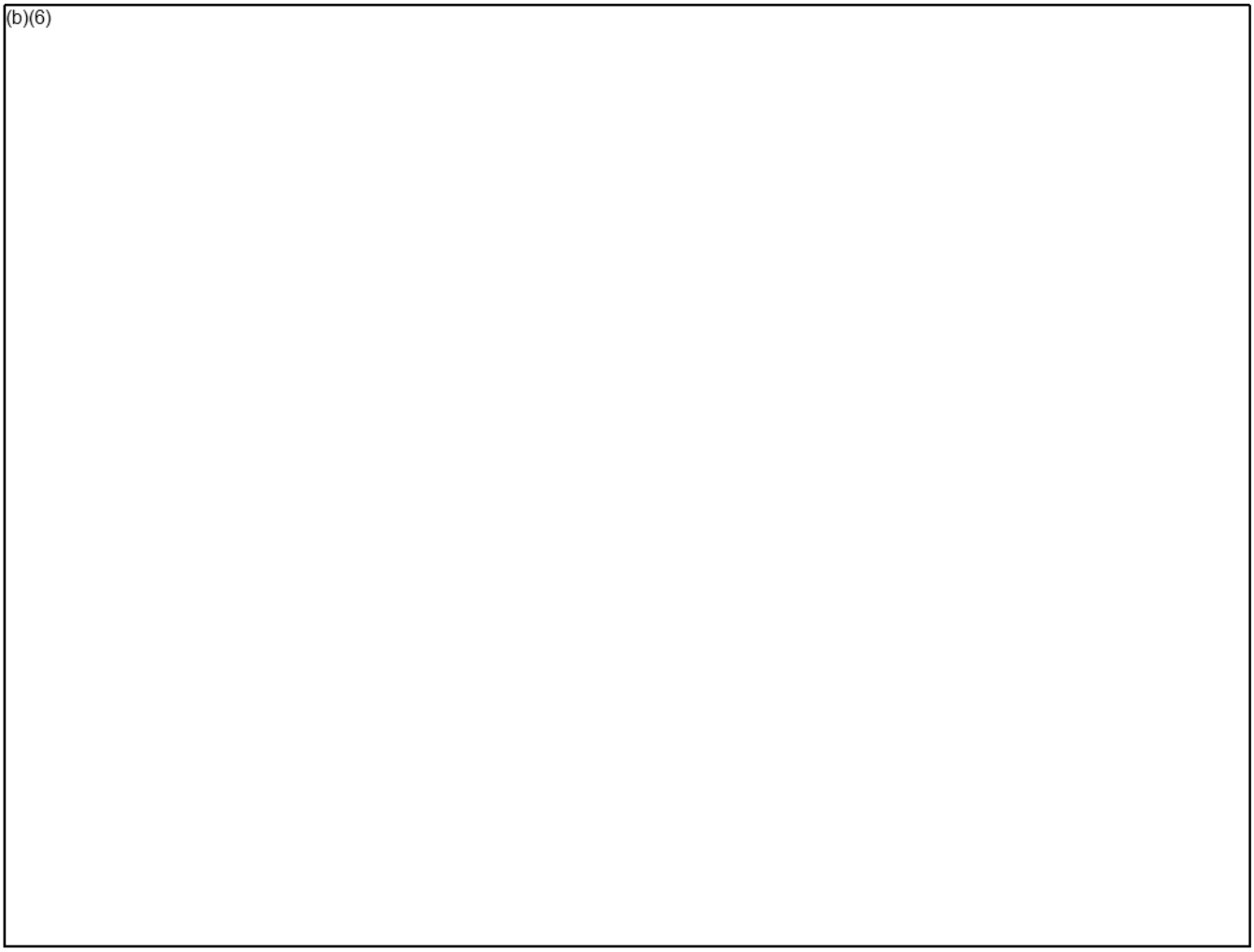
Question	Answer	Comment
Reason for exam:	**r/o TB**	
Is the patient pregnant?	**Unknown**	

Appointments for this Order

10/25/2016 7:15 AM - 15 min	URGENT CARE ROOM 1 (Resource)	Fsa Uc Radiology

Collection Information

Resulting Agency: MIHS RAD


(b)(6)

(b)(6) - BC Verification through RENAP Webpage.

Correct DOB:(b)(6)/1992 (23 yo)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK Lighthouse
Date:	2018/05/10 16:24:23
Priority:	Urgent
Type:	Note

Good afternoon Officers,

The individual listed in the subject line has been determined to be 22 years old and is ready for transport.

ORR Universal Password applies.

POC are Shift Leaders: (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/05/10 16:24:18
Delivered Date:	2018/05/10 16:24:23

004482

Initial Medical Exam - V 4

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Effective Date:** 05/04/2018 17:13 **Location:** (b)(6)

Initial Admission: 05/04/2018 **Admission:** 05/04/2018 **A#:** (b)(6)

Date of Birth: 11/03/2000 **Gender:** M **Physician:** Flesch PA, Melissa

A. General Information

1. Healthcare Provider:

a.Name and Designation:

Holly Trygar PA-C

b.Telephone:

(623) 776-7500

2. Healthcare Provider Clinic/Address

Pleasant Pediatrics 9744 W. Northern Ave. #13110 Peoria, AZ 850345

3. Date of visit

05/07/2018

4. Name of program staff with child

(b)(6)

5. Program Name

SWK Lighthouse

B. History and Physical

1. Most Recent Temperature

Temperature: 37.0 Date: 05/07/2018 09:37

Route: Temporal Artery

1a. Most Recent Pulse

Pulse: 78 Date: 05/07/2018 09:37

Pulse Type: Regular

1b. Most Recent Blood Pressure

Blood Pressure: 106.0/60.0 Date: 05/07/2018 09:37

Position: Sitting l/arm

1c. Most Recent Respiration

Respiration: 16.0 Date: 05/07/2018 09:37

1d. Most Recent Height

Height: 162.6 Date: 05/07/2018 09:37

Method: Standing

1e. Most Recent Weight

Weight: 53.3 Date: 05/07/2018 09:37

Scale: Standing Scale

2. Allergies

No Known Allergies

Vision

3. Corrected- Right eye, left eye, both eyes

5. Past Medical History

Denies : History of surgeries. Allergies. Previous medical conditions. Current medications.

6. Family History

Reproductive History

7. LMP

N/A

7a. Previous Pregnancy

N/A

3a. Uncorrected- Right eye, Left eye, Both eyes

Right 20/20 Left 20/20 Bilateral 20/20, normal hearing right, normal hearing left

Medical History

4. Concerns expressed by child or caregiver:

17 year old male presents with c/o right knee pain x 1 week after he slipped and fell on his knees. Pain is improving. He rates pain as a 7/10. He has been applying warm compresses with improvement in pain. He states that pain is worse with the cold.

C. Review of Systems

1. ☐ No abnormal Findings
2. ☐ Fever (>37.8 C) or chills
3. ☐ Runny Nose
4. ☐ Cough
5. ☐ Nausea
6. ☐ Diarrhea
7. ☐ Headache
8. ☐ Dizziness
9. ☐ Skin lesions or rash
10. ☐ Swollen Glands
11. ☑ Pain

11a. Pain Location

right knee

11b. Date Began

05/01/2018

12. ☐ Red eyes
13. ☐ Sore throat
14. ☐ Difficulty breathing/Shortness of breath/Wheezing
15. ☐ Vomiting
16. ☐ Neck Stiffness
17. ☐ Confusion/Altered mental status
18. ☐ Neurological Symptoms
19. ☐ Yellow skin or eyes
20. ☐ Unusual bleeding

21. Comments:

D. Physical Examination

1. General Appearance
   - ◉ a. Normal
2. HEENT
   - ◉ a. Normal
7. GU/GYN
   - ◉ c. Not evaluated
8. Extremities
   - ◉ b. Abnormal

3. Neck
   - a. Normal

4. Heart
   - a. Normal

5. Lungs
   - a. Normal

6. Abdomen
   - a. Normal

8a. Specify

does not bend right knee when walking due to pain, no edema/ecchymosis/erythema of knees bilaterally, restricted ROM of right knee due to pain, normal strength, normal pulses bilaterally.

9. Back/Spine
   - a. Normal

10. Neurologic
   - a. Normal

11. Skin (include tattoos)
   - a. Normal

12. Other

E. Psychosocial Risk

1. Mental Health (over last 3 months)
   - a. No concerns

1a. Describe concerns

2. Physical Abuse History
   - a. Physical Abuse is denied

3. Sexual Activity/Abuse History
   - a. Sexual activity or abuse are denied

4. Substance Abuse
   - a. Substance use is denied

4a. Comments:

F. Laboratory Testing

1. Select all laboratory testing that has been ordered:
   - b. HIV

2b. 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)
   - a. No

2. General/Constitutional
   - a. Dehydration
   - b. Allergy (drug reaction, food allergy, etc)
   - c. Malnourished
   - d. Other

3. HEENT
   - a. Headache/migraine
   - b. Vision Issues
   - c. Hearing Issues
   - d. Other

4. Respiratory/Pulmonary
   - ☐ a. Asthma
   - ☐ b. Influenza or Influenza-like illness (ILI)
   - ☐ c. Upper/lower respiratory illness (not ILI)
   - ☐ d. Other
5. Cardiovascular
   - ☐ a. Heart murmur
   - ☐ b. Syncope/fainting
   - ☐ c. Other
6. Gastrointestinal
   - ☐ a. Gastroenteritis
   - ☐ b. Heartburn/reflux
   - ☐ c. Intestinal parasites (e.g. tapeworms)
   - ☐ d. Other
7. Genito-urinary/Reproductive
   - ☐ a. Childbirth
   - ☐ b. Pregnancy/pregnancy related
   - ☐ c. Urinary tract infection
   - ☐ d. Other
8. Neurological
   - ☐ a. Developmental delay
   - ☐ b. Seizure/epilepsy
   - ☐ c. Other
9. Skin and Hair
   - ☐ a. Lice
   - ☐ b. Scabies
   - ☐ c. Dermatitis/rash (not acne)
   - ☐ d. Cellulitis
   - ☐ e. Other
10. Potentially Reportable Infectious Disease
    - ☐ a. Acute Hepatitis A
    - ☐ b. Acute/chronic Hepatitis B
    - ☐ c. Acute/chronic Hepatitis C
    - ☐ d. Chikungunya
    - ☐ e. Chlamydia
    - ☐ f. Dengue
    - ☐ g. Gonorrhea
    - ☐ h. HIV
    - ☐ i. Malaria
    - ☐ j. Measles
    - ☐ k. Mumps
    - ☐ l. Pertussis
    - ☐ m. Rubella
    - ☐ n. Sepsis/Meningitis
    - ☐ o. Syphilis
    - ☐ p. TB
    - ☐ q. Typhoid Fever
    - ☐ r. Varicella
    - ☐ s. Viral hemorrhagic fever
    - ☐ t. Other
11. Abuse

- [ ] a. Sexual
- [ ] b. Physical
- [ ] c. Other

12. Injury

- [ ] a. Fracture
- [ ] b. Other

13. Other, Medical

Right knee pain Notes: Discussed knee pain and strain vs sprain etiology. May apply warm compresses for 15 minutes at a time prn for comfort. May take Tylenol or ibuprofen per protocol prn for pain. Muscle rub prn for pain. Sports restrictions x 1 week. RTC if symptoms persist or sooner for any new or worsening signs or symptoms.

14. Behavioral and Mental Health Concerns

- [ ] a. ADHD/ADD
- [ ] b. Adjustment disorder
- [ ] c. Anxiety disorder
- [ ] d. Bipolar disorder
- [ ] e. Borderline personality disorder
- [ ] f. Depressive disorder
- [ ] g. Panic disorder
- [ ] h. PTSD
- [ ] i. Schizophrenia
- [ ] j. Self-injury/cutting
- [ ] k. Suicide
- [ ] l. Other

15. Plan: Check all that apply

- [x] a. Return to clinic- PRN/As needed
- [x] f. Immunizations given/validated from foreign record (Please ensure that shelter staff receive a copy of the immunization record)
- [x] h. Age appropriate anticipatory guidance discussed and/or handout given

16. Additional Information

Well Child Check. Notes: Counsel for vaccines given., Vaccines given today per schedule. Normal vision and hearing. F/u in 1 yr. No known communicable diseases at this time. Negative HIV. No tertiary molars present. Encounter for screening for respiratory tuberculosis. Imaging: CHEST 1 VIEW, Notes: FU pending Tspot and CXR results

Signed By	Signed Date
Holly Trygar, Physician [e-SIGNED]	05/07/2018

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
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Subject:	ADULT AGE-REDETERMINATION (b)(6) (b)((b)((b)((b)((b)(6) LIGHTHOUSE
Date:	2017/07/29 11:34:59
Priority:	Urgent
Type:	Note

Good morning,

The person listed in the subject line has a verified DOB: (b)(6) **/1996**.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Sent Date:	2017/07/29 11:34:55
Delivered Date:	2017/07/29 11:34:59

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 29, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Lighthouse

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)
AKA (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(was transferred to and placed in HHS ORR care with SWK Casa Lighthouse on July 23, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) (b)(6) (b)(misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(was immediately interviewed on July 24 by his Case Manager, (b)(6) (b)(6) to whom it was not immediately apparent that he was overage. Case Manager asked Mr. (b)(6) (b)(to confirm his date of birth and he responded that he was not sure of his correct date of birth. Mr. (b)(6) (b)(informed that he also informed the officers who apprehended him that he was unsure about his date of birth and officers insisted that he provide a date of birth so he responded that his date of birth is (b)(6) 1999.

Case Manager, (b)(6) then proceeded to request a copy of Mr. (b)(6) (b)(6) birth certificate from his father, Mr. (b)(6) (b)(6) who resides in Guatemala who on July 28, 2017 provided a copy of the formal document with a date of birth (b)(6) **1996**. Mr. (b)(6) (b)(then acknowledged that his correct date of birth is (b)(6), 1996 after his father confirmed this to him with the formal document.

On July 28, 2017 Case Manager retrieved a copy of the verified birth certificate from the RENAP website which returned with a date of birth of (b)(6) **, 1996**; the document includes a picture ID that matches the individual in ORR care. Case Manager then proceeded to send the document for further verification with the Phoenix Guatemalan Consulate.

On July 28, 2017 ORR received a second verification of the birth certificate from Consular Assistant, Ms. (b)(6) from the Guatemalan Phoenix Consulate, corroborating that the document presented by Mr. (b)(6) (b)(6) father is an authentic document. The Consulate verified that the correct date of birth of Mr. (b)(6) (b)(6) (b)(6) (b)(is (b)(6) **1996**.

Along with this Memo ORR is submitting the following documents:

- Verified RENAP Birth Certificate
- Photograph
- TB Clearance
- Immunization Records
- Consular verification of DOB

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(is 21 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.29 08:24:26 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004491

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Juan Comalapa, departamento de Chimaltenango,

CERTIFICA

que con fecha veintiocho de junio de mil novecientos noventa y seis, en la partida (b)(6), folio (b)(6) del libro (b)(del Registro Civil del Municipio de SAN JUAN COMALAPA, Departamento de CHIMALTENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y seis

Fecha de nacimiento

Guatemala, Chimaltenango, San Juan Comalapa

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día veinticinco de mayo de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Fredy Leonel Tuyúc Simón

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día veinticinco de mayo del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004493

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-07-28

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1996

País, departamento y municipio de nacimiento:

GUATEMALA	CHIMALTENANGO	SAN JUAN COMALAPA

Libro:	Folio:	Partida:	Estado civil:
(b)(6	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

Firma cónsul u operador

(b)(6)

Facility #: --- 004495

Lighthouse - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 25, 2017

Immunization Report

User: (b)(6)

Time: 14:43:13 MT

Resident: (b)(6) (b)(6) (b)(6), Date Range: 07/01/2017 - 07/31/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6), DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
MMR	Consented	Left Deltoid - 07/24/2017	
Tdap	Consented	Right Deltoid - 07/24/2017	
IPV	Consented	Right Deltoid - 07/24/2017	
Hepatitis A	Consented	Left Deltoid - 07/24/2017	
HPV	Consented	Right Deltoid - 07/24/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 07/24/2017	
Hepatitis B	Consented	Left Deltoid - 07/24/2017	
Meningicoccal	Consented	Left Deltoid - 07/24/2017	

004496

Marquis Diagnostic Imaging - Phoenix
2830 N 3rd St
Phoenix, AZ 85004
Phone: 602-274-1919
Fax: 602-274-0804

Patient Name: (b)(6) (b)(6) (b)(6) Date of Birth: (b)(6) 1999

Referring Physician: (b)(6) Date of Exam: 07/24/2017

Marquis MRN #: (b)(6) Accession #: (b)(6)

Exam: **XR Chest Single View**

XRAY REPORT
EXAM: XR Chest Single View
INDICATIONS: Encounter for screening for respiratory tuberculosis

FINDINGS: A single PA view the chest demonstrate cardiovascular silhouette and pulmonary vessels to be normal. The lungs are clear. Soft tissues and bony structures are unremarkable.

IMPRESSION: Normal PA chest. No evidence of tuberculosis.

Interpreted by: Richard Strand, Md
Electronically signed by: Richard Strand, Md

Transcribed by: aa Technologist: jc

cc: Southwest Key Program Lighthouse

Thank You for Choosing Marquis Diagnostic Imaging

This fax was sent with GFI FaxMaker fax server. For more information, visit: http://www.gfi.com

Estimado Obed,

Respecto al siguiente caso, por instrucciones del Cónsul General, Oscar Padilla Lam, me permito confirmarle, según datos verificados en el RENAP, lo siguiente:

1) (b)(6) (b)(6) (b)(6) (b)(6)
Datos coinciden con los datos en RENAP
FDN: (b)(6) de 1996
LDN: San Juan Comalapa, Chimaltenango, Guatemala
MADRE: (b)(6)
PADRE: (b)(6)

*adjunto constancia de datos biográficos

Atentamente,

(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) SWK Lighthouse
Date:	2018/03/08 17:52:25
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has been determined to be an adult and is ready for transport to an adult facility.
ORR Universal Password applies.

POC are Shift Leaders: (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>";

	"(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/03/08 17:52:21
Delivered Date:	2018/03/08 17:52:25

ADMINISTRATION FOR CHILDREN & FAMILIES

Memo of Age Redetermination
March 8, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Lighthouse

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) was placed in HHS-ORR care with Southwest Casa Lighthouse on February 4, 2018 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a fraudulent date of birth different of (b)(6) 2001.

On March 7th, 2018 the assigned Case Manager (b)(6) met with Mr. (b)(6) (b)(6) to provide an update on his case and during the meeting Mr. (b)(6) (b)(6) interrupted case manager and informed case manager that he is 19 years old and that his correct date of birth is (b)(6) **1998**. He added that his parents, (b)(6) (b)(6) and (b)(6) (b)(6) provided him with the altered birth certificate and that he felt guilty for his dishonesty. Mr. (b)(6) (b)(6) explained that it was his father's idea to alter the birth certificate so he could be reunited with his sister as a minor.

The Case Manager spoke with Mr. (b)(6) (b)(6) sister (b)(6) (b)(6) (b)(6) to inquire about her brother's correct date of birth, but she was hesitant to provide any information and instead she sent to the Case Manager the fraudulent birth certificate with date of birth (b)(6) 2001.

On March 7, 2018 Mr. (b)(6) (b)(6) father received a copy of the correct document with date of birth (b)(6), 1998 which has been verified by the Guatemalan consulate on March 8, 2018.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Medical Records

- Self-Statement
- Picture.
- Fraudulent BC

In accordance with ORR policy and procedures FFS reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 19 years of age and therefore he does not meet the criteria of an Unaccompanied Alien Minor (UAC) and ORR is not responsible for his care and custody; therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID

Correlativo: I0001631513102017

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Tacaná, departamento de San Marcos,

CERTIFICA

que con fecha trece de octubre de mil novecientos noventa y ocho, en la partida (b)(6) folio (b)(6) del libro (b)(, del Registro Civil del Municipio de TACANÁ, Departamento de SAN MARCOS, quedó inscrito el nacimiento de:

- (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, San Marcos, Tacaná

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día trece de octubre de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Ovidio Byron , Santizo Mejía

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día trece de octubre del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2018/02/22 19:04:03
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has a been determined to be an adult and is ready for transport to an adult facility.

ORR Universal Password applies.

POC

1st shift (b)(6) (morning)
2nd shift (b)(6) (afternoon)
3rd shift- (b)(6) (night)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/02/22 19:03:58
Delivered Date:	2018/02/22 19:04:03

ADMINISTRATION FOR CHILDREN & FAMILIES

330 C Street, S.W., Washington, DC 20201 | **www.acf.hhs.gov**

Memo of Age Determination
February 22, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) Gerardo (b)(6) (b)(6) **A#** (b)(6)

AKA: (b)(6) (b)(6) (b)(6) (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on January 27, 2018 as a result of providing a fraudulent identity.

Upon initial assessment and interview conducted by the assigned Case Manager (b)(6) it became apparent to the Case Manager that Mr. (b)(6) (b)(6) appeared older than he reported age to be. Mr. (b)(6) (b)(6) informed that he did not know his family contact numbers or other information to contact them in Honduras. Mr. (b)(6) (b)(6) informed that he traveled to reunite with a person named (b)(6) (b)(6) but he did not have contact information for this individual.

On February 5, 2018 the Case Manager proceeded to request assistance from the Honduran consulate to obtain a birth certificate and/or family tree.

On February 6, 2018 Mr. (b)(6) (b)(6) was able to provide a phone number for a friend of his named (b)(6) According to Mr. (b)(6) (b)(6) (b)(6) would work with his potential sponsor (b)(6) (b)(6) and (b)(6) would probably know of a more current phone number to contact (b)(6) (b)(6)

On February 15, 2018 the Case Manager was able to contact (b)(6) at the phone number (b)(6). The Case Manager asked if he knew of any person that had traveled from Honduras to the United States recently that would be contacting him and (b)(6) responded that he knew of a friend of his named (b)(6) (b)(6)

On February 16, 2018 the Honduran consulate provided a picture ID of (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **1994** that matched the physical identity of the individual in ORR care. The Case Manager and the assigned Clinician showed the picture of the ID to Mr. (b)(6) (b)(6) and asked if he recognized the individual in the picture and he stated 'that is me' three times. The Case Manager then informed Mr. (b)(6) (b)(6) that the picture is part of the ID for (b)(6) (b)(6) (b)(6) (b)(6) provided by the Honduran consulate. The team of care at Casa Phoenix informed Mr. (b)(6) (b)(6) that the Honduran consulate has determined his correct name is (b)(6) (b)(6) (b)(6) (b)(6) and he stated that if the consulate determined that he is indeed (b)(6) (b)(6) (b)(6) (b)(6) he "does not have a problem with that."

The Honduran consulate also provided a copy of the birth certificate for (b)(6) (b)(6) (b)(6) (b)(6) and a copy of the birth certificate for the younger brother of (b)(6) named (b)(6) (b)(6) (b)(6) (b)(6) which is the first identity provided by the individual placed in ORR care.

004507
. Along with this Memo ORR is submitting the following documents:

- Identification ID (b)(6) (b)(6 (b)(6)
- BC for Norlan (b)(6) (b)(6 (b)(6)
- TB Clearance
- Immunizations
- BC (b)(6) (b)(6 (b)(6)
- BC (b)(6) (b)(6) (b)(6 (b)(6)

In accordance with ORR age determination policy and procedures it has been established that Mr. (b)(6) (b)(6 (b)(6) AKA (b)(6) (b)(6) (b)(6 (b)(6) is 23 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's
Services
Office of Refugee
Resettlement (b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2018/06/05 00:14:41
Priority:	Normal
Type:	Note

Good afternoon Officers,

The person listed in the subject line has been determined to be 18 years old. She is ready for transport.

ORR Universal Password applies.

POC

1st shift (b)(6) (morning)

2nd shift (b)(6) (afternoon)

3rd shift- (b)(6) (night)

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov.

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/06/05 00:14:37
Delivered Date:	2018/06/05 00:14:41

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 4, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Ms. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on February 25, 2018 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly providing a fraudulent date of birth of (b)(6), 2000 to apprehension officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was immediately interviewed by her assigned Case Manager at SWK Casa Phoenix (b)(6) to whom it did not become immediately apparent that Ms. (b)(6) (b)(6) could be overage. During placement intake Ms. (b)(6) (b)(6) reported that her date of birth is (b)(6), 2000.

Case Manager then proceeded to contact and interview Ms. (b)(6) (b)(6) mother, (b)(6) (b)(6) (b)(6) on February 25, 2018 who also reported to the Case Manager that the correct date of birth of her daughter is (b)(6), 2000.

On June 4, 2018 ORR received verification of the birth certificate provided for Ms. (b)(6) (b)(6) by her family in Guatemala. According to the verification of the document Ms. (b)(6) (b)(6) (b)(6) (b)(6) was born (b)(6), **1999**.

Case Manager then provided an opporotunity for Ms. (b)(6) (b)(6) to explain the discrepancy between her first provided date of birth and the results of the verification of her date birth and she initially stated that her date of birth is (b)(6), 2000, but later acknowledged that her actual date of birth is (b)(6) 1999.

Along with this Memo ORR is submitting the following documents:

- BC
- Verification of DOB
- TB Clearance
- Immunizations
- Photograph
- Statement Letter

In accordance with ORR age redetermination policy and procedures and in view of the new information demonstrating that Ms. (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT Age Redetermination (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2018/10/23 22:30:27
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has been determined to be 21 years old. She is ready for transport.

v/r

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>";

	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2018/10/23 22:30:22
Delivered Date:	2018/10/23 22:30:27

ADMINISTRATION FOR CHILDREN & FAMILIES

330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 23, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on October 22, 2018 as a juvenile as a result of providing a fraudulent date of birth of (b)(6) 2001 upon apprehension.

Following placement in ORR care Ms. (b)(6) (b)(6) was assigned to Case Manager (b)(6) (b)(6) On October 23, 2018 Ms. (b)(6) (b)(6) mother, Ms. (b)(6) (b)(6) (b)(6) provided the Case Manager with a copy of a birth certificate for Ms. (b)(6) (b)(6) showing a date of birth of (b)(6) 2001.

On October 23, 2018,the Case Manager proceeded to verify the document in the RENAP website wich revealed a date of birth of (b)(6) **1996**, the document contained a photograph matching the physical appearance of the individual in ORR care. At this time, Case Manager noticed the date of birth on the birth certificate provided by the mother, Ms. (b)(6) (b)(6), and the one verified through the RENAP website did not match. The verified birth certificate demonstrated that Ms. (b)(6) (b)(6) provided a fraudulent birth certificate to the Case Manager and showed that the person in ORR care, (b)(6) (b)(6) (b)(6) (b)(6) is 21 years old.

On the same day, the Case Manager provided Ms. (b)(6) (b)(6) the opportunity to explain the discrepancies in her date of birth and she denied knowledge of the alteration. The Case Manager notified Ms. (b)(6) (b)(6) that her family had confirmed her true date of birth and acknowledged they had altered the initital document they provided to the Case manager. Ms. (b)(6) (b)(6) then admitted to altering her birth certificate and reported only changing her date of birth. Ms. (b)(6) (b)(6) did not provide any further details on who altered the birth certificate or the cost of the alteration.

The Case Manager attempted to obtain additional information about the fraudulent document from the prospective sponsor, Mrs. (b)(6) (b)(6) who denied any knowledge of the altered date of birth. Ms. (b)(6) (b)(6) family in Guatemala admitted altering the birth certifcate and reported Ms. (b)(6) (b)(6) date of birth to be (b)(6) 1996. Ms. (b)(6) (b)(6) family reported they altered the birth certifciate to make Ms. (b)(6) (b)(6) journey to the United States safer; this way Ms. (b)(6) (b)(6) would not have to cross the desert, but they did not disclose where they obtained that information. Ms. (b)(6) (b)(6) family in COO denied knowing who altered the birth certificate, the cost of the alteration, or any further details.

Along with this Memo ORR is submitting the following documents:

- Altered Birth Certificate
- Verified Birth Certificate
- Photograph
- TB Clearance
- Immunizations
- Statement Letter

In accordance with ORR age redetermination policy and procedures Mrs. (b)(6) (b)(6) is 21 years of age and therefore does not meet the criteria of an Unaccompanied Alien Minor (UAC) and ORR is not responsible for her care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Keish, Keith R <Keith.R.Keish@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	Adult Age Redetermination (b)(6) (b)(6) 6723/SWK Casa Phoenix
Date:	2018/09/10 22:48:46
Priority:	Urgent
Type:	Note

Good evening Officers,

The person listed in the subject line has been determined to be 20 years old. He is ready for transport.

ORR Universal Password applies.

POC
1st shift (b)(6) (morning)
2nd shift (b)(6) (afternoon)
3rd shift- (b)(6) (night)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2018/09/10 22:48:41
Delivered Date:	2018/09/10 22:48:46

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
September 10, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on September 8, 2018 as a juvenile, as a result of Mr. (b)(6) (b)(6) knowingly providing a fraudulent birth certificate with a date of birth of (b)(6), 2001 upon apprehension.

Following placement in ORR care, Case Manager, (b)(6) interviewed Mr. (b)(6) (b)(6) and it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be older than his reported 17 years of age.

On September 8, 2018, after the initial intake, Case Manager (b)(6) verified the birth certificate through the RENAP website, which indicated that Mr. (b)(6) (b)(6) **was born on** (b)(6), **1998**. Case Manager then contacted the identified sponsor, Mr. (b)(6) (b)(6) (b)(6) who verified to Case Manager that his brother is using an altered birth certificate and was actually born in 1998. Case Manager then contacted the family in country of origin and Ms. (b)(6) (b)(6) (b)(6), who is the alleged mother of Mr. (b)(6) (b)(6) Ms. (b)(6) (b)(6) confirmed to Case Manager that her son had altered his birth certificate. Case Manager then met with Mr. (b)(6) (b)(6) again when he stated that he decided to change his date of birth on his birth certificate due to the guide who assisted him informing that the only way to enter to the US is as a minor. Ms. (b)(6) (b)(6) then sent a correct copy of Mr. (b)(6) (b)(6) birth certificate showing a date of birth of (b)(6), **1998**.

Along with this Memo ORR is submitting the following documents:

- Statement
- True Birth Certificate
- Fraudulent Birth Certificate
- Verification of birth certificate
- TB clearance
- Photograph

In accordance with ORR age redetermination policy and procedures Mr. (b)(6) (b)(6) (b)(6) is 20 years of age and therefore does not meet the criteria of an Unaccompanied Alien Minor (UAC). In addition, ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) 'SWK Casa Phoenix
Date:	2018/07/30 12:35:33
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line is 20 years of age and is ready for transport.

ORR Universal Password applies.

POC

1st shift (b)(6) (morning)

2nd shift (b)(6) (afternoon)

3rd shift-(b)(6) (night)

Respectfully,

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov.

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <juvplacement.pho@ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org"
Sent Date:	2018/07/30 12:35:29
Delivered Date:	2018/07/30 12:35:33

ADMINISTRATION FOR CHILDREN & FAMILIES

330 C Street, S.W., Washington, DC 20201 | **www.acf.hhs.gov**

Memo of Age Determination
July 30, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on July 22, 2018 as a juvenile as a result of knowingly misreporting her date of birth as (b)(6), 2000 to immigration officials.

Following placement in ORR care Ms. (b)(6) (b)(6) was interviewed by her assigned Case Manager, (b)(6), to whom it was immediately apparent that Ms. (b)(6) (b)(6) (b)(6) (b)(6) could be overage. Ms. (b)(6) (b)(6) arrived in care with a copy of her birth certificate. The document was sent for verification to the Phoenix Guatemalan Consulate.

On July 27, 2018 ORR received verification of the document provided by Ms. (b)(6) (b)(6) from Consular Assistant Ms. (b)(6) informing that the document provided by Ms. (b)(6) (b)(6) was altered and that the correct date of birth of Ms. (b)(6) (b)(6) is (b)(6) **1998**.

Ms. (b)(6) (b)(6) was then provided with the opportunity to explain the discrepancy between the document she had on hand when she arrived at the shelter and the verification of the same document provided by the Guatemalan consulate and she reported that she could not recall her exact birth date, but she knew she was 20 years old. She stated that the name on the document is correct. She added that she obtained the altered document from a man in Guatemala but would not disclose other details.

Along with this Memo ORR is submitting the following documents:

- Fraudulent birth certificate
- Verification of DOB
- TB Clearance
- Immunizations
- Photograph

In accordance with ORR policy and in view of the new information demonstrating that (b)(6) (b)(6) (b)(6) (b)(6) is 20 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

004523

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)((b)(6) (b)(6) SWK Casa Phoenix
Date:	2018/07/18 17:02:03
Priority:	Urgent
Type:	Note

Good afternoon,

The person listed in the subject line is 20 years of age and is ready for transport.

ORR Universal Password applies.

POC
1st shift (b)(6) (morning)
2nd shift (b)(6) (afternoon)
3rd shift- (b)(6) (night)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/07/18 17:02:00
Delivered Date:	2018/07/18 17:02:03

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 18, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

AKA: (b)(6) (b)(6) (b)(6) (b)(6) DOB: (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on July 10, 2018 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing a fraudulent identity.

Following placement in ORR care Mr. (b)(6) (b)(6) was interviewed by a Case Manager at SWK Casa Phoenix, (b)(6) (b)(6), to whom it was immediately apparent that Mr. (b)(6) (b)(6) could be overage. Mr. (b)(6) (b)(6) did not arrive to the shelter with a birth certificate. He entered ORR care under the name of (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) 2004.

On July 12, 2018 Case Manager, (b)(6), then proceeded to contact and interview Mr. (b)(6) (b)(6) alleged mother, (b)(6) (b)(6) in which discrepancies were reported about the age of Mr. (b)(6) (b)(6) as well as, siblings' names and ages.

Assigned case manager then met with Mr. (b)(6) (b)(6) to gather information regarding his identity, however, Mr. (b)(6) (b)(6) was not able to recall his date of birth, his own name, nor the names of his siblings. Upon discrepancies, Mr. (b)(6) (b)(6) reported that he wanted to share that he is older than 18 years of age. Mr. (b)(6) (b)(6) stated that he used the identity of a younger brother of a friend of his named (b)(6) (b)(6) (b)(6) (b)(6) to misrepresent himself as a minor. He acklnowledged his correct name is (b)(6) (b)(6) (b)(6) (b)(6) with date of birth (b)(6) **1997**.

Mr. (b)(6) (b)(6) stated it was his idea to use a fraudulent identity and that his family and friends were aware of his actions. Case Manager then contacted Mr. (b)(6) (b)(6) alleged mother in Honduras to inform her what Mr. (b)(6) (b)(6) had disclosed about his correct identity. Mr. (b)(6) (b)(6) mother reported she was going to be faxing a copy of the correct birth certificate within 24 hours. However, Case Manager did not receive correct birth certificate within that time frame. Additionally, Mr. (b)(6) (b)(6) alledged mother, Ms. (b)(6) discontinued answering the Case Manager's phone calls. Thereafter, Mr. (b)(6) (b)(6) reported that Ms. Levi Patricia (b)(6) is not his mother. Mr. (b)(6) (b)(6) disclosed that his mother is Elda Florinda, (b)(6) (b)(6) who resides in Honduras.

On July 18, 2018 ORR received a bith certificate and identification form matching the identity of the individual in ORR care (attached).

Along with this Memo ORR is submitting the following documents:

- BC

004527
- Picture ID
- TB Clearance
- Immunizations
- Photograph

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) is 20 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)((b)(6) (b)(6) SWK Casa Phoenix
Date:	2018/07/16 19:14:11
Priority:	Urgent
Type:	Note

Good afternoon Officers,

The individual listed in the subject line has been determined to be an adult. He is ready for transport.

ORR Universal Password applies.

POC
1st shift (b)(6) (morning)
2nd shift (b)(6) (afternoon)
3rd shift- (b)(6) (night)

Very respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6),(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2018/07/16 19:14:04
Delivered Date:	2018/07/16 19:14:11

ADMINISTRATION FOR CHILDREN & FAMILIES

Memo of Age Determination
July 16, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: Jose (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Jose (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on May 4, 2018 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)(6), 2001 to apprehension officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by a Case Manager at SWK Casa Phoenix, Andrea Reynoso, to whom it did not become immediately apparent that Mr. (b)(6) (b)(6) could be overage. During placement intake Mr. (b)(6) (b)(6) reported that his date of birth is (b)(6) 2001.

Case Manager then proceeded to contact and interview Mr. (b)(6) (b)(6) reported mother, (b)(6) (b)(6) (b)(on May 4, 2018, who also reported to the Case Manager that the correct date of birth of her alleged son is (b)(6), 2001.

The family provided a birth certificate for Mr. (b)(6) (b)(6) on May 14, 2018. The document was sent for verification to the Guatemalan Consulate on June 7, 2018. On July 16, 2018 ORR received verification of the birth certificate indicating that Mr. (b)(6) (b)(6) was born (b)(6), **2000** and that the document provided by his family is a fraudulent document.

Assigned case manager, (b)(6) then provided Mr. (b)(6) (b)(6) and opportunity to explain the discrepancy between his first provided date of birth and the results of the verification of his date of bith and Mr. (b)(6) (b)(6) ackowldged that that his correct date of birth is indeed (b)(6), 2000. He also admitted that he paid a friend to modify the document.

Case manager spoke with Mr. (b)(6) (b)(6) uncle, Mr. (b)(6) (b)(6) (b)(6) in Texas on July 16, 2018 who reported that he did not know who provided the altered birth certificate. The altered BC was issued and received on May 14, 2018 by the program ,which was 10 days after the UAC was admitted to the program.

Along with this Memo ORR is submitting the following documents:

- Fraudulent BC
- Verification of DOB
- TB Clearance
- Immunizations
- Photograph
- Statement Letter

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) is 18 years of age,

HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT -AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) KOKOPELLI
Date:	2017/06/17 14:20:16
Priority:	Urgent
Type:	Note

Good morning,

The person listed in the subject line has a correct name of (b)(6) (b)(6) (b)(6) (b)(6) and a correct DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2017/06/17 14:20:15
Delivered Date:	2017/06/17 14:20:16

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
June 17, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Kokopelli

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UAC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)
AKA: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Kokopelli on June 13, 2017 as a juvenile as a of result of Mr. (b)(6) (b)(6) misreporting his date of birth as (b)(6), 2002.

On June 13, 2017, Case Manager, Ms. (b)(6) supervised the initial phone call that Mr. (b)(6) (b)(6) had with his mother in Guatemala. Mr. (b)(6) (b)(6) mother informed the Case Manager that (b)(6) was her son; however, during the phone conversation between Mr. (b)(6) (b)(6) and his mother the Case Manager observed that the mother was addressing Mr. (b)(6) (b)(6) as (b)(6) (b)(6) several times. The Case Manager then confronted them and the mother disclosed that her son's real name is (b)(6) (b)(6) but that they were unsure of the correct date of birth due their being illiterate.

On June 16, 2017 the Case Manager was able to speak to both of Mr. (b)(6) (b)(6) father and mother. Mr. (b)(6) (b)(6) father stated that Mr. (b)(6) (b)(6) was born (b)(6), 1998. Case Manager requested a copy of the birth certificate. On June 16, 2017 the family faxed a copy of the formal document showing a correct name (b)(6) (b)(6) (b)(6) (b)(6) and date of birth (b)(6), **1998**. The document was verified with the RENAP website and returned as a match.

Additionally this Memo is submitting the following documents:

- Original BC
- RENAP verified BC
- Photograph
- TB Clearance

In accordance with ORR policy FFS reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied minor (UAC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.06.17 10:46:33 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Ildefonso Ixtahuacán, departamento de Huehuetenango,

CERTIFICA

que con fecha seis de enero de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de SAN ILDEFONSO IXTAHUACÁN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, San Ildefonso Ixtahuacán

Lugar de nacimiento

Masculino

Género

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día dieciséis de junio de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

Carlos Estuardo , Escobar Palacios

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día dieciséis de junio del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

SimonMed
See Tomorrow Today

FINAL

SimonMed Mesa Drive
DIAGNOSTIC IMAGING REPORT

Patient: (b)(6) (b)(6) Sex: M DOB: (b)(6), 2002 Age: 15 Diag. Imaging #(b)(6)
Status: Outpatient (PEDS)
Referring Physician: (b)(6)

Exam #(b)(6) **- Jun 14, 2017 -** X-Ray - CHEST 1 VIEW

Exam Performed at (b)(6)

CLINICAL HISTORY: Screening for TB.

COMPARISON: None.

TECHNIQUE: PA view of the chest was done.

FINDINGS: The cardiomediastinal silhouette demonstrates normal size. The thoracic aorta is normal. The lungs are clear. Osseous structures are normal for age.

IMPRESSION:

No acute cardiopulmonary disease.
No evidence of active TB.

Lance A. Cohen, M.D., DABR
CAQ in Pediatric Imaging

ELECTRONICALLY SIGNED BY: Cohen MD, Lance on Jun 14, 2017

dd: June 14, 2017

Reported by: Lance Cohen MD
Electronically signed by: Lance Cohen MD

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

Facility #: --- 004539 | Casa Kokopelli Mesa | Facility Code: ---

Date: Jun 15, 2017 | Immunization Report | User: (b)(6)

Time: 14:46:31 MT

Resident: (b)(6) Date Range: 06/01/2017 - 06/30/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6)/2002 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 06/14/2017	
Hepatitis A	Consented	Left Deltoid - 06/14/2017	
Hepatitis B	Consented	Left Deltoid - 06/14/2017	
Influenza	Consented	Right Deltoid - 06/14/2017	
Meningicoccal	Consented	Left Deltoid - 06/14/2017	
MMR	Consented	Left Deltoid - 06/14/2017	
IPV	Consented	Right Deltoid - 06/14/2017	
Tdap	Consented	Right Deltoid - 06/14/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 06/14/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK KOKOPELLI
Date:	2017/06/17 14:20:09
Priority:	Urgent
Type:	Note

Good morning,

The person listed in the subject line has a correct name of (b)(6) (b)(6) (b)(6) and a correct DOB (b)(6) 1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/06/17 14:20:04
Delivered Date:	2017/06/17 14:20:09

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 17, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Kokopelli

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UAC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)
AKA: (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR with SWK Kokopelli on June 13, 2017 as juvenile as a result of Mr. (b)(6) (b)(6) providing a different name (b)(6) (b)(6) (b)(6) and date of birth (b)(6) 2001) upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) who immediately facilitated a phone all with Mr. (b)(6) (b)(6) sister, (b)(6) (b)(6) (b)(6) who informed the Case Manager that the person in ORR care was her brother (b)(6) (b)(6) (b)(6) and not (b)(6) (b)(6) (b)(6) Case Manager requested to the family a copy of his birth certificate. The family faxed to Case Manager a copy of (b)(6) (b)(6) (b)(6) birth certificate with date of birth (b)(6) **1998**.

Mr. (b)(6) (b)(6) (b)(6) could not explain why he provided his younger's brother's information as his own identity. He then corrected himself and stated that he was born in 1998. Mr. (b)(6) (b)(6) mother faxed a copy of her son's birth certificate on (b)(6) 2017. The birth certificate shows the name (b)(6) (b)(6) (b)(6) with a date of birth of (b)(6) **1998**. Case Manager then proceeded to verify the birth certificate through the official website RENAP site and the verified document returned as a match.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.06.17 10:51:45 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

(b)(6)

RENAP
Registro Nacional de las Personas

Registro Nacional de las Personas

República de Guatemala

No. correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

(b)(6)

ID: (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Ildefonso Ixtahuacán, departamento de Huehuetenango,

CERTIFICA

que con fecha diez de diciembre de mil novecientos noventa y ocho, en la partida (b)(6), folio (b)(6) del libro (b), del Registro Civil del Municipio de SAN ILDEFONSO IXTAHUACÁN, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, Huehuetenango, San Ildefonso Ixtahuacán

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

(b)(6)

Nombres y apellidos de la madre

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

DE :RUDEL HERRERA HERRERA N°DE TEL :77807147 15 JUN. 2017 2:29PM P1

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

Extendida el día ocho de febrero de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

Doy fe

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 335
SAN LUCAS DEFENSO
IXTAHUACAN,
HUEHUETENANGO

Carlos Estuardo , Escobar Palacios
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso el día ocho de febrero de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

15 JUN. 2017 2:30PM P3 Nº DE TEL :77807147 DE :RUDEL HERRERA HERRERA

Facility #: ---
004545
Date: Jun 14, 2017
Time: 13:38:55 MT

Casa Kokopelli Mesa
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) Date Range: 06/01/2017 - 06/30/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) 2001 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 06/14/2017	
Hepatitis A	Consented	Left Deltoid - 06/14/2017	
Hepatitis B	Consented	Left Deltoid - 06/14/2017	
Influenza	Consented	Right Deltoid - 06/14/2017	
Meningicoccal	Consented	Left Deltoid - 06/14/2017	
MMR	Consented	Left Deltoid - 06/14/2017	
IPV	Consented	Right Deltoid - 06/14/2017	
Tdap	Consented	Right Deltoid - 06/14/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 06/14/2017	

SimonMed
See Tomorrow Today

FINAL

SimonMed Mesa Drive
DIAGNOSTIC IMAGING REPORT

Patient: (b)(6) (b)(6) Sex: M DOB: (b)(6), 2001 Age: 15 Diag. Imaging #(b)(6)
Status: Outpatient (PEDS)
Referring Physician: (b)(6)

Exam # (b)(6) **- Jun 14, 2017 -** X-Ray - CHEST 1 VIEW

Exam Performed at SimonMed Mesa Drive

CLINICAL HISTORY: Screening for TB, immigration chest x-ray.

COMPARISON: None.

TECHNIQUE: PA view of the chest was done.

FINDINGS: The cardiomediastinal silhouette demonstrates normal size. The thoracic aorta is normal. The lungs are clear. Osseous structures are normal for age.

IMPRESSION:

No acute cardiopulmonary disease.
No evidence of active TB.

Lance A. Cohen, M.D., DABR
CAQ in Pediatric Imaging

ELECTRONICALLY SIGNED BY: Cohen MD, Lance on Jun 14, 2017

dd: June 14, 2017

Reported by: Lance Cohen MD
Electronically signed by: Lance Cohen MD

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2017/02/22 19:40:48
Priority:	Normal
Type:	Note

Good evening,

The person listed in the subject line has been determined to be an adult with a verified DOB (b)(6) 1988.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/02/22 19:40:45
Delivered Date:	2017/02/22 19:40:48

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
February 22, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) **A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on December 13, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) misreporting his date of birth as August 8, 1999 following his apprehension by immigration authorities.

While in ORR care he was transferred twice before arriving to SWKey Casa Phoenix and upon initial assessment and interview conducted by assigned Case Manager (b)(6) it was apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager proceeded to verify the birth certificate with the Dallas Honduran Consulate.

On February 21, 2017 ORR received a copy of the correct formal document from Gesica Milla from the Dallas Honduran Consulate informing that the document sent by the family in Honduras was an altered document and they provided a correct birth certificate indicating a real date of birth of (b)(6)

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by Honduran consulate and agrees that Mr. (b)(6) (b)(6) is an adult with a date of birth (b)(6)

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Mr. (b)(6) (b)(6) (b)(6) verified Honduran Birth Certificate
- Altered BC
- A photograph of Mr. (b)(6) (b)(6)
- TB clearance
- IMM

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.02.22 17:28:52 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004551

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: 1 8 0 4 - 1 9 9 8 - 0 4 1 5 2 ubicada en el folio **046** del tomo **00682**

nùmero de identidad

del año y que pertenece a:

a) (b)(6) *primer apellido* **b)** (b)(6) *segundo apellido*

c) ***BAUDILIO*** *nombre* sexo **MASCULINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***EL PROGRESO*** *municipio* **b)** ***YORO*** *departamento* **c)** ***HONDURAS*** *pais*

d) (b)(6) *dia* **e)** (b)(6) *mes* **f)** (b)(6) *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) *primer apellido* **b)** ***BONILLA*** *segundo apellido*

c) (b)(6) *nombre* **d)** ***HONDUREÑA*** *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *primer apellido* **b)** ***VELASQUEZ*** *segundo apellido*

c) ***ALBA MIRIAN*** *nombre* **d)** ***HONDUREÑA*** *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***VEINTIUN*** dias del mes de ***FEBRERO***

del dos mil ***DIECISIETE***

C0801197303448
172.20.1.1

firma y sello del registrador civil municipal

KH8yMeQ6S4$MvRZNzr7[FJ1@xL[k+oy2@pUlSYYHPbfOfak2iM7@SO+@32bxvV0@bmMC@GCv@e$Sr47/3REr3rd/fJzH8LK7@otg@pb+aY\5CbfDTa6Z2M]vfOVAY2A4@VwYem8r@GfyHeG@C4PN/R
4Krp4/Jh68Lq9Y

REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº 49127087

CERTIFICACION DE ACTA DE NACIMIENTO

El Infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de Nacimientos que se tiene en esta oficina; se encuentra el acta de nacimiento numero: 1804-1999-04152 ubicada en el folio 046 del tomo 00682 del Año 1999 y que pertenece a:

Numero de identidad

a) ALVARADO *Primer apellido* b) (b)(6) *Segundo apellido*

c) BAUDILIO *Nombre* SEXO F [ ] M [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) EL PROGRESO Municipio b) YORO Departamento c) HONDURAS País

d) (b)(6) Día e) (b)(6) Mes f) (b)(6) Año

2.) Apellidos, nombre y nacionalidad del padre:

a) (b)(6) *Primer apellido* b) BONILLA *Segundo apellido*

c) BAUDILIO *Nombre* d) HONDUREÑA Nacionalidad

3.) Apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *Primer apellido* b) VELASQUEZ *Segundo apellido*

c) ALBA MIRIAN *Nombre* d) HONDUREÑA Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en EL PROGRESO Municipio YORO Departamento

A los: VEINTISIETE días del mes de DICIEMBRE

Del DOS MIL DIECISEIS

FIRMA Y SELLO DEL REGISTRADOR CIVIL

Serie de disco(145)894

oxford
DIAGNOSTIC LABORATORIES

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(6)
Patient ID: (b)(6)
Sex: M
DOB: (b)(6)
Collection Date/Time: 12/14/2016 10:42AM EST

Provider: Mignogna, Joseph J., MD
Location: Comprehensive Health Services, Inc.
Customer Number: CHSI40
Sample ID: 164730398
Received Date/Time: 12/15/2016 8:30AM EST
Approval Date/Time: 12/16/2016 4:09PM EST

T-SPOT.TB

T-SPOT.TB Negative

The test result is Negative because the spot count in (Panel A minus Nil Control) and (Panel B minus Nil Control) is less than or equal to 4. This includes values less than zero.
Note: Diagnosing or excluding tuberculosis disease, and assessing the probability of LTBI, requires a combination of epidemiological, historical, medical and diagnostic findings that should be taken into account when interpreting T-SPOT.TB test results. Refer to the most recent CDC guidance (http://www.cdc.gov/tb/publications/guidelines/default.htm) for detailed recommendations on diagnosing TB infection (including disease) and selecting persons for testing. Guidelines set forth by the Centers of Disease Control and Prevention (CDC) recommend contacts of a person with tuberculosis (TB) disease who have a negative initial interferon-gamma release assay (IGRA) or TST within 8 weeks of exposure be retested 8 - 10 weeks after last exposure.

Nil (Neg) Control Spot Count	0
Panel A Spot Count	0
Panel B Spot Count	0
Positive Control Spot Count	>20

DEC 22 2016

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with M. xenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculosis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

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DH687 IMMUNIZATION CLINIC RECORD CARD

(b)(6)
920 BOUGAINVILLE BLVD
HOMESTEAD, FL 33032
Phone:
DOB: (b)(6)
Race: WHITE
SSN:

Medicaid ID#:
State Immunization ID: 9901323739
Clinic Loc: CHSI-HOMESTEAD
WIC ID:

Contraindications: N/A
Adverse Reaction: N/A
Client's Age Today: 17 yrs/4 mos

Form DH 1478 Provided [ ]

Series/Dose	DteGivn	Mfg/Lot#	Vaccine Type	VFC	Rte/Site	Service Provider	In?	VIS Dte	VIS Recipient	Consent?
OTHER	12/14/16	PMC UI729AA	FLU QUAD 3Y+ PF	NoIns	IM/LD		Y	08/07/15	G:REFUGEE OFFICE	Y
DTAP 1	12/14/16	SKB 9ZS2S	TDAP	NoIns	IM/RD		Y	02/24/15	G:REFUGEE OFFICE	Y
HEP A 1	12/14/16	SKB ZT5K4	HEP A PED 2DOSE	NoIns	IM/LD		Y	07/20/16	G:REFUGEE OFFICE	Y
HEP B 1	12/14/16	SKB 37H34	HEP B PED	NoIns	IM/RD		Y	07/20/16	G:REFUGEE OFFICE	Y
HPV 1	12/14/16	MSD M030380	HPV9	NoIns	IM/LD		Y	12/02/16	G:REFUGEE OFFICE	Y
MEASLES 1	12/14/16	MSD M022408	MMR	NoIns	SC/RA		Y	04/20/12	G:REFUGEE OFFICE	Y
MEN 1	12/14/16	NOV M016013	MENVEO	NoIns	IM/LD		Y	03/31/16	G:REFUGEE OFFICE	Y
MUMPS 1	12/14/16	MSD M022408	MMR	NoIns	SC/RA		Y	04/20/12	G:REFUGEE OFFICE	Y
POLIO 1	12/14/16	PMC N1A46	IPV	NoIns	SC/RA		Y	07/20/16	G:REFUGEE OFFICE	Y
RUBELLA 1	12/14/16	MSD M022408	MMR	NoIns	SC/RA		Y	04/20/12	G:REFUGEE OFFICE	Y
VZV 1	12/14/16	MSD M033905	VZV	NoIns	SC/LA		Y	03/13/08	G:REFUGEE OFFICE	Y

Varicella: Disease ___/___/_____ **[ ] Parental Recall** **[ ] Physician Documentation**

Date Printed: 12/31/2016

Page 1 of 1

Resident: (b)(6) (b)(6) Baudilo (47911) Consent Status: All Date Range: 02/01/2017 - 02/28/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) Baudilo (47911) - Zone C 516 4 - DOB: 08/08/1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	- - 02/08/2017	
IPV	Consented	- - 02/08/2017	
MMR	Consented	- - 02/08/2017	
Td	Consented	- - 02/08/2017	
Varicella (chicken pox)	Consented	- - 02/08/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2017/01/18 17:50:18
Priority:	Urgent
Type:	Note

Good afternoon,

The person listed in the subject line has a verified DOB (b)(6) 1997.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/01/18 17:50:13
Delivered Date:	2017/01/18 17:50:18

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
January 18, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on January 13, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his Grandmother in Honduras (b)(6)

On January 16, 2017, Mr. (b)(6) (b)(6) recognized by a written statement to be (b)(6) (b)(6) (b)(6) 20 years old who was pretending to be a minor of 16 years of age. Case manager requested from Mr. (b)(6) (b)(6) Grandmother the birth certificate for (b)(6) (b)(6) (b)(6) Mr. (b)(6) (b)(6) grandmother sent a copy of the formal document of (b)(6) (b)(6) (b)(6) showing a date of birth (b)(6)

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) (b)(6) birth certificate, Mr. (b)(6) (b)(6) own retraction of his true date of birth admitting he is an adult, the credible testimony of Mr. (b)(6) (b)(6) grandmother corroborating his grandson is 20 years old and after careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) Is 20 years old.

Along with this Memo ORR is submitting the following documents:

- BC
- Photograph
- TB Clearance
- Self-Statement

In accordance with ORR policy and in view of the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) is 20 years of age this individual does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.18 15:45:21 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004559

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº 34913281

CERTIFICACION DE ACTA DE NACIMIENTO

El infrascrito DIRECTOR GENERAL DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de [illegible] CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número (b)(6) inscrita en el folio 047 del tomo 00004

del Año 1997 y que pertenece a:

a) (b)(6) b) (b)(6)
Primer Apellido Segundo Apellido

c) (b)(6) (b)(6) SEXO F ☐ M ☒
Nombre

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) CEDROS Municipio b) FRANCISCO MORAZÁN Departamento c) HONDURAS País

d) (b)(6) Día e) (b)(6) Mes f) (b)(6) Año

2.) Apellidos, nombre y nacionalidad del padre:

a) (b)(6) b) OCHOA Segundo Apellido

c) [illegible] Nombre d) HONDUREÑA Nacionalidad

3.) Apellidos, nombre y nacionalidad de la madre:

a) (b)(6) Primer Apellido b) GONZALES Segundo Apellido

c) (b)(6) Nombre d) HONDUREÑA Nacionalidad

4.) Notas marginales autorizadas:

(11/02/2014) Aparece nota marginal legal de rectificación

Extendida en DISTRITO CENTRAL Municipio FRANCISCO MORAZÁN Departamento

a los: DIECINUEVE días del mes de FEBRERO

del DOS MIL CATORCE

DIRECCION RNP

Firma y Sello del Director General

RNP
VENTANILLA01 / 0801SCASTELLANO - V6.0

ezbvEbe2luNNJausbOOLC5GdkwCp$gW9g2BDrh1331KW3nG8fs8YH9ynVECpTSJ5

(b)(6)

004560

(b)(6) (b)(6) (b)(6) (MRN 0103426078)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6) (b)(6)
DOB: 1/17/00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR Chest Ap Only

Exam Date & Time: Tue Jan 17, 2017 7:22 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession #(b)(6)

CLINICAL HISTORY:
tb screening

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

Thank you for making MIHS a part of your patient care.

(b)(6) (b)(6) (b)(6) (MRN (b)(6)

MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 1/17/2017 7:47 AM
CC: ELIZABETH TOLMAN, PA-C - FAX

Ord Prov:	Notlisted Referral	**PCP:**	None Specified
Ord Prov Phone:	602-685-3100	**Auth Prov:**	Notlisted Referral
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	No address on file		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; (b)(6) (b)(6) (b)(6)
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)(6) (b)((b)((b)(6) Casa Phoenix
Date:	2016/12/14 20:54:13
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has a verified DOB (b)(6) 1994.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
	(b)(6)	(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) (b)(6) (b)(6)
Sent Date:	2016/12/14 20:54:12
Delivered Date:	2016/12/14 20:54:13

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 14, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on December 8, 2016 as a juvenile as a result of Mr. (b)(6) knowingly misreporting his date of birth as (b)(6) 1999 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager immediately requested a copy of the birth certificate of Mr. (b)(6) from his parents in Guatemala. Mr. (b)(6) (b)(6) and his wife (b)(6) (b)(6) submitted a copy of the formal document to Case Manager which showed a date of birth of (b)(6) 1999, however it had a visibly different font in the date of birth from standard formal documents; therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On December 12, 2016 Briseyda Mateo (Assistant in Guatemalan Consulate) emailed ORR the results of the verification of the birth certificate Mr. (b)(6) father had provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives** (b)(6) (b)(6) (b)(6) **was registered with a date of birth** (b)(6) **1994**.

Case Manager then proceeded to contact and interview again Mr. (b)(6) father (b)(6) (b)(6) and his wife (b)(6) (b)(6) who finally admitted to the Case Manager that the correct date of birth of his son is (b)(6) **1994** and that the document was altered per advice from the foot guide, however, he could not provide details about how the alteration occurred.

Case Manager provided then an opportunity to Mr. (b)(6) to explain the discrepancy between the verified birth certificate which showed a different date of birth than the one included in the birth certificate provided by Mr. (b)(6) father. Mr. (b)(6) first expressed not to be aware that his birth certificate was altered, but when the Case Manager informed him that his parents had already acknowledged how his birth certificate was altered, Mr. (b)(6) admitted to his correct date of birth and agreed to document it in writing.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the Case Manager for this individual including his own retraction of his first provided incorrect date of birth including admitting that he is 22 years old and that he has carried out a scheme to mislead authorities to believe he was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

- BC
- Photograph
- TB Clearance
- Immunization Record
- Client self-statement

In accordance with ORR policy FFS reviewed all the new information and documents mentioned above indicating that this individual is 22 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.14 18:34:19 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP Registro Nacional de las Personas
República de Guatemala

(b)(6)

RENAP

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Guatemala, departamento de Guatemala,

CERTIFICA

que con fecha doce de abril de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(6), del Registro Civil del Municipio de Chichicastenango, Departamaento de Quiche, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Quiche, Chichicastenango, Cantón Saquillá : 2o.

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

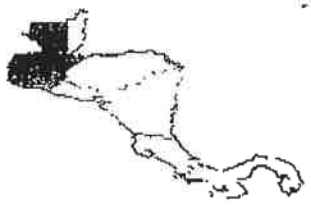
Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible



Datos del padre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el dìa dieciséis de noviembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es autèntica por ser una copia fiel de su original

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

RENAP
REGISTRO CIVIL DE LAS PERSONAS
GUATEMALA, GUATEMALA, SEDE No. 1
REGISTRO NACIONAL DE LAS PERSONAS - RENAP -

Licenciado Rafael Arturo , Andrade Barillas
Registrador Civil de las Personas

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito

Este certificado fue impreso el día dieciséis de noviembre de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través de link: https://www.renao.gob.gt/verificacion -de-certificado o bien llamando al 1516

004569

RENAP

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2016-12-13

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) 1994

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	CHICHICASTENANGO

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mi.

(b)(6)

Firma titular

Firma cónsul u operador

(b)(6) (b)(6) (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: Pantzay-Calgua, (b)(6) (b)(6)
DOB: (b)(6) /1999
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR chest AP only

Exam Date & Time: Fri Dec 9, 2016 11:40 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Screening-pulmonary TB

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
TB sreening

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

(b)(6)

IMPRESSION:
1. No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal
infection.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: David L August, MD

004571

(b)(6)

Facility #: ---
004572
Date: Dec 11, 2016
Time: 08:37:13 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 12/09/2016	
MMR	Consented	Left Deltoid - 12/09/2016	
Tdap	Consented	Right Deltoid - 12/09/2016	
Influenza	Consented	Right Deltoid - 12/09/2016	
HPV	Consented	Right Deltoid - 12/09/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 12/09/2016	
Hepatitis B	Consented	Left Deltoid - 12/09/2016	
Meningicoccal	Consented	Left Deltoid - 12/09/2016	
IPV	Consented	Right Deltoid - 12/09/2016	

(b)(6)

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6)
DOB: (b)(6) 1999
Sex: Female

MRN #: (b)(6)
Ord #:
Phone: 602-696-7508

Final
XR Chest Ap Only

Exam Date & Time: Tue Dec 6, 2016 7:57 AM **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Encounter for routine child health examination without abnormal findings

EXAM DESCRIPTION:
XR CHEST AP ONLYIMG1592
Accession #(b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None

TECHNIQUE:
Frontal view of the chest was obtained.

FINDINGS:
HEART: The heart size is normal.

LUNGS: The lungs are clear bilaterally, with no evidence of consolidation, effusion, or
pneumothorax.

(b)(6)

PULMONARY VESSELS: Pulmonary vasculature is normal.

OSSEOUS STRUCTURES: Mediastinal, soft tissue, and osseous structures are unremarkable.

IMPRESSION:
No radiographic evidence for acute cardiopulmonary disease. No radiographic evidence for
active infectious granulomatous disease.

(b)(6) (MRN (b)(6))

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Daniel G. Gridley, MD

Released By: Daniel G. Gridley, MD on 12/6/2016 8:17 AM
CC: SW KEY - FAX

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	1205 S. 7th Avenue Phoenix AZ 85007-3913		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org'"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)((b)(6) CASA PHOENIX
Date:	2016/11/10 20:49:22
Priority:	Normal
Type:	Note

Good evening,

The person listed in the subject line has a verified DOB: (b)(6) /1998.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	Lead Case Manager	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; '(b)(6) @swkey.org>"; '(b)(6) @swkey.org>"; '(b)(6) @swkey.org'"
Sent Date:	2016/11/10 20:49:16
Delivered Date:	2016/11/10 20:49:22

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 10, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)((b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)((b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix by October 24, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)((b)(6) birth certificate from his father, (b)(6) (b)(6) (b)(6) immediately upon arrival on October 25, 2016.

On November 1, 2016, Case Manager (b)(6) requested a dental forensic exam to be conducted due to not having received any form identification for Mr. (b)(6) (b)(6) from his father. On November 6, 2016 Mr. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine his chronological age. Dr. Arvanitis provided a report concluding that "**The probability of** (b)(6) (b)(6 (b)(6) (b)(6) **being over 18 years of age based on third molars developmental stages is 80.85%.**"

Case Manager proceeded to question Mr. (b)(6) (b)(6) and his father, (b)(6) (b)(6) (b)(6) who continued to deny that Mr. (b)(6) (b)(6) was an adult.

On November 9, 1016 Case Manager received Mr. (b)(6) (b)(6) birth certificate from his father showing a date of birth (b)(6) **1998.**

Case Manager (b)(6) then provided Mr. (b)(6) (b)(6) an opportunity to explain the discrepancy and Mr. (b)(6) (b)(6) provided a Self-Statement confirming his true date of birth as (b)(6), 1998 and is currently 18 years old.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) information about his date of birth being (b)(6), 1998 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 18 years old

Along with this Memo ORR is submitting the following documents:

- BC
- Photograph
- TB Clearance
- Immunization Record

- Client self-statement
- Dental Forensic Results

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)((b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004579

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina; se encuentra el acta de nacimiento número: (b)(6) *Número de Identidad* ubicada en el folio (b)(del tomo (b)(6)

del Año **1999** y que pertenece a:

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) (b)(6) *Nombre* SEXO F ☐ M X

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) ***EL PROGRESO*** Municipio

b) ***YORO*** Departamento

c) ***HONDURAS*** País

d) (b)(6) Día

e) (b)(6) Mes

f) (b)(6) Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre: ***N. Identidad:*** (b)(6)

a) (b)(6) *Primer Apellido*

b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre*

d) (b)(6) Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre: - - - - - -

a) - - - - - - *Primer Apellido*

b) - - - - - - *Segundo Apellido*

c) - - - - - - *Nombre*

d) - - - - - - Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en ***SANTA RITA*** Municipio ***YORO*** Departamento

a los: ***NUEVE*** días del mes de ***NOVIEMBRE***

del DOS MIL ***DIECISEIS***

(b)(6)

FIRMA Y SELLO DEL REGISTRADOR CIVIL

004580

Dr. Peter Arvanitis
Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date:	11/02/2016	**Case #:**	(b)(6)
First Name:	(b)(6) (b)(	**Last Name:**	(b)(6)
Sex:	Male	**Ancestry:**	American Hispanic
Reported DOB:	(b)(6) /1999		
Reported Age:	17		
Case Agency:	Office of Refugee Resettlement		
Location:	Phoenix		
Odontologist:	Peter Arvanitis DDS PC		
Radiologist:	Peter Arvanitis DDS PC		

(b)(6)

Maxillary

H	H	
Right		**Left**
H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)((b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)((b)(6) (b)(6), is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)(6) (b)((b)(6) (b)(6) having attained 18 years of age is 80.85.

Respectfully Submitted,

Peter Arvanitis DDS PC

(b)(6)

004581

Quantiferon TB

Status: Final result **Visible to patient: Not Released** **Next appt: None** **Dx: Well adolescent visit**

	Ref Range	13d ago
Quantiferon TB	Negative, Indeterminate	Negative
Quantiferon TB minus Nil	IU/mL	-0.005
Resulting Agency	MIHS LAB	

Narrative

```
Interpretation of Results:

Positive:
Quantiferon TB - Nil:  >=0.35 IU/mL

Negative:
Quantiferon TB - Nil:  <=0.34 IU/mL

Quantiferon - TB Assay Limitations

Results from QuantiFERON-TB Gold IT testing must be used in conjunction with
each individual's epidemiological history, current medical status, and
results of other diagnostic evaluations.

1.  The predictive value of a positive QuantiFERON-TB Gold IT result in
diagnosing M. Tuberculosis infection depends on the probability of
infection, which is assessed by historical, epidemiological, diagnostic, and
other findings.
2.  A diagnosis of LTBI requires that tuberculosis disease must be excluded
by medical evaluation including an assessment of current medical and
diagnostic tests for disease as indicated.
3.  A negative result must be considered with the individual's medical and
historical data relevant to probability of M. Tuberculosis infection and
potential risk of progression to tuberculosis disease, particularly for
individuals with impaired immune function.  Negative predictive values are
likely to be low for persons suspected to have M. Tuberculosis disease and
should not be relied on to exclude disease.

4.  Indeterminate results may occur due to:
1.  Incorrect transport/handling of blood specimen.
2.  Excessive levels of circulating IFN-y or presence of heterophile
antibodies.
3.  Longer than 16 hours from blood specimen drawing to incubation.
```

Specimen Collected: 10/27/16 8:00 AM | Last Resulted: 10/29/16 11:44 PM | Lab Flowsheet Order Details View Encounter Lab and Collection Details Routing Result History

Lab IDs

Specimen #
(b)(6)

Reviewed by List

(b)(6) on 10/31/2016 8:11 AM
(b)(6) PA on 10/31/2016 7:46 AM

Routing History

Priority	Sent On	From	To	Message Type

	10/27/2016 2:14 PM	Rad Results In Edi	(b)(6)	PA	Results
⬆	10/27/2016 12:45 PM	Background User Lab	(b)(6)	PA	Results

View SmartLink Info

QUANTIFERON TB (Order #(b)(6)) on 10/27/16

Order Information

QUANTIFERON TB (Order #(b)(6)) on 10/27/16

Additional Details

View Order Tracking

PACS Images

Show images for XR Chest Pa And Lateral

External Result Report

External Result Report

Results

XR Chest Pa And Lateral (Order (b)(6)

Result Information

Result Status	Signing Physician	Date	Time
Final result	Mary J. Connell, MD	Oct 27, 2016	2:14 PM

Study Result

EXAM DESCRIPTION: (b)(
XR CHEST PA AND LATERAL
Accession #(b)(6)

COMPARISON:
None.

CLINICAL HISTORY:
r/o active TB

TECHNIQUE:
PA, Lateral Chest

FINDINGS:
HEART: Normal.

LUNGS: Clear. No consolidation, effusion or pneumothorax.

VASCULATURE: Normal.

MEDIASTINUM: Normal.

SOFT TISSUES: Normal.

BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal infection.

NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and time stamp indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Imaging

XR Chest Pa And Lateral (Order #(b)(6) on 10/26/2016 - Imaging Information

Result History

XR Chest Pa And Lateral (Order #(b)(6) on 10/27/2016 - Order Result History Report

Reviewed by List

(b)(6) PA on 10/31/2016 7:20 AM

Encounter

View Encounter

Result Information

Status
Final result (10/27/2016 2:14 PM)
Provider Status: Reviewed

Lab Information

MIHS RAD

PACS Images

Show images for XR Chest Pa And Lateral

Signed

Electronically signed by Mary J. Connell, MD on 10/27/16 at 1414 MST

Radiation Exposure Data

(b)(6) (b)(6) (b)(6)

10/26/2016 4:54 PM Orders Only Department: **Fsa Walk-In Clinic** Description: **Male DOB:** (b)(6) **1999**
MRN: (b)(6) CSN: (b)(6) Provider: (b)(6)

View SmartLink Info

XR CHEST PA AND LATERAL (Order # (b)(6)) on 10/26/16

ORDER INFORMATION

Maricopa Integrated Health System

XR Chest Pa And Lateral [IMG36]
(Order (b)(6) **)**
Imaging
Order: (b)(6)

Released By: (b)(6)
(b)(6)
Authorizing: (b)(6)
(b)(6) **PA**

Date: **10/26/2016**
Department: (b)(6)
(b)(6)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
10/26/16 03:33 PM	10/26/16 04:54 PM	10/26/16 04:54 PM	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	MIHS Performed

Original Order

Ordered On	Ordered By
10/26/2016 3:33 PM	(b)(6) PA

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Well adolescent visit	Z00.129	V20.2

Comments

Additional clinical info for Radiologist:

Order Questions

Question	Answer	Comment
Reason for exam:	**r/o active TB**	

Appointments for this Order

10/26/2016 5:05 PM - 15 min Fsa Uc Radiology

Facility #: --- 004586

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Nov 9, 2016

Immunization Report

User: (b)(6)

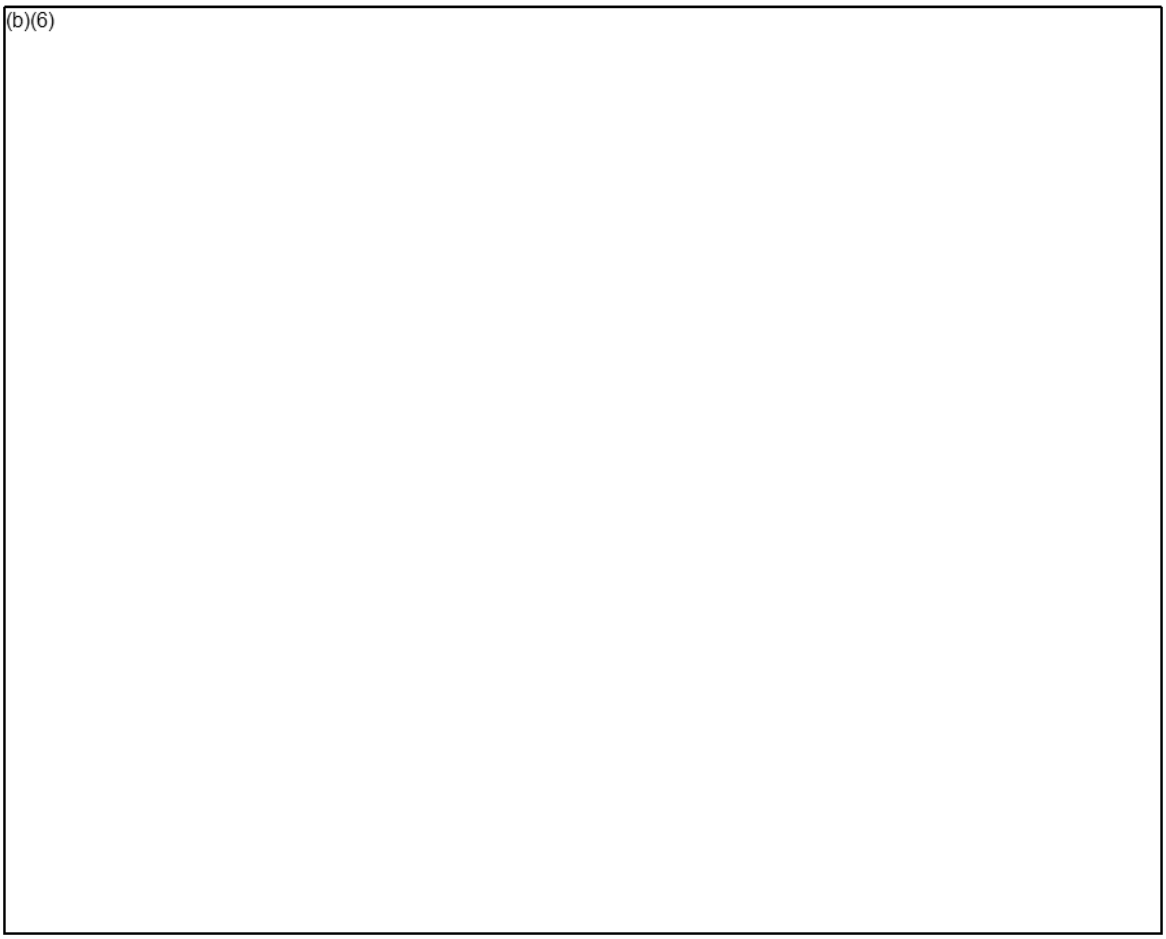
Time: 16:31:32 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 11/01/2016 - 11/30/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)((b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 10/26/2016	
Hepatitis B	Consented	- - 10/26/2016	
HPV	Consented	- - 10/26/2016	
Influenza	Consented	- - 10/26/2016	
IPV	Consented	- - 10/26/2016	
Meningicoccal	Consented	- - 10/26/2016	
MMR	Consented	- - 10/26/2016	
Tdap	Consented	- - 10/26/2016	
Varicella (chicken pox)	Consented	- - 10/26/2016	


(b)(6)

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	Adult Age Redetermination (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) CASA PHOENIX
Date:	2016/11/02 15:07:02
Priority:	Normal
Type:	Note

Good afternoon,

The person listed in the subject line has a correct DOB (b)(6) /1998.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

	(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/11/02 15:06:59
Delivered Date:	2016/11/02 15:07:02

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 11, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: Galo (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix by October 22, 2016 as a juvenile as a result of Mr (b)(6) (b)(6) knowingly misreporting his date of birth upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6), to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father, Mr. (b)(6)

On October 27, 2016 Mr. (b)(6) emailed a copy of his son's birth certificate to the Case Manager who proceeded to send the document to be verified by the Honduras Consulate. The Honduras Consulate verified Mr. (b)(6) (b)(6) birth certificate on November 1, 2016 with a date of birth of (b)(6) (b) **1998**.

Case Manager (b)(6) then provided an opportunity to Mr. (b)(6) (b)(6) to explain the discrepancy between the verified birth certificate and his statement. Mr (b)(6) (b)(6) reported that he was not certain of his year of birth as on his birth certificate the identification number contained the numbers "1999" which Mr. (b)(6) mistook for his year of birth.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) information about his date of birth being (b)(6) (b) 1998 and I agreed that there is sufficient strong evidence to indicate that Mr (b)(6) (b)(6) is 18 years old.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Photograph
- TB Clearance
- Immunization Record
- Client self-statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

004592

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6)
nùmero de identidad

del año y que pertenece a:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) (b)(6) sexo **MASCULINO**
nombre

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***TEUPASENTI*** **b)** ***EL PARAISO*** **c)** ***HONDURAS***
municipio *departamento* *pais*

d) (b)(6) **e)** (b)(6) **f)** ***1998***
dìa *mes* *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** (b)(6)
nombre *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) **b)** (b)(6)
primer apellido *segundo apellido*

c) (b)(6) **d)** ***HONDUREÑA***
nombre *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** ***FRANCISCO MORAZÁN***
municipio *departamento*

a los: ***TREINTA Y UN*** dias del mes de ***OCTUBRE***

del dos mil ***DIECISEIS*** (b)(6)

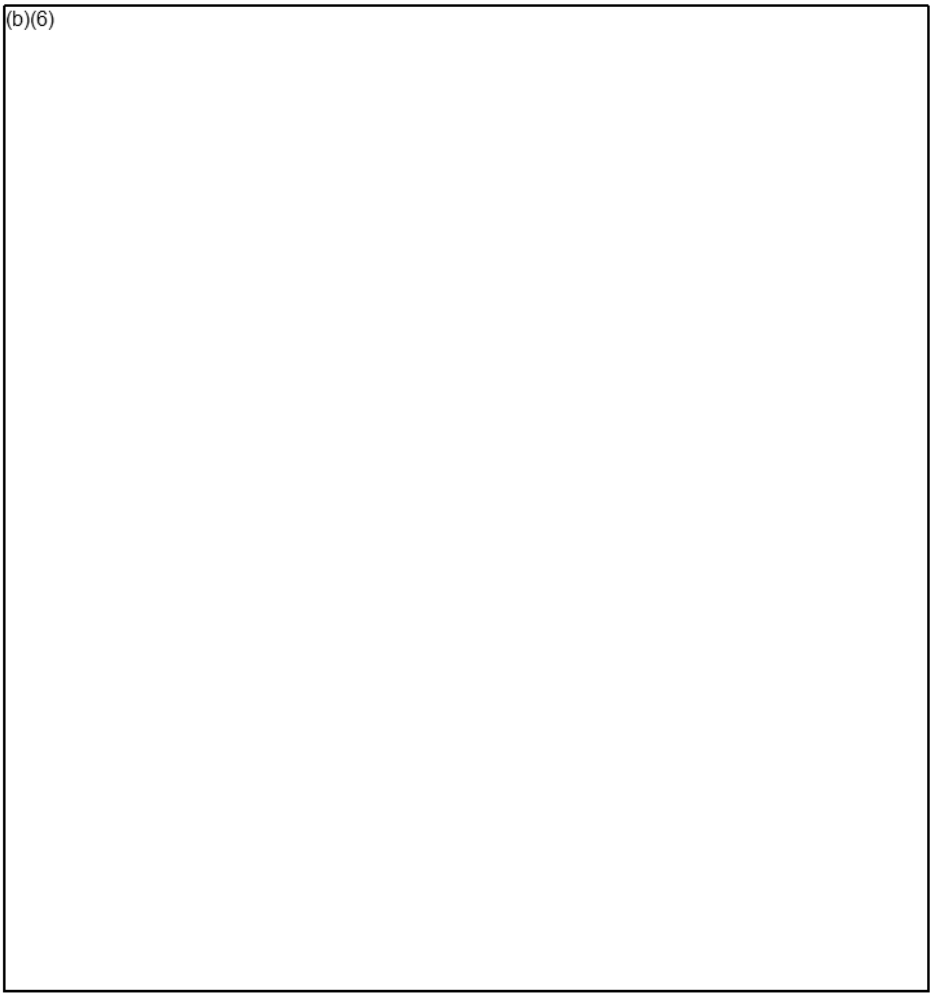
C0801197006334
172.20.1.1

firma y sello del registrador civil municipal

1XWftQz6bZb@icvzN9iN$a[Y3UT@0-6VX4SOiN Tj@u@i3cmF@u@ZSjh@Ll/XwK/cn5wbv@J@lq]K[4oOhAdF+RY8P@b6+ f@vw@[$/IhrrX/xk5r

(b)(6)

004593


(b)(6)

PACS Images

Show images for XR Chest Ap Only

External Result Report

External Result Report

Results

XR Chest Ap Only (Order (b)(6)

Result Information

Result Status	Signing Physician	Date	Time
Final result	Pejman Hedayati, MD	Oct 24, 2016	8:30 AM

Study Result

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
r/o TB

COMPARISON:
None

TECHNIQUE:
Single view CHEST.

FINDINGS:
LUNGS: Lungs are clear. There are no pleural effusions. Pulmonary vasculature are within normal limits.
MEDIASTINUM: The mediastinal contour is maintained.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Imaging

XR Chest Ap Only (Order (b)(6) on 10/24/2016 - Imaging Information

Result History

XR Chest Ap Only (Order (b)(6) on 10/24/2016 - Order Result History Report

Reviewed by List

Shawn R. McMahon, MD on 10/24/2016 8:58 AM

Encounter

View Encounter

Result Information

Status
Final result (10/24/2016 8:30 AM)
Provider Status: Reviewed

Lab Information

MIHS RAD

PACS Images

Show images for XR Chest Ap Only

Signed

Electronically signed by Pejman Hedayati, MD on 10/24/16 at 0831 MST

Radiation Exposure Data

(b)(6) (b)(6)

10/24/2016 9:00 AM Office Visit Department: (b)(6) Description: **Male DOB:** (b)(6)
MRN: (b)(6) CSN: (b)(6) Provider: **Shawn R. McMahon, MD**

View SmartLink Info

XR CHEST AP ONLY (Order # (b)(6)) on 10/24/16

ORDER INFORMATION

Maricopa Integrated Health System

XR Chest Ap Only [IMG1592] (Order (b)(6))

Imaging Order: (b)(6)

Released By (b)(6)
Authorizing: **Shawn R. McMahon, MD**

Date: **10/24/2016**
Department: **7th Ave Walk-in Clinic**

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
10/24/16 06:51 AM	10/24/16 06:51 AM	10/24/16 06:51 AM	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	STAT	MIHS Performed

Original Order

Ordered On	Ordered By
10/24/2016 6:51 AM	(b)(6)

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Encounter for routine child health examination with abnormal findings - Primary	Z00.121	V20.2

Comments

Additional clinical info for Radiologist:

Order Questions

Question	Answer	Comment
Reason for exam:	**r/o TB**	

Appointments for this Order

10/24/2016 7:50 AM - 15 min	URGENT CARE ROOM 1 (Resource)	Fsa Uc Radiology

Collection Information

Resulting Agency: MIHS RAD

Verbal Order Info

Action	Created on	Order Mode	Entered by	Comment	Responsible Provider	Signed by	Signed on
Ordering	10/24/16 0651	Per signed directive:	(b)(6)		Shawn R. McMahon, MD	Shawn R. McMahon, MD	10/24/16 0757

Quantiferon TB

Status: Final result **Visible to patient: Not Released** **Next appt: None** **Dx: Encounter for routine child health ex...**

	Ref Range	8d ago
Quantiferon TB	Negative, Indeterminate	Negative
Quantiferon TB minus Nil	IU/mL	0.040
Resulting Agency	MIHS LAB	

Narrative

```
Interpretation of Results:

Positive:
Quantiferon TB - Nil:  >=0.35 IU/mL

Negative:
Quantiferon TB - Nil:  <=0.34 IU/mL

Quantiferon - TB Assay Limitations

Results from QuantiFERON-TB Gold IT testing must be used in conjunction with
each individual's epidemiological history, current medical status, and results
of other diagnostic evaluations.

1.  The predictive value of a positive QuantiFERON-TB Gold IT result in
diagnosing M. Tuberculosis infection depends on the probability of infection,
which is assessed by historical, epidemiological, diagnostic, and other
findings.
2.  A diagnosis of LTBI requires that tuberculosis disease must be excluded by
medical evaluation including an assessment of current medical and diagnostic
tests for disease as indicated.
3.  A negative result must be considered with the individual's medical and
historical data relevant to probability of M. Tuberculosis infection and
potential risk of progression to tuberculosis disease, particularly for
individuals with impaired immune function.  Negative predictive values are
likely to be low for persons suspected to have M. Tuberculosis disease and
should not be relied on to exclude disease.

4.  Indeterminate results may occur due to:
1.  Incorrect transport/handling of blood specimen.
2.  Excessive levels of circulating IFN-y or presence of heterophile antibodies.
3.  Longer than 16 hours from blood specimen drawing to incubation.
```

Specimen Collected: 10/24/16 (b)(6) | Last Resulted: 10/29/16 4:32 AM | Lab Flowsheet Order Details View Encounter Lab and Collection Details Routing Result History

Lab IDs

Specimen # (b)(6)

Reviewed by List

Shawn R. McMahon, MD on 10/29/2016 8:45 AM

Routing History

Priority	Sent On	From	To	Message Type
	10/24/2016 11:02 AM	(b)(6)	Shawn R. McMahon, MD	Results
⬆	10/24/2016 8:31 AM	Rad Results In Edi	Shawn R. McMahon, MD	Results

Facility #: --- 004600 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Oct 25, 2016 | Immunization Report | User: (b)(6)

Time: 12:06:40 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 10/01/2016 - 10/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

No data found

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT- AGE REDETERMINATION (b)(6) (b)(6) (b)((b)(6) AKA (b)(6) (b)(6) (b)((b)(6) (b)(6) CASA PHOENIX
Date:	2016/10/18 16:24:07
Priority:	Normal
Type:	Note

Good afternoon.

The person listed in the subject line has a verified DOB (b)(6) /1993. ORR requests transfer to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/10/18 16:24:02
Delivered Date:	2016/10/18 16:24:07

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 18, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)((b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6) (b)(6 (b)(6)

Mr. (b)(6) (b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on August 27, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) reporting his date of birth as (b)(6) (1999 to officers who apprehended him.

Following placement in ORR care, Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his grandmother (b)(6) Ms. (b)(6) submitted a copy of Mr. (b)(6) (b)(6) birth certificate with date of birth as (b)(6) (1999.

When Mr. (b)(6) (b)(6) arrived to Casa Phoenix on August 28, 2016 he presented to the Case Manager a copy of his birth certificate with date of birth as (b)(6) (b), 1999. The grandmother of Mr. (b)(6) (b)(6) (b)(6) maintains that the document Mr. (b)(6) (b)(6) presented is the only copy she has and that she is unable to obtain an original or other certified copy.

To ensure custody and consistency with the statutory requirements under the Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA), Office of Refugee Resettlement (ORR) policy requires that when available information is inconclusive medical age assessment procedures may be used to determine age.

On October 05, 2016 Mr. (b)(6) (b)(6) received a dental radiograph exam from Dr. Peter Arvanitis to help determine Mr. (b)(6) (b)(6) chronological age. **Dr. Arvanitis provided a report concluding that "The average empirical probability that this individual has reached his 18th birthday expressed as a percentage is 80.85%.**" Per ORR policy if "an individual's estimated probability of being 18 or older is 75 percent or greater, ORR will refer the individual to DHS (and) this applies to all medical methods and approaches identified by the medical community as "appropriate methods for assessing age".

Mr. (b)(6) (b)(6) admitted that his real name is (b)(6 (b)(6) (b)(6) (b)(6) therefore a copy of his true birth certificate was requested from the Honduran consulate on October 14, 2016. The provided copy indicates that **Mr.** (b)(6 (b)(6) (b)(6) (b)(6) **true DOB is** (b)(6) (**1993** instead of (b)(6) (b), 1999.

Case Manager then provided an opportunity to Mr. (b)(6) (b)(6) to explain his real date of birth. Mr. (b)(6) (b)(6) immediately admitted to Case Manager that it was the foot guide's idea to modify his date of birth and name on his birth certificate and stated that his true name is (b)(6) (b)(6) (b)(6) (b)(6) born (b)(6) (1993.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Mr. (b)(6) (b)(6) new information about his date of birth being (b)(6) (1993 and I agreed that there is sufficient strong evidence to indicate that Mr. (b)(6) (b)(6) is 23 years old.

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed the medical age determination exam and concurs with the new information indicating that (b)((b)(6) (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) (b)(6) is 23 years old and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6) (b)(6) (b)(6)

004604

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACIÓN DE ACTA DE NACIMIENTO

(b)(6)

El infrascrito DIRECTOR DEL REGISTRO NACIONAL DE LAS PERSONAS, con fundamento en el Decreto No. 150 Capítulo IV, Artículo 15, literal O, y Capítulo VIII, Artículo 90 del Congreso Nacional de fecha 17 de Noviembre de 1982 CERTIFICA que en los archivos de esta institución se encuentra el acta de nacimiento número: (b)(6) (Número de Identidad) ubicada en el folio (b)( ) del tomo (b)(6)

del Año 2000 y que pertenece a:

a) (b)(6) (Primer Apellido) b) (b)(6) (Segundo Apellido)

c) (b)(6) (b)(6) (Nombre) SEXO F [ ] M [X]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) GUAYMACA (Municipio) b) FRANCISCO MORAZÁN (Departamento) c) HONDURAS (País)

d) (b)(6) (Día) e) (b)(6) (Mes) f) (b)(6) (Año)

2.) Número de identidad, apellidos, nombre y nacionalidad del padre N. Identidad: 0806-1966-00033

a) (b)(6) (Primer Apellido) b) (b)(6) (Segundo Apellido)

c) (b)(6) (Nombre) d) (b)(6) (Nacionalidad)

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre: N. Identidad: (b)(6)

a) (b)(6) (Primer Apellido) b) (b)(6) (Segundo Apellido)

c) (b)(6) (Nombre) d) HONDUREÑA (Nacionalidad)

4.) Notas marginales autorizadas:

NINGUNA

Extendida en SAN PEDRO SULA (Municipio) CORTÉS (Departamento)

a los: VEINTICINCO días del mes de AGOSTO

del DOS MIL DIECISEIS (b)(6)

FIRMA Y SELLO DEL DIRECTOR

004605

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

CERTIFICACIÓN DE ACTA DE NACIMIENTO

el infrascrito registrador civil municipal certifica que en el archivo de nacimientos que se tiene en esta oficina; se encuentra

el acta de nacimiento numero: 0 5 0 1 - 1 9 9 3 - 0 8 5 7 1 ubicada en el folio (b)(del tomo (b)(6)

nùmero de identidad

del año y que pertenece a:

a) (b)(6) *primer apellido* **b)** (b)(6) *segundo apellido*

c) (b)(6) (b)(6) *nombre* sexo **MASCULINO**

y cuya informacion es la siguiente:

1.) lugar, fecha y orden de nacimiento

a) ***SAN PEDRO SULA*** *municipio* **b)** ***CORTÉS*** *departamento* **c)** ***HONDURAS*** *pais*

d) (b)(6) *dia* **e)** (b)(6) *mes* **f)** (b)(6) *año*

2.) apellidos, nombre y nacionalidad del padre:

a) (b)(6) *primer apellido* **b)** (b)(6) *segundo apellido*

c) ***JUAN ANTONIO*** *nombre* **d)** (b)(6) *nacionalidad*

3.) apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *primer apellido* **b)** (b)(6) *segundo apellido*

c) (b)(6) *nombre* **d)** (b)(6) *nacionalidad*

4.) notas marginales autorizadas:

NINGUNA

extendida en ***DISTRITO CENTRAL*** *municipio* ***FRANCISCO MORAZÁN*** *departamento*

a los: ***CATORCE*** dias del mes de ***OCTUBRE***

del dos mil ***DIECISEIS*** (b)(6)

firma y sello del registrador civil municipal

C0801197303448
172.20.1.1

ljBotgUE 2fBQy$T@muJh8zX4TuT@A3eFDqhVXcMY5vONQ3@n@jdWAM@B@r@EAtB/S9H[+/0hAX@+NY@5JKUDKaGZd1x$VFHA@2+xGOy@a@DTdg/m3X/n04pFU

REPÙBLICA DE HONDURAS

Registro Nacional de las Personas

PADRÓN FOTOGRÁFICO DE IDENTIDAD

No. Identidad: (b)(6)

Numero de identidad: **0501199308571**

Nombre identificación: (b)(6) (b)(6) (b)(6)

Nombre Registro Civil: (b)(6) (b)(6) (b)(6) (b)(6)

Sexo: **MASCULINO**

Fecha nacimiento: (b)(6) **1993**

Lugar de domicilio: (b)(6)

Dirección exacta:

Centro de Votación: (b)(6)

Lugar de solicitud:

(b)(6)

004607

oxford
DIAGNOSTIC LABORATORIES®

Oxford Diagnostic Laboratories®
5846 Distribution Drive
Memphis, TN 38141
1-877-598-2522

CLIA ID#: (b)(6)
Charles Handorf, MD, PhD, Medical Director

Patient Name: (b)(6) (b)(6) (b)(
Patient ID: (b)(6)
Sex: M
DOB: (b)(6) 1999
Collection Date/Time: 08/29/2016 (b)(6)

Provider: Lopez, Carlos J., MD
Location: Kids Kare Pediatrics - Phoenix
Customer Number: (b)(6)
Sample ID: (b)(6)
Received Date/Time: 08/30/2016 8:35AM EDT
Approval Date/Time: 08/31/2016 6:26PM 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	2
Panel A Spot Count	2
Panel B Spot Count	0
Positive Control Spot Count	>20

Limitations (from the T-SPOT.TB Package Insert, p.15)

Results from T-SPOT.TB testing must be used in conjunction with each individual's epidemiological history, current medical status and results of other diagnostic evaluations.

The performance of T-SPOT.TB has not been adequately evaluated with specimens from individuals younger than 17 years, in pregnant women, and in patients with hemophilia.

A false positive result was obtained for T-SPOT.TB when tested in subjects with M. xenopi, M. kansasii and M. gordonae. While ESAT-6 and CFP10 antigens are absent from BCG strains of M. bovis and from most environmental mycobacteria, it is possible that a positive T-SPOT.TB result may be due to infection with M. kansasii, M. szulgai, M. gordonae or M. marinum. Alternative tests would be required if these infections are suspected.

A negative test result does not exclude the possibility of exposure to, or infection with M. tuberculosis. Patients with recent exposure to TB infected individuals exhibiting a negative T-SPOT.TB result should be considered for retesting within 6 weeks or if other relevant clinical symptoms indicate possible infection.

A positive test result does not rule in active TB disease; other tests should be performed to confirm the diagnosis of active TB disease such as sputum smear and culture, PCR, and chest radiography.

T-SPOT.TB has not been evaluated in subjects who have received >1 month of anti-TB therapy.

Refrigerated and frozen samples are not recommended for use with T-SPOT.TB test.

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004608

Dr. Peter Arvanitis
Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date:	10/05/2016	**Case #:**	(b)(6)
First Name:	(b)((b)(6)	**Last Name:**	(b)(6) (b)(6)
Sex:	Male	**Ancestry:**	American Hispanic
Reported DOB:	(b)(6) 1999		
Reported Age:	16		
Case Agency:	Office of Refugee Resettlement		
Location:	Phoenix		
Odontologist:	Peter Arvanitis DDS PC		
Radiologist:	Peter Arvanitis DDS PC		

(b)(6)

Maxillary

Right		**Left**
H	H	
H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)((b)(6) (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)((b)(6) (b)(6) (b)(6) (b)(6) is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)((b)(6) (b)(6) (b)(6) (b)(6), having attained 18 years of age is 80.85.

Respectfully Submitted,

Peter Arvanitis DDS PC

004609

(b)(6)

Casa Phoenix - Phoenix, AZ - ALF

Immunization Report

Resident: (b)(6) (b)(6) (b)(6) (b)(6) **Consent Status: All** **Date Range: 08/01/2016 - 08/31/2016**

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)((b)(6) - DOB: (b)(6) /1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 08/29/2016	
Hepatitis B	Consented	- - 08/29/2016	
Tdap	Consented	- - 08/29/2016	
Varicella (chicken pox)	Consented	- - 08/29/2016	
HPV	Consented	- - 08/29/2016	
IPV	Consented	- - 08/29/2016	
Meningicoccal	Consented	- - 08/29/2016	
MMR	Consented	- - 08/29/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) AKA (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/10/18 15:59:29
Priority:	Normal
Type:	Note

Good afternoon,

The person listed in the subject line has a correct DOB (b)(6) /1997 and correct name (b)(6) (b)(6) (b)(6) (b)(6) ORR requests transfer to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/10/18 15:59:23
Delivered Date:	2016/10/18 15:59:29

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
October 18, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an Adult

RE: (b)(6) (b)(6) (b)(6) A# (b)(6)
AKA (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 17, 2016 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly providing to apprehending officials a name and date of birth different from what Mr. (b)(6) (b)(6) and his family have now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) could be over age. Case Manager proceeded then to contact Mr. (b)(6) (b)(6) family in Guatemala which faxed a copy of Mr. (b)(6) (b)(6) birth certificate, the birth certificate had the name (b)(6) (b)(6) (b)(6) and date of birth of (b)(6) 2002.

Case Manager conducted initial interviews in which the information provided by Mr. (b)(6) (b)(6) his father and previous caregiver in Guatemala was incongruent. Case Manager was reviewing Mr. (b)(6) (b)(6) file when it became apparent to her that he may be overage and that the document could have been altered so she sent it for verification.

The birth certificate was verified by the Guatemalan consulate confirming a date of birth of (b)(6), 2002.

The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA) instructs HHS to devise age determination procedures for individuals without lawful immigration status in consultation with the U.S. Department of Homeland Security (DHS). To carry out the TVPRA provision, HHS and DHS worked jointly to develop the age determination policies and procedures which are outlined in *Section 1.6 Determining the Age of an Individual without Lawful Immigration Status*.

Thus, on October 12, 2016 Case Manager requested a Dental Forensic exam. Dr. Peter Arvanitis, who conducted the radiograph exam provided a report concluding that "**the average probability that this individual has reached his 18th birthday as a percentage is 80.85%**". Per ORR policy if "an individual's estimated probability of being 18 or older is 75 percent or greater, ORR will refer the individual to DHS (and) this applies to all medical methods and approaches identified by the medical community as 'appropriate methods for assessing age'".

Case Manager (b)(6), called Mr. (b)(6) (b)(6) to provide him the opportunity to explain the discrepancies between the birth certificate given and the fact that his child looked overage. Mr. (b)(6) (b)(6) disclosed to Case Manager that Mr. (b)(6) (b)(6) is his 19 year old son and that his real name is (b)(6) (b)(6) (b)(6) (b)(6) **with date of birth: (b)(6), 1997**. Mr. (b)(6) (b)(6) stated that the birth certificate sent to Case Manager belongs to his

14 year old son in (b)(6) (b)(6) (b)(6) Mr. (b)(6) (b)(6) will be referred to from here forward in this document as Mr. (b)(6) (b)(6) (b)(6) (b)(6)

Case Manager provided then an opportunity to (b)(6) (b)(6) to explain how he obtained the birth certificate which had the minor's information he was impersonating. (b)(6) stated that the minor he was impersonating was in fact his younger brother (b)(6) (b)(6) (b)(6) Mr. (b)(6) said that he wanted to continue his studies in the United States and thought he had to be a minor to do so.

Case Manager then called mother, (b)(6) (b)(6) (b)(6), in Guatemala to confirm the identity of his son. Ms. (b)(6) (b)(6) stated that her son was impersonating a minor and sent the correct birth certificate.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Mr. (b)(6) (b)(6) (b)(6) (b)(6) including his verified birth certificate indicating a correct date of birth of (b)(6) **1997**, his own retraction of his first provided incorrect date of birth and name including admitting that he is 19 years old. FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Accordingly, under these procedures, the age determination process for Mr. (b)(6) (b)(6) (b)(6) (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore this individual, now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Photograph
- TB Clearance
- Identity taken BC
- BC for correct identity
- Immunization records
- Dental Forensic exam
- UC's Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) is actually (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:
Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR ID: (b)(6)

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Pedro Necta, departamento de Huehuetenango,

CERTIFICA

que con fecha dos de julio de dos mil dos, en la partida 516, folio 461 del libro 20 Nac, del Registro Civil del Municipio de SAN PEDRO NECTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6) (b)(6) (b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de dos mil dos

Fecha de nacimiento

Guatemala, Huehuetenango, San Pedro Necta

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

—

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día diecinueve de septiembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Yessenia Patricia , Méndez Lázaro
Registrador Civil de las Personas

Notas Referenciales:

En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso en papel bond el dia diecinueve de septiembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

(b)(6)

RENAP

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de San Pedro Necta, Departamento de Huehuetenango,

CERTIFICA

que con fecha Veintitrés de junio de mil novecientos noventa y siete, en la partida (b)(6) folio (b)(del libro (b)(6) del Registro Civil del Municipio de SAN PEDRO NECTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6)

Código Único de Identificación (CUI) No.

Datos del inscrito

-(b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Diez de junio de mil novecientos noventa y siete — Masculino

Fecha de nacimiento — Género

Guatemala, Huehuetenango, San Pedro Necta, Caserío Camposeco

Lugar de nacimiento

Datos de la madre

-(b)(6) , (b)(6) (b)(6) -

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

-(b)(6) , (b)(6) (b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

(b)(6)

ID: (b)(6)

1 de 2

(b)(6)

Extendida el día Dieciséis de junio de dos mil quince por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

No. (b)(6)

Doy fe (b)(6)

Yessenia Patricia, Méndez Lázaro
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 133
SAN PEDRO
NECTA
HUEHUETENANGO

(b)(6)

(b)(6)

ID: (b)(6)

2 de 2

(b)(6)

004618

004619

Dr. Peter Arvanitis
Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date:	10/12/2016	**Case #:**	(b)(6)
First Name:	(b)(6)	**Last Name:**	(b)(6) (b)(6)
Sex:	Male	**Ancestry:**	American Hispanic
Reported DOB:	(b)(6) /2002		
Reported Age:	14		
Case Agency:	Office of Refugee Resettlement		
Location:	Phoenix		
Odontologist:	Peter Arvanitis DDS PC		
Radiologist:	Peter Arvanitis DDS PC		

(b)(6)

Maxillary

Right	H	H	**Left**
	H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	19.55
2 Std. Dev.:	3.61
Age Range -:	15.94
Age Range +:	23.16
Avg. E.P.:	80.85

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) (b)(6) (b)(6) is 19.55 plus or minus 3.61 years. The range of possible ages for such a male is 15.94 to 23.16 years. The empirical statistical probability of (b)(6) (b)(6) (b)(6) 209132726, having attained 18 years of age is 80.85.

Respectfully Submitted,

Peter Arvanitis DDS PC

004620

Supplemental TB Screening

Resident: (b)(6) (b)(6) (b)(6) **Effective Date:** 09/19/2016 15:20 **Location:** (b)(6)

Initial Admission: 09/19/2016 **Admission:** 09/19/2016 **A#:** (b)(6)

Date of Birth: (b)(6) /2002 **Gender:** M **Score:** NA

Category: NA **Physician:** (b)(6)

A. General Information

1. Healthcare Provider

a.Name and Designation:

(b)(6) PA-C

b.Telephone:

(b)(6)

2. Date of visit

09/19/2016

3. Name of program staff with child

(b)(6)

4. Program Name

922 - Southwest Key - Casa Phoenix

B. Medical Information

PPD/Tuberculin skin test (TST)

1. Date Applied

2. Date Read

3. Result in mm

4. Interpretation

- a. Positive
- b. Negative

TB Blood test (Interferon-Gamma Release Assay (IGRA)):

5. Date Drawn

09/19/2016

6. Test type

- a. QuantiFERON TB Gold In-Tube test (QFT-GIT)
- b. T-SPOT TB test (T-Spot)

7. Results:

- a. Positive
- b. Negative
- c. Indeterminate/Borderline/Equivocal

Chest X-ray

8. Date

9. Findings

- a. Normal
- b. Abnormal

Supplemental TB Screening

004621

Resident: (b)(6) (b)(6)
(b)(6)

10. TB Determination

- [x] a. Negative for TB condition
- [ ] b. Latent tuberculosis infection (LTBI)
- [ ] c. Active TB Suspected

11. Additional Information

Facility #: --- 004622

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Sep 20, 2016

Immunization Report

User: (b)(6)

Time: 14:10:16 MT

Resident: (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 09/01/2016 - 09/30/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) - DOB: (b)(6) 2002 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Hepatitis B	Consented	Left Deltoid Rita Ramirez 09/19/2016	
Influenza	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Tdap	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Varicella (chicken pox)	Consented	Right Deltoid Rita Ramirez 09/19/2016	
HPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
IPV	Consented	Right Deltoid Rita Ramirez 09/19/2016	
Meningicoccal	Consented	Left Deltoid Rita Ramirez 09/19/2016	
MMR	Consented	Left Deltoid Rita Ramirez 09/19/2016	

004623

FAX COVER SHEET

TO	(b)(6)
COMPANY	
FAXNUMBER	18883510391
FROM	Cooperativa La Esperanza Huehuetenango Guatemala
DATE	2016-08-10 17:25:40 GMT
RE	UNKNOWN

COVER MESSAGE

Guatemala

004624

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Concepción Huista, departamento de Huehuetenango,

CERTIFICA

que con fecha diecinueve de noviembre de mil novecientos noventa y dos, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y dos

Fecha de nacimiento

Guatemala, Huehuetenango, Concepción Huista

Lugar de nacimiento

Femenino

Género

Datos de la madre

- (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

004625

Observaciones
El Infrascrito Registrador Civil de las Personas del municipio Concepción Huista, departamento de Huehuetenango, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 12/11/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día ocho de agosto de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

María del Rosario , Hernández Ros
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día ocho de agosto del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del codigo QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

RENAP

Correlativo: (b)(6)

VERIFICADOR: (b)(6)
ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Concepción Huista, departamento de Huehuetenango,

CERTIFICA

que con fecha veintisiete de abril de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Huehuetenango, Concepción Huista

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 038
CONCEPCION
HUISTA,
HUEHUETENANGO

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día treinta de junio de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 038 CONCEPCION HUISTA, HUEHUETENANGO

María del Rosario , Hernández Ros
Registrador Civil de las Personas

Notas Referenciales:

From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	'(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>"
CC:	"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>"
Subject:	Age Redetermination (ADULT)- (b)(6) (b)(6) (b)(6) (b)(6) A# (b)(6)
Date:	2016/08/12 20:23:00
Priority:	Normal
Type:	Note

Please be advised that the client's correct name and AKA as per birth certificate is as follows:
Name on BC: (b)(6) (b)(6) (b)(6) (b)(6)
DOB on BC: (b)(6) /1997 Age: 19
Name on I-216: (b)(6) (b)(6) (b)(6) Age: 17
AKA DOB: (b)(6) 1999
(b)(6)
Date of entrance to shelter: (b)(6) /2016
LOS in shelter: (b)
Please contact the program for pickup
Southwest Key, Estrella del Norte
Phone: (520) 230-4152

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 161)
Southwest Key, Estrella del Norte
Unaccompanied Minor Program
Phone: (520) 230-4152
Fax: (520) 844 - 8042

Kraetz, Janett (ACF) (CTR) <Janett.Kraetz@acf.hhs.gov>

Reply all |
Fri 8/12/2016 2:41 PM
To:
(b)(6)
Cc:
(b)(6)

48.pdf127 KB

Download
Save to OneDrive - Southwest Key Programs
Hi (b)(6)

Per the Consulate, (b)(6) (b)(6) (b)(6) (b)(6) date of birth is (b)(6) 1997. The UC is an adult. Please contact FFS Casey Laurie .

Thank you

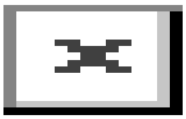
Janett Kraetz
Contract Field Specialist
U.S. Department of Health &Human Services
Division of Children Services
Office of Refugee Resettlement
Tucson, Arizona
Cell: (b)(6)
Janett.Kraetz@acf.hhs.gov

From: Nadya Rojas Ortega [mailto:constucson1@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) (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

Sender:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
Recipient:	"(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>"
Sent Date:	2016/08/12 20:23:20
Delivered Date:	2016/08/12 20:23:00

004632

REGISTRO NACIONAL DE LAS PERSONAS

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:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	FEMENINO	(b)(6) 1997

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	SANTIAGO CHIMALTENANGO

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			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

© 2012 Registro Nacional de las Personas

Facility #: ---

Date: Aug 2, 2016

Time: 17:17:55 MT

Estrella del Norte - Tucson, AZ - ALF

Immunization Report

Facility Code: —

User: (b)(6)

004634

Resident: (b)(6) Date Range: 1/1/2016 - 08/31/2016

Type of Immunization: Diphtheria, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Meningicoccal, MMR, Pneumovax Dose 1, Pneumovax Dose 2, Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) 1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	- - 08/01/2016	
Varicella (chicken pox)	Consented	- - 08/01/2016	
Tdap	Consented	- - 08/01/2016	
IPV	Consented	- - 08/01/2016	
MMR	Consented	- - 08/01/2016	
Meningicoccal	Consented	- - 08/01/2016	
HPV	Consented	- - 08/01/2016	
Hepatitis A	Consented	- - 08/01/2016	

004635

(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 (b)(6) fue inscrito el nacimiento de:

(b)(6)

Nombres y Apellidos del Inscrito

(b)(6) de mil novecientos noventa y nueve — Femenino

Fecha de Nacimiento — Sexo

Guatemala, Huehuetenango, Santiago Chimaltenango, aldea Bella Vista

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.

(b)(6)

Doy fe

Registrador Civil

(b)(6)

(b)(6)

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
August 12, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA PHOENIX

FROM: 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) (b)(6) (b)(6) (b)(6) A# (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (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 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Verified 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

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)((b)(6 (b)((b)((b)(6) Casa Sol
Date:	2017/07/13 20:01:04
Priority:	Urgent
Type:	Note

Good afternoon,

The person listed in the subject line has a verified DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

This e-mail contains sensitive and/or privileged information. This email is intended only for the parties copied on this email. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this e-mail.
Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"
Sent Date:	2017/07/13 20:01:00
Delivered Date:	2017/07/13 20:01:04

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 13, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK CASA SOL

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(**A#** (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(was transferred to and placed in HHS ORR care on June 22, 2017 as a juvenile as a result of Mr. (b)(6) (b)(knowingly misreporting his date of birth as (b)(6), 2000 following his apprehension by immigration authorities.

Following placement in ORR care Mr. (b)(6) (b)(was immediately interviewed by his assigned Case Manager, (b)(6) who immediately requested a copy of Mr. (b)(6) (b)(6) birth certificate from his father in (b)(6). The provided document was visibly altered so the Case Manager sent the document for verification with the Phoenix Guatemalan Consulate.

On July 13, 2017 ORR received verification of the formal document which revealed that the correct date of birth for (b)(6) (b)(6) (b)(6) (b)(is (b)(6), 1998. Case Manager followed up with Mr. (b)(6) (b)(6) father who confirmed that his son is 19 years old.

Case manager then met with Mr. (b)(6) (b)(who stated that he was 18 years of age. His father reported that he took the document to be altered in Guatemala and admitted his son is 19 years of age.

Along with this Memo ORR is submitting the following documents:

- Verified BC
- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) (b)(is 19 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.07.13 16:56:40 -07'00'

Myriam Hillin, MA-MSPC Federal
Field Specialist Division of
Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

(b)(6)

Registro Nacional de las Personas

República de Guatemala

Registro Civil de las Personas
Certificado de Nacimiento

El infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Cunén, Departamento de Quiche,

CERTIFICA

que con fecha tres de junio de dos mil, en la partida (b)(6 folio (b)(6 del libro (b)(del Registro Civil del Municipio de Cunén, Departamento de Quiche, quedó inscrito el nacimiento de:

Datos del inscrito

- (b)(6) (b)(6) (b)(6) (b)(-

Nombres y apellidos del inscrito

(b)(6) de dos mil — Masculino

Fecha de nacimiento — Género

Guatemala, Quiche, Cunén, Aldea Batzula

País, Departamento, Municipio de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de Origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de Origen

Observaciones

NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

(b)(6)

ID: (b)(6)

1 de 2

(b)(6)

Extendida el día diecinueve de febrero de dos mil trece por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

(b)(6)

(b)(6)

Doy fe (b)(6)

Olga Leticia , Ventura Monzón de Martinez

Registrador Civil de las Personas

(b)(6)

(b)(6)

004643

RENAP

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-07-12

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)	(b)(6)	

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6) /1998

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	CUNÉN

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6)	(b)(	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

Firma cónsul u operador

SimonMed
See Tomorrow Today

FINAL

SimonMed Sun City - Peoria
DIAGNOSTIC IMAGING REPORT

Patient: (b)(6) (b)(6) Sex: M DOB: (b)(6) 2000 Age: 17 Diag. Imaging #(b)(6)

Status: Outpatient

Referring Physician: (b)(6) PA-C

Exam #(b)(6) - **Jun 23, 2017** - X-Ray - CHEST 1 VIEW

Exam Performed at (b)(6)

CLINICAL HISTORY: Screening chest x-ray for TB, immigration chest x-ray.

COMPARISON: None.

TECHNIQUE: PA view of the chest was done.

FINDINGS: The cardiomediastinal silhouette demonstrates normal size. The thoracic aorta is normal. The lungs are clear. Osseous structures are normal for age.

IMPRESSION:

No acute cardiopulmonary disease.
No active chest disease. There is no evidence of active TB.

Lance A. Cohen, M.D., DABR
CAQ in Pediatric Imaging

ELECTRONICALLY SIGNED BY: Cohen MD, Lance on Jun 24, 2017

dd: June 24, 2017

Reported by: Lance Cohen MD
Electronically signed by: Lance Cohen MD

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

Facility #: --- 004646

Hacienda del Sol - Youngtown, AZ - ALF

Facility Code: ---

Date: Jun 24, 2017

Immunization Report

User: (b)(6)

Time: 15:35:26 MT

Resident: (b)(6) (b)(6) (b)(6) Date Range: 06/01/2017 - 06/30/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) - DOB: (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 06/23/2017	
Hepatitis B	Consented	Left Deltoid - 06/23/2017	
MMR	Consented	Left Deltoid - 06/23/2017	
Meningicoccal	Consented	Left Deltoid - 06/23/2017	
IPV	Consented	Right Deltoid - 06/23/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 06/23/2017	
Tdap	Consented	Right Deltoid - 06/23/2017	
HPV	Consented	Right Deltoid - 06/23/2017	
Influenza	Consented	Right Deltoid - 06/23/2017	

(b)(6)

004647

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) (b)(6) "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)((b)(6 (b (b)((b)((b)(6 CASA PHOENIX
Date:	2017/07/14 14:45:21
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has a verified DOB (b)(6)

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

This e-mail contains sensitive and/or privileged information. This email is intended only for the parties copied on this email. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this e-mail.
Any unauthorized copying, disclosure or distribution of the material in this e-mail is strictly forbidden.

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>";

	(b)(6) (b)(6) (b)(6) "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2017/07/14 14:45:15
Delivered Date:	2017/07/14 14:45:21

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
July 14, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care at SWK Casa Phoenix on June 30, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) knowingly misreporting his date of birth as (b)((b) 1999 to apprehension authorities.

Following placement in ORR care Mr. (b)(6) (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) to whom it became immediately apparent that Mr. (b)(6) (b)(6) appeared to be overage. Case Manager requested a copy of Mr. (b)(6) (b)(6) birth certificate from his sister Mrs. (b)(6) (b)(6) (b)(6) On July 7, 2017 Mrs. (b)(6) (b)(6) (b)(6) faxed a copy of her brother's birth certificate to the Case Manager who proceeded to send the document for verification with the Phoenix Guatemala Consulate.

On July 13, 2017 ORR received a copy of the verified birth certificate of the individual in ORR care. According to the verification provided by the Guatemala Consulate, the document provided by the family of Mr. (b)(6) (b)(6) is an altered document. The correct date of birth of (b)(6) (b)(6) (b)(6) is (b)(6) (b) **1998**.

Case Manager then spoke with Mr. (b)(6) (b)(6) sister and mother and both of them denied knowing anything about the birth certificate being an altered document.

Case Manager then met with Mr. (b)(6) (b)(6) who stated that he was the instructed by his smuggler to state that he was 17 years old. He stated that the smuggler told him it would be an easier process to present as a minor. Mr. (b)(6) (b)(6) stated that he was not charged anything extra for this information and does not know the identity of this smuggler. He also stated that the smuggler did not provide him with any birth certificate or altered his birth certificate.

Along with this memo ORR is providing:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) (b)(6) is 18 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004652

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-07-12

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6)

País, departamento y municipio de nacimiento:

GUATEMALA	QUICHE	USPANTÁN

Libro:	Folio:	Partida:	Estado civil:
(b)(6)	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6) (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6) (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

Firma cónsul u operador

004653

RENAP
Registro Nacional de las Personas

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Guatemala, departamento de Guatemala,

CERTIFICA

que con fecha Veintinueve de julio de mil novecientos noventa y nueve, en la partida 1385, folio 341 del libro 126, del Registro Civil del Municipio de USPANTÁN, Departamento de QUICHÉ, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Datos del inscrito

Fotografía no disponible

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Quiché, Uspantán

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6) (b)((b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) (b)(-

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

004654

Observaciones
NO CONSTA NINGUNA ANOTACIÓN.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS DE GUATEMALA
RENAP
GUATEMALA
GUATEMALA
SEDE No. 195

Licda. Jessica Anaí , Castañeda Salazar

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día cinco de julio de dos mil diecisiete y tiene vigencia de seis meses.

Facility #: --- 004655

Casa Phoenix - Phoenix, AZ - ALF

Facility Code: ---

Date: Jul 3, 2017

Immunization Report

User: (b)(6)

Time: 17:01:50 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 07/01/2017 - 07/31/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 07/03/2017	
Hepatitis B	Consented	Left Deltoid - 07/03/2017	
MMR	Consented	Left Deltoid - 07/03/2017	
Meningicoccal	Consented	Left Deltoid - 07/03/2017	
Tdap	Consented	Right Deltoid - 07/03/2017	
HPV	Consented	Right Deltoid - 07/03/2017	
IPV	Consented	Right Deltoid - 07/03/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 07/03/2017	
TB 1 Step Mantoux (PPD)	Consented	Left Forearm - 07/03/2017	

(b)(6) (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR CHEST AP ONLY

Exam Date & Time: Mon Jul 3, 2017 (b)(6) **Accession #:** (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession #(b)(6)

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

(b)(6)

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. No acute cardiopulmonary disease.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 7/3/2017 2:49 PM

004657

(b)(6) (b)(6) (MRN (b)(6))

Ord Prov:	(b)(6)	**PCP:**	None Specified
Ord Prov Phone:		**Auth Prov:**	(b)(6)
Ord Prov Fax:	None Specified	**Att Prov:**	
Ord Prov Address:	521 W. Thomas Rd Phoenix AZ 85013		

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) s@swkey.org>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2018/11/05 22:17:03
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line is 18 years of age and is ready for transport.

v/r

Myriam Hillin, MA-MSPC

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov.

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"
Sent Date:	2018/11/05 22:16:58
Delivered Date:	2018/11/05 22:17:03

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
November 5, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on October 3, 2018 with date of birth (b)(6) 2002.

Following placement in ORR care it became apparent to the case manager that Mr. (b)(6) appeared physically older than 16 years of age. The case manager requested a copy of the birth certificate from his sponsor (mother), Ms. (b)(6) (b)(6) (b)(6) (b)(6) who resides in North Miami Beach, Florida.

On November 5, 2018 ORR received the verification of the birth certificate of Mr. (b)(6) showing a correct date of birth of (b)(6) 1999 making Mr. (b)(6) 18 years old.

Mr. (b)(6) acknowledged his birth certificate has been altered, but does not know who altered the document and that it was altered while he was still in (b)(6). Mr. (b)(6) reported that he thought of the idea to alter his birth certificate long before he traveled to the (b)(6) and that he decided to have it altered before his journey from (b)(6) to the (b)(6). The Honduran consulate also provided a copy of the 'padron fotograpfico" that includes a picture of Mr. (b)(6) thus matching the verified document with his physical identity.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Fraudulent Birth Certificate
- Verified Birth Certificate
- Medical Records
- Statement
- Photograph

In accordance with ORR age redetermination policy and procedures, (b)(6) (b)(6) (b)(6) (b)(6) is 18 years of age and therefore does not meet the criteria of an Unaccompanied Alien Child (UAC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) (b)(6) (b)(6) @swkey.org>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) A. (b)(6) KOKOPELLI
Date:	2017/06/17 20:37:36
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has a correct DOB (b)(6) 1999. ORR was in the process of seeking to transfers this individual to an ORR secure facility as he is considered a high runaway risk and disclosed significant history of criminal activities which make him highly inappropriate to be amongst children.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; (b)(6) (b)(6) (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) (b)(6) (b)(6) @swkey.org>"
Sent Date:	2017/06/17 20:37:34
Delivered Date:	2017/06/17 20:37:36

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 17, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Kokopelli

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UAC in ORR care

RE: (b)(6) (b)(6) (b)(6)
AKA: (b)(6) (b)(6)

Mr. (b)(6) (b)(6) was transferred to and placed in HHS ORR with SWK Kokopelli on June 11, 2017 as juvenile as a result of providing an incorrect date of birth of (b)(6) 2000 upon apprehension by immigration officials.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6) (b)(6) During the initial assessment and interview Mr. (b)(6) stated that his date of birth was (b)(6), 2000 and that he did not travel to reside in the United States, that he traveled to deliver a backpack of (b)(6) and was planning to return to Mexico, however, he was apprehended at the border after attempting to cross a backpack of (b)(6) Upon his immediate arrival there were significant concerns that Mr. (b)(6) was an adult primarily because of his physical appearance. When Case Manager contacted his family in (b)(6), Mr. (b)(6) mother identified him as (b)((b)(6) (b)(6) with DOB (b)(6) (b) **1999**. Case Manager then requested birth certificate from mother.

On June 13, 2017 Case Manager communicated with Mr. (b)(6) mother in (b)(6) to again request Mr. (b)(6) birth certificate. The mother stated she never registered her son with the Registrar in Mexico. The mother stated she will register Mr. (b)(6) with the help of a lawyer and she added that her son was an adult. The mother clarified that she originally planned to name her son (b)((b)(6) (b)(6) to explain the discrepancy in the name she previously reported.

On June 17, 2017 Case Manager received Mr. (b)(6) birth certificate which stated his name is (b)(6) (b)(6) with date of birth (b)(6) (b) **1999**. The document provided shows that the date of registration is June 15, 2017. Mr. (b)(6) presented a very calm demeanor throughout the process and mentioned he is in a hurry for ICE to pick him up. Mr. (b)(6) mentioned repeatedly "I know the procedure". Both Mr. (b)(6) himself and his mother in Mexico stated that the person in ORR care is (b)(6) (b)(6) with date of birth (b)(6) (b) 1999.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Verified BC
- Photograph
- TB Clearance

In accordance with ORR policy and in view of the new available information indicating that (b)(6) (b)(6) AKA (b)(6) (b)(6) is 18 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=200169475, cn=Myriam B. Hillin -S
Date: 2017.06.17 17:18:42 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

SFA54-19

EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE CHIHUAHUA COMO DIRECTOR DEL REGISTRO CIVIL EN EL ESTADO CERTIFICO Y HAGO CONSTAR QUE EN LOS ARCHIVOS QUE OBRAN EN ESTA DIRECCION DEL REGISTRO CIVIL, SE ENCUENTRA PRESENTADA UNA ACTA LA CUAL CONTIENE ENTRE OTROS LOS SIGUIENTES DATOS:

ESTADOS UNIDOS MEXICANOS
ESTADO DE CHIHUAHUA
REGISTRO CIVIL
ACTA DE NACIMIENTO

OFICIALIA:	LIBRO No.:	FOLIO No.:	ACTA No.:	FECHA DE REGISTRO:	CURP:
(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6) DEL 2017	CRIP:
LUGAR DE REGISTRO:		LOCALIDAD:		MUNICIPIO:	ENTIDAD FEDERATIVA:
		(b)(6)		(b)(6)	CHIHUAHUA

DATOS DEL REGISTRADO

NOMBRE:	(b)(6)	(b)(6)			
FECHA DE NACIMIENTO:	(b)(6) DE 1999		SEXO: MASCULINO	PRESENTADO: (b)(6)	COMPARECIO: (b)(6)
LUGAR DE NACIMIENTO:	LOCALIDAD:		MUNICIPIO:		ENTIDAD FEDERATIVA:
	(b)(6)		(b)(6)		(b)(6)

DATOS DE LOS PADRES

NOMBRE DEL PADRE:			
NOMBRE DE LA MADRE:	(b)(6)	NACIONALIDAD:	(b)(6)

DATOS DE LOS ABUELOS

ABUELO PATERNO:		NACIONALIDAD:	
ABUELA PATERNA:		NACIONALIDAD:	
ABUELO MATERNO:		NACIONALIDAD:	
ABUELA MATERNA:	(b)(6)	NACIONALIDAD:	(b)(6)

NO CONTIENE ANOTACIONES

(b)(6)

SE EXTIENDE ESTA CERTIFICACION EN CUMPLIMIENTO DEL ARTICULO 49 DEL CODIGO CIVIL DEL ESTADO EN CD. JUAREZ, A LOS QUINCE DIAS DEL MES DEL JUNIO DEL DEL AÑO DOS MIL DIEZ Y SIETE DOY FE.

DIRECCION DEL REGISTRO CIVIL CHIHUAHUA, CHIH.

(b)(6)

FOLIO (b)(6)

LIC. CESAR FERNANDO RAMIREZ
DIRECTOR DEL REGISTRO C

06/16/2017 21:22 FAX 0162845350 22 COPIAS XEROX QUINAGA 001

SimonMed
See Tomorrow Today

FINAL

SimonMed Mesa Drive
DIAGNOSTIC IMAGING REPORT

Patient: (b)(6) (b)(6) Sex: M DOB: (b)(6), 2000 Age: 17 Diag. Imaging # (b)(6)
Status: Outpatient (PEDS)
Referring Physician: (b)(6) PA

Exam # (b)(6) - **Jun 12, 2017** - X-Ray - CHEST 1 VIEW

Exam Performed at SimonMed Mesa Drive

CLINICAL HISTORY: Screening for TB, immigration chest x-ray.

COMPARISON: None.

TECHNIQUE: PA view of the chest was obtained.

FINDINGS: The cardiomediastinal silhouette demonstrates normal size. The thoracic aorta is normal. The lungs are clear. Osseous structures are normal for age.

IMPRESSION:

No acute cardiopulmonary disease.
No evidence of active TB.

Lance A. Cohen, M.D., DABR
CAQ in Pediatric Imaging

ELECTRONICALLY SIGNED BY: Cohen MD, Lance on Jun 12, 2017

dd: June 12, 2017

Reported by: Lance Cohen MD
Electronically signed by: Lance Cohen MD

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

Facility #: ---
004668
Date: Jun 13, 2017
Time: 07:15:47 MT

Casa Kokopelli Mesa
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) Date Range: 06/01/2017 - 06/30/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) - DOB: (b)(6) /2000 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 06/12/2017	
Hepatitis B	Consented	Left Deltoid - 06/12/2017	
MMR	Consented	Left Deltoid - 06/12/2017	
Meningicoccal	Consented	Left Deltoid - 06/12/2017	
IPV	Consented	Right Deltoid - 06/12/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 06/12/2017	
Tdap	Consented	Right Deltoid - 06/12/2017	
HPV	Consented	Right Deltoid - 06/12/2017	
Influenza	Consented	Right Deltoid - 06/12/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) A. (b)(6) CASA PHOENIX
Date:	2017/06/23 18:55:29
Priority:	Normal
Type:	Note

Good afternoon,

The person listed in the subject line has a verified DOB:(b)(6) /1999.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/06/23 18:55:23
Delivered Date:	2017/06/23 18:55:29

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
June 23, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Phoenix on June 17, 2017 as a juvenile as a result of Mr. (b)(6) (b)(6) misreporting his date of birth as (b)(6) (b) 2000 upon apprehension by immigration officials.

Upon initial assessment and interview conducted by assigned Case Manager, (b)(6) (b)(6) and while reviewing Mr. (b)(6) (b)(6) file it became apparent to the assigned Case Manager that Mr. (b)(6) (b)(6) could be overage. Case Manager contacted mother in (b)(6) (b)(6) to verify her son's date of birth which she reported was (b)(6) (b) 1999. Case Manager requested Ms. (b)(6) to send a copy of her son's birth certificate. Ms. (b)(6) sent a copy of the birth certificate on June 22, 2017, showing date of birth (b)(6) (b) 1999. Case Manager proceeded to send the birth certificate that Mr. (b)(6) (b)(6) family provided on his behalf to the Guatemalan Consulate for verification.

On June 23, 2017 ORR received a copy of the verified formal document from the Guatemalan Consulate confirming a date of birth of (b)(6) (b) 1999 making Mr. (b)(6) (b)(6) 18 years of age.

Case Manager then proceeded to contact and interview Ms. (b)(6) on June 22, 2017 who reported to the Case Manager that her son never told her that he gave a false date of birth and was never informed that he had told immigration officials an incorrect year of birth. Ms. (b)(6) reported she is unaware if someone instructed her son to provide false information in order to arrive at a shelter.

Case Manager then interviewed Mr. (b)(6) (b)(6) father, Mr. (b)(6) (b)(6) whom reported the same information provided by his wife, Ms. (b)(6) and had no additional information. Mr. (b)(6) (b)(6) reported he was also unaware of any misinformation provided by his son.

Case Manager provided Mr. (b)(6) (b)(6) an opportunity to explain why he provided false information to immigration officials. Mr. (b)(6) (b)(6) reported he did so unknowingly, as he was unsure of his date of birth when asked. Mr. (b)(6) (b)(6) reported he never intended to provide false information for the purpose of reunification.

In accordance with ORR policy and in view of the new information demonstrating that Mr. (b)(6) (b)(6) (b)(6) is 18 years of age, HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: [redacted] 15:49:12 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004672

(b)(6)

Registro Nacional de las Personas

República de Guatemala

San Ildefonso Ixtahuacán, Huehuetenango

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de San Ildefonso Ixtahuacán

CERTIFICA

que con fecha veintitres de marzo de mil novecientos noventa y nueve en la partida (b)(6) del folio (b)(6) y libro (b)(6) fue inscrito el nacimiento de:

Datos del inscrito

(b)(6), (b)(6) (b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y nueve — Masculino

Fecha de nacimiento — Género

Guatemala, Huehuetenango, San Ildefonso Ixtahuacán, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6) (b)(6) (b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Observaciones

Razón: se asentó la presente partida, con aplicación del arto. 386 del Codigo Civil, Constge. Ixta. 23-03-99. Ilegible Registrador Civil se ve el sello.
Extendida en el municipio de San Ildefonso Ixtahuacán, departamento de Huehuetenango, el día diecinueve de junio de dos mil nueve por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

Ruvidia Yomara , Galindo Velasquez

Registrador Civil de las Personas

REGISTRO NACIONAL DE LAS PERSONAS - RENAP - REGISTRO CIVIL

(b)(6)

(b)(6)

004673

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

Extendida el día dieciocho de enero de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

Doy fe

(b)(6)

Carlos Estuardo Escobar Palacios
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 335
SAN ILDEFONSO
IXTAHUACAN,
HUEHUETENANGO

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.

Este certificado fue impreso el día dieciocho de enero de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a traves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004674

REGISTRO NACIONAL DE LAS PERSONAS

Constancia de Datos Biográficos

Fecha de emisión: 2017-06-23

No. solicitud: (b)(6)

Datos de Pago

No. Oficina Renap Solicitud:

Datos Personales

Primer Nombre:	Segundo Nombre:	Tercer Nombre:
(b)(6)		

Primer Apellido:	Segundo Apellido:	Apellido Casada:
(b)(6)	(b)(6)	

CUI:	ID Partida:	Sexo:	Fecha de Nacimiento:
(b)(6)	(b)(6)	MASCULINO	(b)(6)

País, departamento y municipio de nacimiento:

GUATEMALA	HUEHUETENANGO	SAN ILDEFONSO IXTAHUACÁN

Libro:	Folio:	Partida:	Estado civil:
(b)(	(b)(6)	(b)(6)	SOLTERO

Teléfono casa:	Teléfono celular:	Teléfono trabajo:	Correo electrónico:
	(b)(6)		

Nombre Usual:	Identificación de Persona chip:	Pueblo:	No. Inscripción:
			(b)(6)

Comunidad Lingüística:

Dirección: (b)(6)

Código Postal: (b)(6)

Datos Padres

Nombre de la madre: (b)(6)

Fecha nacimiento de la madre:

Nombre del padre: (b)(6)

Fecha nacimiento del padre:

Datos de Entrega

País, estado y condado de residencia:

ESTADOS UNIDOS DE AMÉRICA	ARIZONA	PHOENIX

Entrega de documento (Courier/consulado):

CONSULADO: PHOENIX, ARIZONA

Declaro, bajo juramento que la información consignada, es verídica y correcta a la fecha. Entiendo y acepto que el Registro Nacional de las Personas -RENAP- NO es responsable por la información errónea, incongruente y/o inconsistente proporcionada por mí.

Firma titular

Firma cónsul u operador

(b)(6) (b)(6) (MRN (b)(6))

Maricopa Integrated Health System
Department of Medical Imaging

2601 E. Roosevelt Phoenix Arizona 85008 (602) 344-1300

Imaging Result Report

Patient: (b)(6) (b)(6)
DOB: (b)(6)/00
Sex: Male

MRN #: (b)(6)
Ord #:
Phone: 602-396-7508

Final
XR CHEST AP ONLY

Exam Date & Time: Mon Jun 19, 2017 (b)(6)
Reason For Exam:
Ordering Diagnosis: Tuberculosis screening

Accession #: (b)(6)

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
Tuberculosis screening

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
HEART: Normal.
LUNGS: Clear. No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal.
BONES: Normal.

IMPRESSION:
1. No acute cardiopulmonary disease.

(b)(6)

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.
Reading Radiologist: Mary J. Connell, MD

Released By: Mary J. Connell, MD on 6/19/2017 4:29 PM

Facility #: ---
004676
Date: Jun 19, 2017
Time: 17:54:15 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 06/01/2017 - 06/30/2017
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	Left Deltoid - 06/19/2017	
Hepatitis B	Consented	Left Deltoid - 06/19/2017	
MMR	Consented	Left Deltoid - 06/19/2017	
Meningicoccal	Consented	Left Deltoid - 06/19/2017	
IPV	Consented	Right Deltoid - 06/19/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 06/19/2017	
Tdap	Consented	Right Deltoid - 06/19/2017	
HPV	Consented	Right Deltoid - 06/19/2017	
Influenza	Consented	Right Deltoid - 06/19/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT-AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) /SWK KOKOPELLI
Date:	2017/06/13 23:43:23
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has a correct DOB: (b)(6) /1998. ORR requests he be transferred to adult custody.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Centeno, Raquel (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4124a2c24e2146dfa41490bceefc5285-Centeno, Ra>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2017/06/13 23:43:17
Delivered Date:	2017/06/13 23:43:23

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
June 13, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Kokopelli

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UAC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6)

Mr. (b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Kokopelli on June 8, 2017 as a juvenile as a result of Mr. (b)(6) misreporting his date of birth as (b)(6) 1999.

During the intake interview Mr. (b)(6) reported to his assigned Case Manager, Mr. (b)(6), that he was born on (b)(6) 1999 but thought he was 18 years old. Mr. (b)(6) identified an uncle named (b)(6) (b)(6) (b)(6) residing in Alabama as his prospective sponsor. Case Manager attempted unsuccessfully to contact the prospective sponsor on two separate occasions.

On June 10, 2017 Case Manager was able to contact Mr. (b)(6) mother, Mrs. (b)(6) (b)(6) (b)(6) who resides in (b)(6) Case Manager requested the name and day of birth of her son and she disclosed that her son was born in December of 1998, but was unsure about the day. At this time Case Manager requested the birth certificate from the mother. Case Manager then confronted Mr. (b)(6) again about his age and he stated that he was not sure, but remembered that they celebrated his 18th birthday last year.

On June 13, 2017 Case Manager received Mr. (b)(6) birth certificate via fax from his family in Guatemala which shows a date of birth of (b)(6) **1998**. The document has been verified by ORR in the RENAP website which returned as a match.

Along with this Memo is submitting the following documents:

- Original BC
- RENAP verified BC
- Photograph
- TB Clearance
- Immunizations

In accordance with ORR policy FFS reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied

minor (UAC) and ORR is not responsible for his care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.06.13 20:33:59 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Gaspar Ixchil, departamento de Huehuetenango,

CERTIFICA

que con fecha veintiséis de enero de mil novecientos noventa y nueve, en la partida (b)(folio (b)(6) del libro (b) del Registro Civil del Municipio de SAN GASPAR IXCHIL, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 341 SAN GASPAR IXCHIL HUEHUETENANGO

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

-(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

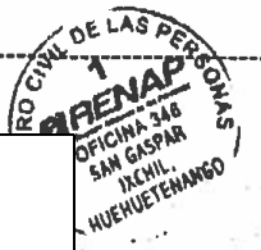
(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día doce de junio de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------



Doy fe (b)(6)

Denis Alexander , Cruz Agustin
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día doce de junio del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Gaspar Ixchil, departamento de Huehuetenango,

CERTIFICA

que con fecha veintiséis de enero de mil novecientos noventa y nueve, en la partida (b)(folio (b)(del libro (b), del Registro Civil del Municipio de SAN GASPAR IXCHIL, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día doce de junio de dos mil diecisiete por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Denis Alexander , Cruz Agustin

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día doce de junio del dos mil diecisiete y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004684

SimonMed
See Tomorrow Today

Phone-480-324-8033 Fax-602-302-5926 Address-1425 S Greenfield Rd Bldg 2 #114, Mesa, AZ 85206

FINAL

SimonMed Greenfield
DIAGNOSTIC IMAGING REPORT

Patient: (b)(6) (b)(6) (b)(6)	Sex:	DOB: (b)(6)	Age:	Diag. Imaging #
	M	1999	17	(b)(6)

Status: Outpatient (PEDS)
Referring Physician: (b)(6)

Exam # (b)(6) - **Jun 10, 2017** - X-Ray - CHEST 1 VIEW

CLINICAL HISTORY: Screening for TB, immigration chest x-ray.

COMPARISON: None.

TECHNIQUE: PA view of the chest.

FINDINGS: The cardiomediastinal silhouette demonstrates normal size. The thoracic aorta is normal. The lungs are clear. Osseous structures are normal for age.

IMPRESSION:

No acute cardiopulmonary disease.
No evidence of active TB.

Lance A. Cohen, M.D., DABR
CAQ in Pediatric Imaging

dd: Jun 12, 2017
Reported by: Lance Cohen MD
Electronically signed by: Lance Cohen MD

Thank you for your kind referral. If you require further assistance, please contact our Radiologist Hotline at 480-551-0264.

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

Facility #: --- 004685

Casa Kokopelli Mesa

Facility Code: ---

Date: Jun 10, 2017

Immunization Report

User: (b)(6)

Time: 09:01:23 MT

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Date Range: 06/01/2017 - 06/30/2017

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, Meningitis, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Polio, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 1999 - Sex: M

Type of Immunization	Consent Status	Administered Info	Results
HPV	Consented	Right Deltoid - 06/09/2017	
Hepatitis A	Consented	Left Deltoid - 06/09/2017	
Hepatitis B	Consented	Left Deltoid - 06/09/2017	
Influenza	Consented	Right Deltoid - 06/09/2017	
Meningicoccal	Consented	Left Deltoid - 06/09/2017	
MMR	Consented	Left Deltoid - 06/09/2017	
IPV	Consented	Right Deltoid - 06/09/2017	
Tdap	Consented	Right Deltoid - 06/09/2017	
Varicella (chicken pox)	Consented	Right Deltoid - 06/09/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2017/01/22 19:18:17
Priority:	Urgent
Type:	Note

Good evening,

The person listed in the subject line has a correct DOB (b)(6) /1993.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Maria Rios <MRios@swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2017/01/22 19:18:13
Delivered Date:	2017/01/22 19:18:17

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
January 22, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an UC in ORR care

RE: (b)((b)(6) (b)(6) (b)(6) (b)(6)

Ms. (b)((b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on January 18, 2017 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly misreported her date of birth as (b)(6) 1999 upon apprehension by immigration officials with the purpose of misrepresenting herself as a minor.

Case Manager (b)(6) requested a copy of Ms. (b)(6) (b)(6) birth certificate from her mother Mrs. (b)(6 (b)(6) (b)(6) (b)(6) in Guatemala. On January 20, 2016, Mrs. (b)(6) (b)(6) faxed a copy of her daughter's birth certificate to the Case Manager who proceeded to verify the document. The verification of the birth certificate displayed a different birth year than the one presented on the birth certificate sent from Guatemala and determine that Ms. (b)(6) (b)(6) birth certificate had been altered and her real birth year is 1993.

Case Manager was informed by Guatemalan consulate representative, (b)(6) on January 20th, 2017 that the data given by Ms. (b)(6) (b)(6) did not coincide with the RENAP system, on January 21st, 2016 Case Manager received a verified document with a date of birth of (b)(6) **1993**.

Case Manager then provided Ms. (b)(6) (b)(6) an opportunity to explain why her verified birth certificate was showing a different birth year and Ms. (b)(6) (b)(6) admitted that her correct date of birth is (b)(6) 1993 and not (b)(6), 1999.

Ms. (b)(6) (b)(6) and her family are not disputing that they have engaged in the modification of Ms. (b)(6) (b)(6) birth certificate for the purpose of deceiving those who would review the documents with the intent to misrepresent Ms. (b)(6) (b)(6) as a minor and they do not dispute that they were part of the scheme to mislead shelter staff and ORR personnel so Ms. (b)(6) (b)(6) could be reunited with a sponsor in the US as a minor.

Along with this Memo is submitting the following documents:

- Original BC
- Altered BC
- Photograph
- TB Clearance
- Self-Statement.

"Respetuosamente me dirijo a usted a informarle sobre los datos de (b)((b)(6) (b)(6) (b)(6) Los datos proporcionados no aparecen en el sistema de RENAP."

In accordance with ORR policy FFS reviewed all the new information and documents mentioned above indicating that (b)((b)(6) (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for her care and custody and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.22 17:00:45 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services/
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004689

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID:

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Joyabaj, departamento de Quiche,

CERTIFICA

que con fecha veinticuatro de septiembre de mil novecientos noventa y nueve, en la partida (b)(6), folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de SAN JOSE POAQUIL, Departamento de CHIMALTENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

- (b)(6) (b)(6), (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) (b)(6) (b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día diecinueve de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

María Elena , Castillo Sánchez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 026
JOYABAJ,
QUICHE

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)

ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Joyabaj, departamento de Quiche,

CERTIFICA

que con fecha veinticuatro de septiembre de mil novecientos noventa y tres, en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de SAN JOSE POAQUIL, Departamento de CHIMALTENANGO, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y tres

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

- (b)((b)(6) , (b)(6) (b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- Vicente , (b)(6) Marroquin -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

(b)(6)

Extendida el día diecinueve de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

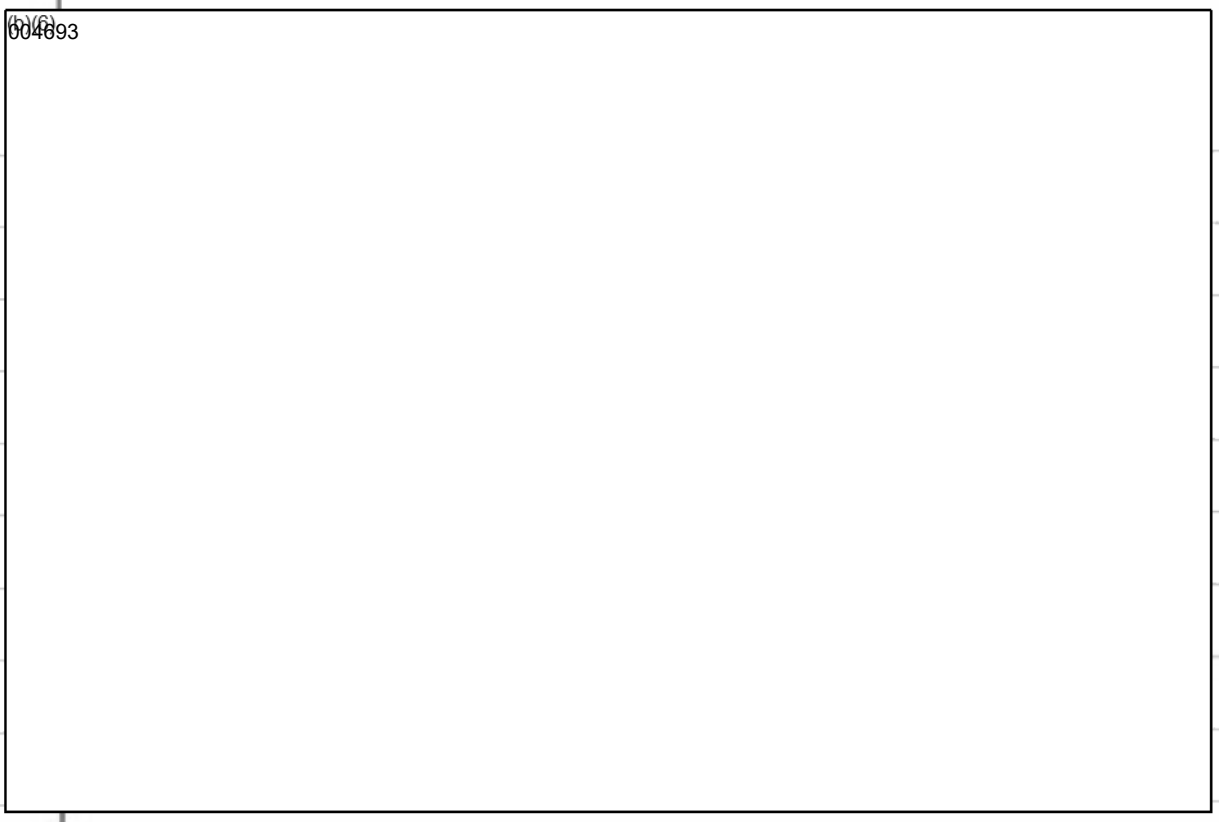
Doy fe

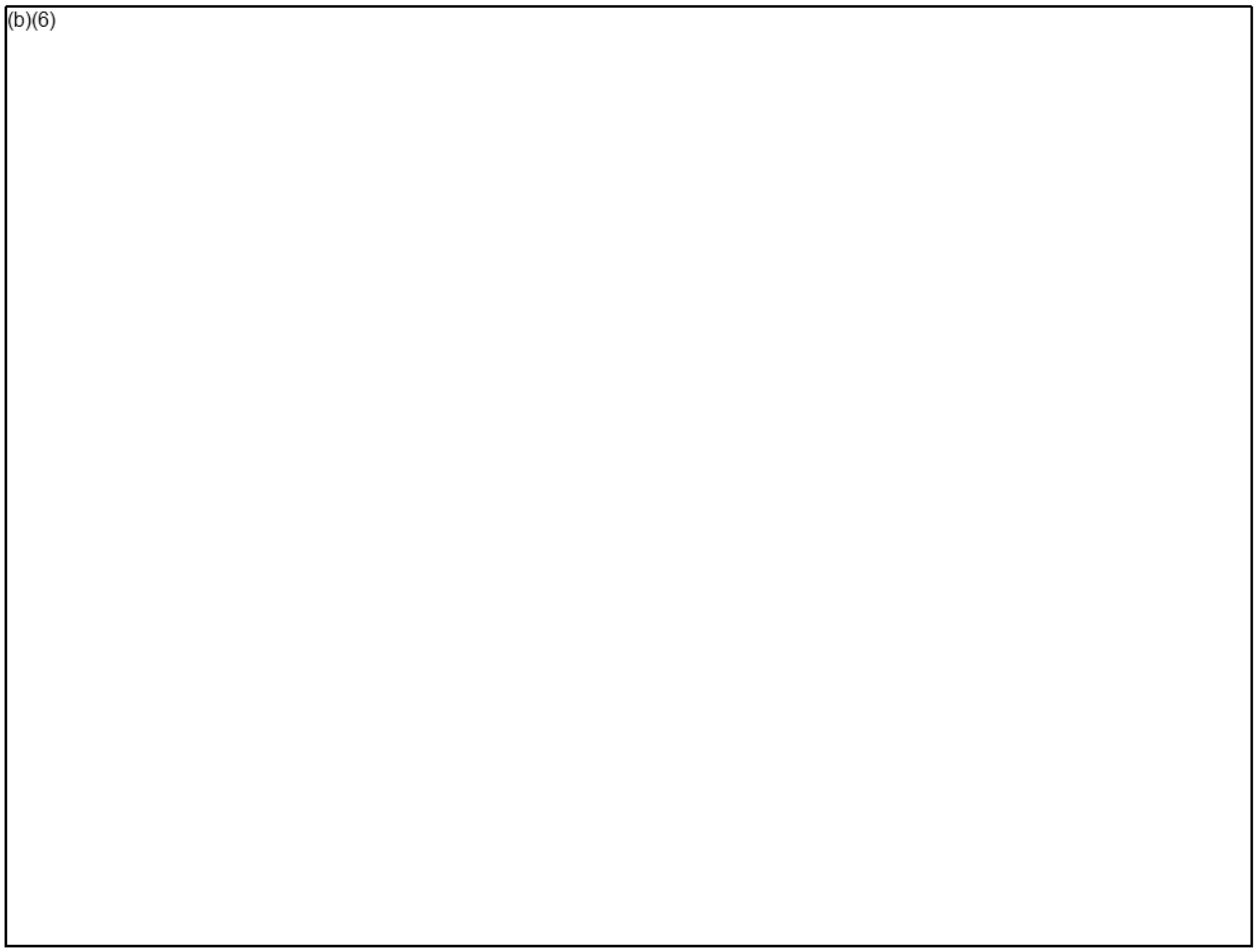
(b)(6)

María Elena , Castillo Sánchez

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día diecinueve de diciembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.


(b)(6)
004693


(b)(6)

Facility #: ---
004695
Date: Jan 19, 2017
Time: 19:47:24 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 01/01/2017 - 01/31/2017
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)((b)(6) - DOB: (b)(6) 1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 01/19/2017	
Hepatitis B	Consented	- - 01/19/2017	
HPV	Consented	- - 01/19/2017	
Influenza	Consented	- - 01/19/2017	
IPV	Consented	- - 01/19/2017	
Meningicoccal	Consented	- - 01/19/2017	
MMR	Consented	- - 01/19/2017	
Tdap	Consented	- - 01/19/2017	
Varicella (chicken pox)	Consented	- - 01/19/2017	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2017/01/19 12:43:58
Priority:	Normal
Type:	Note

Good morning,

The person listed in the subject line has a verified DOB (b)(6) /1997.

Respectfully.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2017/01/19 12:43:53
Delivered Date:	2017/01/19 12:43:58

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
January 19, 2017

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS ORR care on December 10, 2016 as a juvenile as a result of Ms. (b)(6) (b)(6) knowingly providing a false birth certificate with a date of birth of (b)(6), 2000 to apprehending officials.

Following placement in ORR care Ms. (b)(6) was interviewed by assigned Case Manager, (b)(6), to whom it became apparent that Ms. (b)(6) appeared to be overage. Case Manager requested a copy of Ms. (b)(6) (b)(6) s birth certificate from her mother, Ms. (b)(6) (b)(6) (b)(6) who resides in (b)(6). Ms. (b)(6) faxed to Case Manager a copy of her daughter's birth certificate showing a date of birth (b)(6) 2000.

On January 17, 2017 while reviewing Ms. (b)(6) (b)(6) file it became apparent to Case Manager that the font on the birth certificate for the date of birth appeared altered therefore he proceed to verify the document with the official RENAP website which produced a document that could not be verified: therefore the document was sent for verification to the Phoenix Guatemalan Consulate.

On January 18, 2017 Guatemalan Consular Assistant Ms. Briseyda Mateo emailed ORR the results of the verification of the birth certificate Ms. (b)(6) mother provided the program. **According to the verification of the RENAP (Registro Civil Nacional de las Personas) archives (b)(6) Floridalma (b)(6) (b)(6) was registered with a date of birth (b)(6) (b), 1997.**

Case Manager then contacted Ms. (b)(6) to inform her about the discrepancy between the date of birth in the document she sent on behalf of her daughter and the verified version of the document. Ms. (b)(6) admitted to the Case Manager that the correct date of birth of her daughter was (b)(6) 1997 and that the document was altered but she was unaware of how the document was altered.

Case Manager provided an opportunity for Ms. (b)(6) to explain the discrepancy between the birth certificate she provided and the verified birth certificate. Ms. (b)(6) immediately confirmed that the birth certificate was altered and that her actual date of birth is (b)(6) 1997, making her 19 years old. Ms. (b)(6) stated that she received the altered birth certificate from the foot guide who she traveled with but denied knowing the name of the man who provided the altered birth certificate. Ms. (b)(6) stated that she was told to use the altered birth certificate to help her stay in the US.

I reviewed the documentation gathered by SWK Casa Phoenix regarding Ms. (b)(6) s new information about her correct identity and I agreed that the individual in question is 19 years old.

Along with this Memo ORR is submitting the following documents:

- Altered birth certificate
- Birth certificate Verification
- Photograph
- TB Clearance
- Self-Statement

In accordance with ORR policy and in view of the new information and documents available indicating that (b)(6) (b)(6) (b)(6) (b)(6) is 19 years of age HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S

Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2017.01.19 10:38:53 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004699

(b)(6)

No. correlativo (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

ID (b)(6)

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Joyabaj, departamento de Quiche,

CERTIFICA

que con fecha dieciocho de abril de dos mil, en la partida (b)(6) folio (b)(6) del libro (b)(6) del Registro Civil del Municipio de JOYABAJ, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código único de identificación (CUI)

(b)(6) de dos mil

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

REGISTRO CIVIL DE LAS PERSONAS RENAP OFICINA 026 JOYABAJ QUICHE

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

----------ULTIMA LINEA----------

Extendida el día diez de octubre de dos mil dieciseis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LINEA----------

Doy fe

(b)(6)

María Elena Castillo Sánchez
Registrador Civil de las Personas

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
OFICINA 026
JOYABAJ,
QUICHE

Este certificado fue impreso el día diez de octubre de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que el interesado convenga deberá de verificar su autenticidad a través del link. https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004701

(b)(6)

004702

(b)(6) (b)(6) (MR # (b)(6))

Quantiferon TB

Status: Final result **Visible to patient: Not Released** **Next appt: None** **Dx: Encounter for routine child health ex...**

	Ref Range	6d ago
Quantiferon TB	Negative, Indeterminate	Negative
Quantiferon TB minus Nil	IU/mL	0.017
Quantiferon Mitogen minus NIL	IU/mL	>10.000
QTB Nil	IU/mL	0.026
Resulting Agency	MIHS LAB	

Narrative

```
Interpretation of Results:

**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): <0.35
Mitogen minus Nil (IU/ml)*: >=0.5
QFT result: Negative
Report/Interpretation: M. tuberculosis infection NOT likely
**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & <25% of Nil value
Mitogen minus Nil (IU/ml)*: >=0.5
QFT result: Negative
Report/Interpretation: M. tuberculosis infection NOT likely
**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & >=25% of Nil value
Mitogen minus Nil (IU/ml)*: Any
QFT result: Positive**
Report/Interpretation: M. tuberculosis infection likely
**********************************************************************
NIL (IU/ml): <=8.0
TB Antigen minus Nil (IU/ml): <0.35
Mitogen minus Nil (IU/ml)*: <0.5
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**********************************************************************
NIL (IU/ml):  <=8.0
TB Antigen minus Nil (IU/ml): >=0.35 & <25% of Nil value
Mitogen minus Nil (IU/ml)*: <0.5
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**********************************************************************
NIL (IU/ml): >8.0***
TB Antigen minus Nil (IU/ml): Any
Mitogen minus Nil (IU/ml)*: Any
QFT result: Indeterminate
Report/Interpretation: Results indeterminate for TB-Antigen responsiveness
**********************************************************************

* Responses to the Mitogen positive control (and occasionally TB Antigen)
```

004703

(b)(6) (b)(6) (MR # (b)(6)

can be outside the range of the microplate reader. This has no impact on test results. Values >10 IU/ml are reported by the QFT software as >10 IU/ml.

** Where M. tuberculosis infection is not suspected, initially positive results can be confirmed by retesting the original plasma samples in duplicate in the QFT ELISA. If repeat testing of one or both replicates is positive, the test result is considered positive.

*** In clinical studies, less than 0.25% of subjects had IFN-gamma levels of >8.0 IU/ml for the Nil Control.

Quantiferon - TB Assay Limitations

Results from QuantiFERON-TB Gold IT testing must be used in conjunction with each individual's epidemiological history, current medical status, and results of other diagnostic evaluations.

1. The predictive value of a positive QuantiFERON-TB Gold IT result in diagnosing M. tuberculosis infection depends on the probability of infection, which is assessed by historical, epidemiological, diagnostic, and other findings.
2. A diagnosis of LTBI requires that tuberculosis disease must be excluded by medical evaluation including an assessment of current medical and diagnostic tests for disease as indicated.
3. A negative result must be considered with the individual's medical and historical data relevant to probability of M. tuberculosis infection and potential risk of progression to tuberculosis disease, particularly for individuals with impaired immune function. Negative predictive values are likely to be low for persons suspected to have M. tuberculosis disease and should not be relied on to exclude disease.

4. Indeterminate results may occur due to:
1. Incorrect transport/handling of blood specimen.
2. Excessive levels of circulating IFN-y or presence of heterophile antibodies.
3. Longer than 16 hours from blood specimen drawing to incubation.

Specimen Collected: 12/13/16 10:00 AM | Last Resulted: 12/17/16 5:03 AM | Order Details | View Encounter | Lab and Collection Details | Routing | Result History

Lab IDs

Specimen #
(b)(6)

Reviewed by List

(b)(6) NP on 12/19/2016 6:43 AM

Routing History

Priority	Sent On	From	To	Message Type
	12/13/2016 1:46 PM	Rad Results In Edi	(b)(6) NP	
	12/13/2016 10:20 AM	Yury Encinas, MA	(b)(6) NP	

004704

(b)(6) (b)(6) (MR # (b)(6))

View SmartLink Info

QUANTIFERON TB (Order # (b)(6)) on 12/13/16

Order Information

QUANTIFERON TB (Order # (b)(6)) on 12/13/16

Additional Details

View Order Tracking

(b)(6) (b)(6) (MR # (b)(6)) Printed by (b)(6) at 12/19/16 12:27 PM

(b)(6)

Facility #: ---
004706
Date: Dec 13, 2016
Time: 18:06:33 MT

Casa Phoenix - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) 2000 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 12/13/2016	
Hepatitis B	Consented	- - 12/13/2016	
HPV	Consented	- - 12/13/2016	
Influenza	Consented	- - 12/13/2016	
IPV	Consented	- - 12/13/2016	
Meningicoccal	Consented	- - 12/13/2016	
MMR	Consented	- - 12/13/2016	
Tdap	Consented	- - 12/13/2016	
Varicella (chicken pox)	Consented	- - 12/13/2016	

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org"
Subject:	ADULT AGE REDETERMINATION (b)(6) (b)((b)(6) (b)(6 (b)(6) (b)(6) /SWK CAMPBELL
Date:	2016/12/30 17:44:24
Priority:	Normal
Type:	Note

Good afternoon,

The person listed in the subject line has a verified DOB (b)(6) /1998.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org"
Sent Date:	2016/12/30 17:44:22
Delivered Date:	2016/12/30 17:44:24

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
December 30, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Campbell

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6 (b)(6) (b)(6) (b)(6) A# (b)(6)

(b)(6) (b)(6 (b)(6) (b)(6) (b)(6) was transferred to and placed in HHS-ORR care with Southwest Campbell on December 24, 2016 as a juvenile as a result of providing to apprehending officials a date of birth different from what the Guatemalan consulate has now verified to be his correct date of birth.

On December 30, 2016 ORR received information indicating the correct DOB for this person is (b)(6) **, 1998** and not (b)(6) , 1999. While reviewing the copy of the document provided by Mr. (b)(6) (b)(6) family the font on the date of birth appears different from the font of the rest of the document. The document was verified on the RENAP website and revealed a correct **DOB** (b)(6) **/1998**.

Along with this Memo ORR is submitting the following documents:

- Altered BC DOB (b)(6) /1999
- RENAP verified BC
- Photograph
- Immunizations
- TB Clearance

In accordance with ORR policy the documentation for this individual was reviewed indicating that the individual in question is 18 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam B. Hillin -S Digitally signed by Myriam B. Hillin -S
DN: c=US, o=U.S. Government, ou=HHS, ou=ACF, ou=People, 0.9.2342.19200300.100.1.1=2001696475, cn=Myriam B. Hillin -S
Date: 2016.12.30 15:39:14 -07'00'

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

004709

RENAP
Registro Nacional de las Personas

Correlativo (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de San Pablo Jocopilas, departamento de Suchitepequez,

CERTIFICA

que con fecha dieciséis de septiembre de mil novecientos noventa y ocho, en la partida (b)(6) folio (b)(del libro (b) del Registro Civil del Municipio de SAN PABLO (b)(6) Departamento de SUCHITEPEQUEZ, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

Veinte de agosto de mil novecientos noventa y ocho

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6) -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- (b)(6) -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día dos de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Evelyn Marbela , Sánchez Galindo

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día dos de diciembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

RENAP
Registro Nacional de las Personas

(b)(6)

VERIFICADOR: (b)(6)
ID

Correlativo: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de (b)(6), departamento de (b)(6)

CERTIFICA

que con fecha dieciséis de septiembre de mil novecientos noventa y nueve. en la partida (b)(6), folio (b)(del libro (b)(del Registro Civil del Municipio de (b)(6) (b)(6) Departamento de (b)(6) quedó inscrito el nacimiento de:

- (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

Masculino

Género

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

12/29/2016 10:05 323-753-3807 PAGE 07/13

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día dos de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

ULTIMA LÍNEA

Doy fe (b)(6)

REGISTRO CIVIL DE LAS PERSONAS 1 RENAP OFICINA 309 SAN PABLO JOCOPILAS SUCHITEPEQUEZ

Evelyn Marbela , Sánchez Galindo
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día dos de diciembre del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Facility #: ---
004713
Date: Dec 26, 2016
Time: 11:50:57 MT

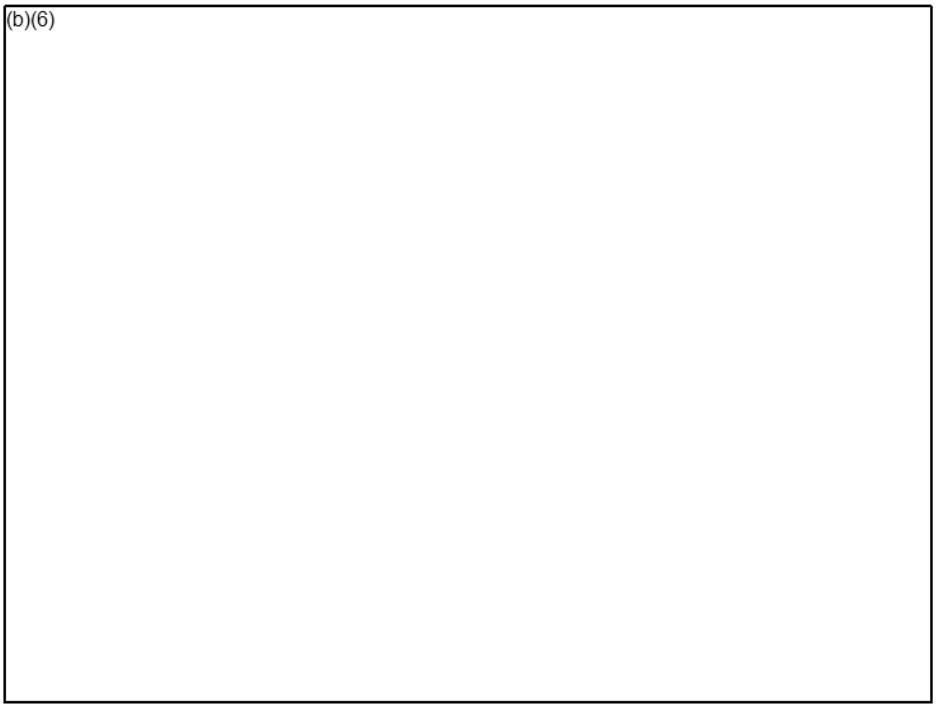
Campbell - Phoenix, AZ - ALF
Immunization Report

Facility Code: ---
User: (b)(6)

Resident: (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016
Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

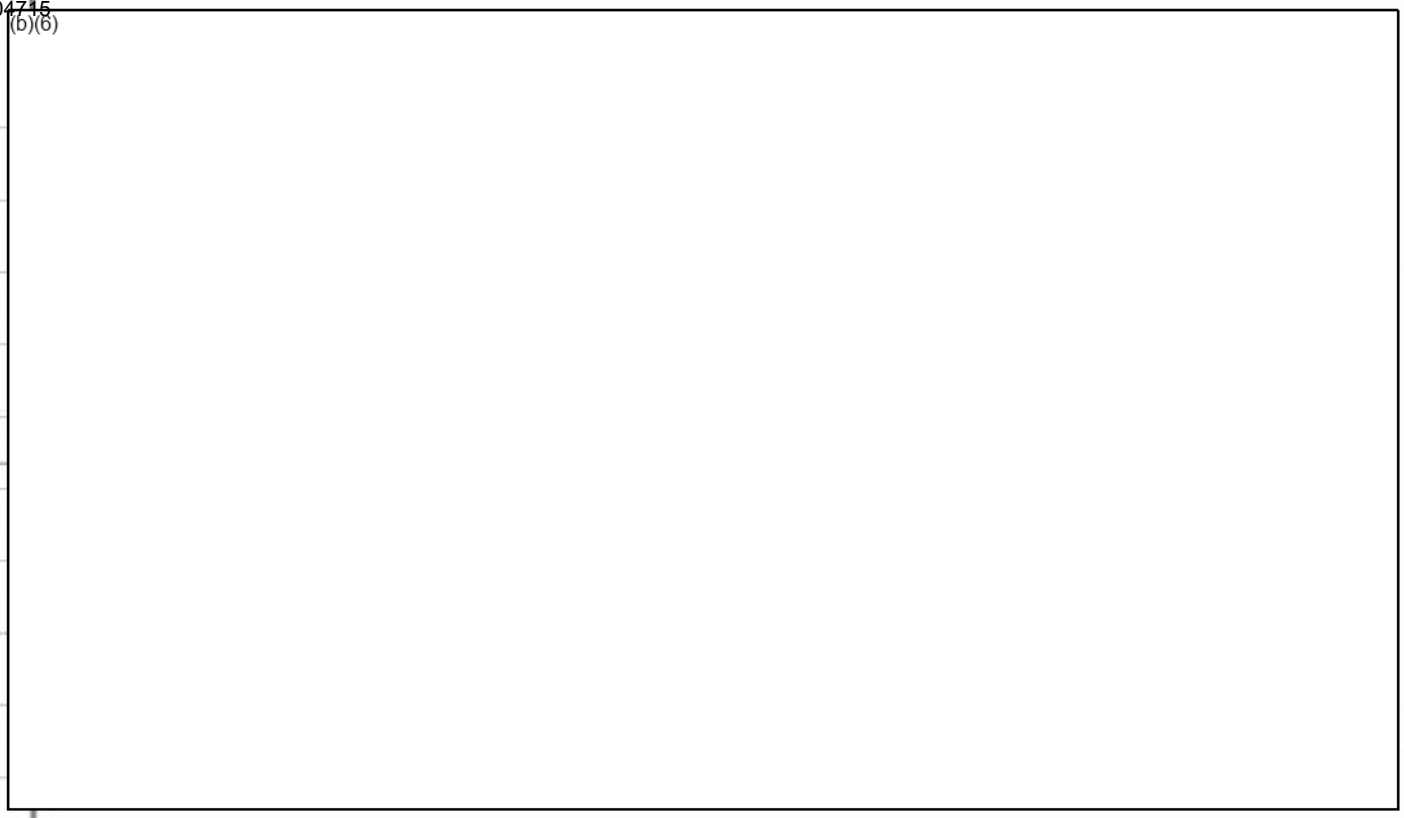
(b)(6) (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) - DOB: (b)(6) /1999 - Sex: M - Resident Number (b)(6)

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis B	Consented	Left Deltoid - 12/26/2016	
Hepatitis A	Consented	Left Deltoid - 12/26/2016	
MMR	Consented	Left Deltoid - 12/26/2016	
Meningicoccal	Consented	Left Deltoid - 12/26/2016	
Tdap	Consented	Right Deltoid - 12/26/2016	
HPV	Consented	Right Deltoid - 12/26/2016	
Influenza	Consented	Right Deltoid - 12/26/2016	
IPV	Consented	Right Deltoid - 12/26/2016	
Varicella (chicken pox)	Consented	Right Deltoid - 12/26/2016	
TB 1 Step Mantoux (PPD)	Consented	Left Forearm - 12/26/2016	


(b)(6)

004715

(b)(6)



004716

REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

Nº (b)(6)

CERTIFICACION DE ACTA DE NACIMIENTO

El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina, se encuentra el acta de nacimiento número: (b)(6) ubicada en el folio (b)(6) del tomo (b)(6) del Año 1999 y que pertenece a:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre* SEXO F [X] M [ ]

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento (b)(6)

a) (b)(6) Municipio b) *COPÁN* Departamento c) *HONDURAS* País

d) (b)(6) Día e) (b)(6) Mes f) (b)(6) Año

2.) Apellidos, nombre y nacionalidad del padre:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre* d) (b)(6) Nacionalidad

3.) Apellidos, nombre y nacionalidad de la madre:

a) (b)(6) *Primer Apellido* b) (b)(6) *Segundo Apellido*

c) (b)(6) *Nombre* d) (b)(6) Nacionalidad

4.) Notas marginales autorizadas: (b)(6)

NINGUNA

Extendida en *FLORIDA* Municipio *COPÁN* Departamento

a los: *DIEZ* días del mes de *ABRIL*

del DOS MIL *QUI* (b)(6)

REGISTRO NACIONAL DE LAS PERSONAS 04 10 REGISTRO CIVIL MUNICIPAL FLORIDA COPAN HONDURAS C.A.

Firma y Sello del Registrador Civil Municipal

(b)(6)

(b)(6)

004718

RENAP

Correlativo: I00039006121020l6

VERIFICADOR: (b)(6)
ID: (b)(6)

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Joyabaj, departamento de Quiche,

CERTIFICA

que con fecha veintiseís de junio de mil novecientos noventa y nueve, en la partida (b)(6) folio (b)(6) del libro (b)( ) del Registro Civil del Municipio de JOYABAJ, Departamento de QUICHE, quedó inscrito el nacimiento de:

(b)(6) (b)(7)(F)

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, (b)(6)

Lugar de nacimiento

FEMENINO

Genero

Fotografía no disponible

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Nombres y apellidos del padre

Fecha de nacimiento

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

From:	Sanchez, Alex (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D14270DD29FB4F60BE27D1342FB04992-SANCHEZ, MA>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov)"; (b)(6);(b)(7)(F) @ice.dhs.gov)"
CC:	(b)(6) @davidandmargaret.org)"; (b)(6) R@davidandmargaret.org)"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	FW: SEGUIMIENTO; Urgente; Posible Adulto; Verificacion De Acta Nacimiento y Peticion De Entrevista; (b)(6) (b)(6) (b)(6) (b)(6) ; David & Margaret
Date:	2016/07/14 15:51:59
Priority:	Normal
Type:	Note

Dear Oscar, Attached you will find an age redetermination memo. (b)(6) has been interviewed by the Honduran Consulate and they have provided the verified BC, also attached. Please let me know if you have any questions. Please advise on the pick-up time. Thank you. Kindly,

Alex Sanchez, M.A.
Federal Field Specialist
The United States Department of Health &Human Services
Administration for Children &Families
The Office of Refugee Resettlement
Division of Children Services
(b)(6)

From: Agredano-Lozano, Obed (ACF) (CTR)
Sent: Wednesday, July 13, 2016 4:08 PM
To: Frias, Erika
Cc: Sanchez, Alex (ACF);(b)(6)
Subject: FW: SEGUIMIENTO; Urgente; Posible Adulto; Verificacion De Acta Nacimiento y Peticion De Entrevista; (b)(6) (b)(6) (b)(6) (b)(6) ; David &Margaret

Hi Erika,

I'm forwarding the email below and attachment from Consul Tsai of the Los Angeles Honduras Consulate. I know we already had this BC verified by the Seattle Washington Honduras Consulate.

Respectfully, Obed

From: J T [mailto:HondurasLA@hotmail.com]
Sent: Wednesday, July 13, 2016 1:47 PM
To: Agredano-Lozano, Obed (ACF) (CTR)

Subject: Re: SEGUIMIENTO; Urgente; Posible Adulto; Verificacion De Acta Nacimiento y Peticion De Entrevista; (b)(6) (b)(6) (b)(6) (b)(6) David &Margaret

Hi! Obed,

Sorry for the delays but we have been having equipment problems. But I have attached the info your requesting.

Numero de identidad: **0814199800120**
Nombre identificación: (b)(6) (b)(6) **/ RODRIGUEZ** (b)(6)
Nombre Registro Civil: (b)(6) (b)(6) **/ RODRIGUEZ** (b)(6)
Sexo: **MASCULINO**
Fecha nacimiento: (b)(6)
Lugar de domicilio: **DISTRITO CENTRAL,FRANCISCO MORAZÁN**
COL. INDEPENDENCIA
Dirección exacta:
Centro de Votación: **ESC. INDEPENDENCIA**
DISTRITO CENTRAL,FRANCISCO MORAZÁN
Lugar de solicitud:

Jose

From: Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>
Sent: Tuesday, July 12, 2016 9:00 AM
To: J T
Cc: Sanchez, Alex (ACF)
Subject: RE: SEGUIMIENTO; Urgente; Posible Adulto; Verificacion De Acta Nacimiento y Peticion De Entrevista; (b)(6) (b)(6) (b)(6) (b)(6) David &Margaret

Thank you Consul Tsai for informing me of your RNP issue. I will reach out to another Consulate for support. Please let me know when your RNP system back on track.

Thank you!

Obed

-----Original Message-----
From: J T [mailto:HondurasLA@hotmail.com]
Sent: Monday, July 11, 2016 5:45 PM
To: Agredano-Lozano, Obed (ACF) (CTR)
Subject: Re: SEGUIMIENTO; Urgente; Posible Adulto; Verificacion De Acta Nacimiento y Peticion De Entrevista;

(b)(6) (b)(6) (b)(6) (b)(6) ; David &Margaret

Hi, Obed!

Sorry for the delays with the BC verifications we have been having problems with the RNP systems and haven't got access to them yet. If you have any other sources I would suggest using them, we will try to get back on track as soon as possible but it will take some time.

>On Jul 11, 2016, at 9:41 AM, Agredano-Lozano, Obed (ACF) (CTR) <Obed.Agredano@acf.hhs.gov>wrote:
>
>Estimado Consul Tsai,
>
>El propósito de esta nota es para dar seguimiento a la solicitud de verificación del acta de nacimiento y una entrevista ya que el programa tiene la sospecha de que el cliente puede ser un adulto.
>
>En el correo electrónico por de abajo encontrará información útil en este caso proporcionado por la (b)(6) (b)(6) (b)(6). No dude en ponerse en contacto con (b)(6) en caso de que tenga preguntas adicionales.
>
>(b)(6) (b)(6)
>(b)(6) @davidandmargaret.org
>Office: (b)(6)
>
>Gracias por su tiempo y esfuerzo con este caso!
>
>Obed Agredano, MSW
>Contract Field Specialist
>U.S. Department of Health and Human Services Division of Children
>Services Office of Refugee Resettlement Los Angeles, California
(b)(6) (work cell)
>obed.agredano@acf.hhs.gov<mailto:obed.agredano@acf.hhs.gov>
>
>From: (b)(6) [mailto(b)(6) @davidandmargaret.org]
>Sent: Friday, July 08, 2016 5:03 PM
>To: Agredano-Lozano, Obed (ACF) (CTR)
>Cc: Sanchez, Alex (ACF); DCS Case Managers Group; Perdomo, John
>Subject: Birth Certificate authentication- Follow (b)(6) (b)(6)
(b)(6) (b)(6) ; David &Margaret
>
>Good morning Obed,
>
>I would like to follow up with the birth certificate authentication request for (b)(6) (b)(6) (b)(6) (b)(6)
A# (b)(6) as we have not receive any updates from the Honduran consulate in regards to the request. A birth certificate authentication is being requested due to a discrepancy between the date of birth on (b)(6) BC and the date in which (b)(6) reports that he was born. Minor reassures to be 17 years old; however, his birth certificate indicates that he was born in (b)(6) /1997, which makes him 18 years old. Please consider the following information:
>
>
>1) (b)(6) sponsor, and care giver in home country report that (b)(6) is 17 years old.
>
>2) According to sponsor and care giver in home country, UC's mother did not know how to read and write. Additionally, she waited for two years to register (b)(6) after he was born. Sponsor and care giver in home country report that a potential mistake could have happened by the time mother registered (b)(6) in home country.

>
>3) In regards to (b)(6) he reports that he was born in (b)(6) /1999, which makes him 16 years old; however, when he is asked how old he is, he reports to be 17. I have told (b)(6) that based on the date of birth in which he reports he was born he is 16 years old; however, he reassures to be 17 years old. (b)(6) appears confused when counting the years leading to his age.
>
>4) Contact with mother has not taken place, as (b)(6) sponsor, and care giver in home country report to not have any contact information for her.
>
>5) An interview with the Honduran consulate is also being requested.
>
>
>NOTE: Taking as reference policy 1.6 (Determining the Age of an Individual without Lawful Immigration Status), the following steps are being followed in this case:
>
>. Due to contradictory documentation and statements, a birth certificate authentication has been requested.
>
>. Other reliable records (baptism certificates, school records, medical records) indicating that minor is 17 years old have been requested; however, sponsor and care giver in home country report that all documentation from home country has the same date of birth as (b)(6) BC.
>
>. Further steps will be followed after receiving authentication.
>
>Respectfully,
>
>(b)(6)
>Case Manager
>Division of Children Services (DCS)
>David and Margaret Youth and Family Services
>Office: (b)(6)
>T.E.A.M Together Everyone Achieves More
>
>
>
>
>From: Agredano-Lozano, Obed (ACF) (CTR)
>[mailto:Obed.Agredano@acf.hhs.gov]
>Sent: Wednesday, July 06, 2016 4:52 PM
>To: J T <hondurasla@hotmail.com<mailto:hondurasla@hotmail.com>>
>Cc: Sanchez, Alex (ACF)
><Alex.Sanchez@ACF.hhs.gov<mailto:Alex.Sanchez@ACF.hhs.gov>>; (b)(6)
(b)(6)
>(b)(6) @davidandmargaret.org<mailto(b)(6) @davidandmargaret.org>>;
(b)(6)
>(b)(6) @davidandmargaret.org<mailto (b)(6) @davidandmargaret.org>>
>Subject: Urgente; Posible Adulto; Verificacion De Acta Nacimiento y
>Peticion De Entrevista; (b)(6) (b)(6) (b)(6) (b)(6) ;
>David &Margaret
>
>Estimado Consul Tsai,
>
>Por este medio, solicitó su ayuda con verificar la autenticidad de la acta de nacimiento del cliente Hondureño, (b)(6) (b)(6) (b)(6) (b)(6) . (b)(6) se encuentra en nuestra custodia y alojado en nuestro albergue David

&Margaret.
>
>El programa tiene sospecha de que el cliente pueda ser adulto. El cliente dice que tiene 17 años de edad. Sin embargo, el acta de nacimiento indica (b)(6) De 1997, lo que le hace 18 años.
>
>El programa también esta solicitando una entrevista por el Consulado para asegurarse de que el acta de nacimiento le pertenece al cliente.
>
>Muchas gracias por su tiempo y ayuda,
>
>Obed Agredano, MSW
>Contract Field Specialist
>U.S. Department of Health and Human Services Division of Children
>Services Office of Refugee Resettlement Los Angeles, California
>(b)(6) (work cell)
>obed.agredano@acf.hhs.gov<mailto:obed.agredano@acf.hhs.gov>
>
>From: (b)(6) [mailto:(b)(6) @davidandmargaret.org]
>Sent: Wednesday, July 06, 2016 3:29 PM
>To: Agredano-Lozano, Obed (ACF) (CTR)
>Cc: Sanchez, Alex (ACF); (b)(6) ; (b)(6) ; DCS Case
>Managers Group
>Subject: Birth Certificate Authentication
>
>Good afternoon Obed,
>
>I would like to inquire for your support on authenticating the attached birth certificate from Honduras. This BC belongs to minor (b)(6) (b)(6) (b)(6) (b)(6) A#(b)(6) . A birth certificate authentication is being requested due to a discrepancy between the date of birth on UC's BC and the date in which minor reports that he was born. Minor reassures to be 17 years old; however, his birth certificate indicates that minor was born in (b)(6) 1997, which makes him 18 years old.
>
>** An interview with the Honduran consulate is also being requested.
>
>**NOTE:
>
>
>1) During assessment, minor reported that he was born in (b)(6) 1999. This date of birth makes UC 16 years old; however, when minor was asked how old he was, he reported to be 17. Minor was told that based on the date of birth in which he reported to be born he was 16 years old; however, minor reassured to be 17 years old. Minor appeared confused when counting the years to deduce his age.
>
>2) According to proposed sponsor and UC's care giver in home country, the UC's mother did not know how to read and write. Additionally, she waited two years to register minor after UC was born. Sponsor and care giver report to believe that there was a mistake when registering UC in home country due to UC 's mother waiting for years to register him and not knowing how to read and write. Sponsor and care giver report to be concerned with UC's BC, as they were under the impression that minor was 17 years old.
>
>3) Care giver and sponsor report to not have any document (baptism certificates, school reports, medical records) indicating that minor is 17 years old.
>
>
>

>
>
>Respectfully,
>
(b)(6)
>Case Manager
>Division of Children Services (DCS)
>David and Margaret Youth and Family Services
>Office: (909) 962-8112
>T.E.A.M Together Everyone Achieves More
>
>
>==========
>
>David &Margaret Youth and Family Services Disclaimer Notification:
>This e-mail may contain confidential information belonging to the sender that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distributing, or action taken in reliance on the contents is strictly prohibited. Please notify the sender immediately and delete this e-mail. Destruction of this information is required after the stated purpose of the release is fulfilled.
>
>==========
>
>
><Birth (b)(6) (b)(6) (b)(6) (b)(6) (b)(6) .pdf>

Sender:	Sanchez, Alex (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=D14270DD29FB4F60BE27D1342FB04992-SANCHEZ, MA>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov)"; (b)(6);(b)(7)(F) @ice.dhs.gov)"; (b)(6) @davidandmargaret.org)"; (b)(6) @davidandmargaret.org)"; "Agredano-Lozano, Obed (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1a10180240444241a59a9d998818633b-Agredano-Lo>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/07/14 15:51:57
Delivered Date:	2016/07/14 15:51:59

004725

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR (b)(6)
ID

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Zacualpa, departamento de Quiche,

CERTIFICA

que con fecha seis de junio de mil novecientos noventa y nueve , en la partida (b)(6) folio (b)(6) del libro (b)(del Registro Civil del Municipio de ZACUALPA, Departamento de QUICHE, quedó inscrito el nacimiento de:

- (b)(6) (b)(6) , (b)(6) -

Nombres y apellidos del inscrito

Fotografía no disponible

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y nueve

Fecha de nacimiento

Guatemala, Quiche, Zacualpa

Lugar de nacimiento

Masculino

Género

Datos de la madre

Fotografía no disponible

-(b)(6) (b)(6) (b)(6)-

Nombres y apellidos de la madre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

Datos del padre

Fotografía no disponible

-(b)(6) (b)(6) (b)(6)-

Nombres y apellidos del padre

(b)(6)

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Extendida el día dos de diciembre de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

---------- ULTIMA LINEA----------

Doy fe

(b)(6)

REGISTRO CIVIL DE LAS PERSONAS
RENAP
OFICINA 340
ZACUALPA
QUICHÉ

Brenda Ester , Chóm Jimón
Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día dos de octubre de dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convengan deberá verificar su autenticidad a atraves del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Subject:	ADULT AGE RE-DETERMINATION (b)((b)((b)(6) (b)(6) AKA: (b)((b)((b)(6) (b)(6) (b)(6) Casa Phoenix
Date:	2016/11/23 19:05:49
Priority:	Normal
Type:	Note

Good afternoon,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) (b)(6) (b)(6 with DOB (b)(6) 1997. She is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)		(b)(6)	

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; (b)(6) @swkey.org>"
Sent Date:	2016/11/23 19:05:45
Delivered Date:	2016/11/23 19:05:49

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 23, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) (b)((b)(DOB: (b)(6) 2000 (b)(6)
AKA: (b)(6) (b)(6) (b)((b) DOB: (b)(6) 1997

(b)(6) (b)(6) (b)((b) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix on September 21, 2016 as a juvenile as a result of Ms. (b)((b) knowingly providing to apprehending officials a name and date of birth different from what she and her family have now revealed to be her real identity with the purpose of misrepresenting herself as a minor.

Following placement in ORR care Ms. (b)((b) was immediately interviewed by her assigned Case Manager, (b)(6) to whom it became immediately apparent that she appeared to be overage. Case Manager requested a copy of Ms. (b)((b)(6 birth certificate from her mother, Mrs. (b)(6) (b)((b)(6 who resides in (b)(6)

On October 15, 2016 Mrs. (b)(6) (b) (b)(6 faxed a copy of her daughter's birth certificate to the Case Manager who proceeded to verify the document with the Guatemalan Consulate in Phoenix which reported that the document was a valid birth certificate with a verified date of birth of (b)(6) 2000.

Through the Case Manager's assessment, Mrs. (b)(6) (b) (b)(6) and Ms. (b)((b)(later disclosed information that did not match up with information provided during initial intake or interview. During intake, Ms. (b)((b) reported having no siblings and later reported that she had two sisters and one brother. On November 22, 2016, Ms. (b)((b) admitted that her true name is (b)(6) (b)(6) (b)(6 (b)(with date of birth (b)(6) **1997** and that she had been using the identity of her younger sister (b)(6) (b)(6) (b)((b)(Ms. (b)(6) (b)(6) (b)((b)(stated that she was hoping to reunite as a minor with her (b)(6)

On November 22, 2016 Case Manager proceeded to contact Mrs. (b)(6) (b)(6) to address her daughter's admission that she had taken the identity of her younger sister, (b)(6) and that her true name is (b)(6) Mrs. (b) (b)(6 immediately admitted that in fact the person in ORR care is her daughter (b)(6) and not (b)(6) She also faxed a copy of the RENAP Guatemalan National picture ID of Ms. (b)(6) (b)(6) (b)((b)(

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed the information gathered by the program for Ms. (b)(6) (b)(6) (b)((b)(AKA: (b)(6) (b)(6) (b)((b)(including her verified Guatemalan National RENAP DPI (Documento Personal de Identificacion) showing the name (b)(6) (b)(6) (b)((b)(with date of birth of (b)(6) **1997** and matching picture of the person in ORR care. FFS also reviewed Ms. (b)((b)(6 own retraction of her first provided incorrect name and date of birth including admitting that she is 19 years old and her mother's corroboration of this information including admitting that this individual and her mother both have carried out a scheme to take another individual's identity with the purpose of misleading authorities to believe she was a minor and therefore FFS agrees that there is sufficient strong evidence to support the claim that the individual in question is an adult.

Along with this Memo ORR is submitting the following documents:

- Altered BC
- Guatemalan DPI National Identity Card
- Photograph
- TB Clearance
- Immunizations
- Self-Statement

In accordance with ORR policy, FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) (b)((b) AKA: (b)(6) (b)(6) (b)((b) is 19 years of age and HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; (b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Subject:	ADULT AGE RE-DETERMINATION (b)(6) (b)(6) AKA: (b)(6) (b)(6) (b)(6) /SWK Casa Phoenix
Date:	2016/11/13 22:17:48
Priority:	Urgent
Type:	Note

Good evening,

Attached please find a memo of age redetermination for the above listed person who has been determined to be (b)(6) (b)(6) with DOB (b)(6) /1995. He is medically cleared.

Contact information for transfer arrangements:

Maria Rios	Program Director	623-203-7772	mrios@swkey.org
Eva Torres	Assistant Program Director	602-418-6386	etorres@swkey.org
Alexander Gonzalez Rodriguez	Assistant Program Director	602-418-6412	agrodriguez@swkey.org

Name	Title	Phone	Email
(b)(6)	(b)(6)	(b)(6)	(b)(6) @swkey.org

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>";

	"Phoenix, Juvenile <Juvenile.Phoenix@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"; "Maria Rios <MRios@swkey.org>"; "(b)(6) @swkey.org>"; "(b)(6) @swkey.org>"
Sent Date:	2016/11/13 22:17:43
Delivered Date:	2016/11/13 22:17:48

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Determination
November 13, 2016

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an UC in ORR care

RE: (b)(6) (b)(6) **A#** (b)(6)
AKA: (b)(6) (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS-ORR care with SWK Casa Phoenix by October 19, 2016 as a juvenile as a result of Mr. (b)(6) knowingly providing to apprehending officials a name and date of birth different from what Mr.(b)(6) and his family have now revealed to be his real identity with the purpose of misrepresenting himself as a minor.

Following placement in ORR care Mr. (b)(6) was immediately interviewed by his assigned Case Manager, (b)(6), to whom it became immediately apparent that Mr. (b)(6) appears to be overage. Case Manager requested a copy of Mr. (b)(6)'s birth certificate from his father in (b)(6) Mr. (b)(6) who on October 28, 2016 provided a copy of a formal document showing the name (b)(6) (b)(6) and date of birth (b)(6) 1999.

Mr. (b)(6) reported to his Clinician that he was in a partnership with (b)(6) and that they have a son named (b)(6). Mr. (b)(6) also reported he has a brother named (b)(6) (b)(6) who is 20 years old. Case Manager requested then on November 1, 2016 a copy of the birth certificate for (b)(6) (b)(6) and for (b)(6), however, Mr. (b)(6) reported that his son (b)(6) did not have a son, but that instead his son (b)(6) has a son.

On November 11, 2016 in a Case Manager and Clinician session and together with Mr. (b)(6) he admitted to be (b)(6) (b)(6) 20 years old, who admitted to be impersonating his younger brother (b)(6) (b)(6) who is (b) years old. Case manager requested again from Mr. (b)(6) s father a copy of the birth certificate of (b)(6) (b)(6) Mr. (b)(6) 's father sent the BC of (b)(6) (b)(6) showing a DOB: (b)(6) **1995**.

In view of the concerns related to Mr. (b)(6) 's age and real name and in accordance with ORR policy and procedures the reunification process was not initiated.

The TVPRA requires that determination procedures, at a minimum, take into account multiple forms of evidence including only the testimony of the individual in question and other individuals determined to have personal knowledge of the individual and who HHS concludes can credibly attest to the age of the individual.

The Division of Children's Services' Federal Field Specialist (DCS FFS) received and reviewed Mr. (b)(6) birth certificates, Mr. (b)(6) own retraction of his true identity admitting he is an adult impersonating his younger brother (b)(6) and the credible testimony of his father who provided the correct birth certificate admitting his son in ORR custody **is** (b)(6) (b)(6) **with DOB** (b)(6) **/1995**. After careful consideration DCS FFS concludes that there is sufficient strong evidence to support the claim that Mr. (b)(6) (b)(6) who is 20 years old is the individual in custody.

Accordingly, under these procedures, the age determination process for (b)(6) was evaluated carefully based on the totality of all available evidence, including the statement of the individual in question in this memo and therefore Mr. (b)(6), now determined to be an adult, must be separated from the main population to ensure the safety of the minors in care and consistency with the statutory requirements of the Flores Agreement and the Trafficking Victims Protection Act of 2008 (TVPRA) which mandate that unrelated adults be separated from unaccompanied minors.

Along with this Memo ORR is submitting the following documents:

Photograph

- BC (b)(6) (b)(6)
- BC (b)(6) (b)(6)
- Self-Statement
- Immunization
- TB Clearance

In accordance with ORR policy FFS Supervisor Ivonne Velasquez reviewed all the new information and documents mentioned above indicating that (b)(6) (b)(6) is over 18 years of age and therefore does not meet the criteria of an Unaccompanied Minor (UC) and ORR is not responsible for the care and custody of (b)(6) and therefore HHS-ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

Approved by:

Ivonne Velasquez, LCSW
Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement Division of Children's Services
(b)(6) – Velazquez, Ivonne (ACF)
Ivonne.Velazquez@ACF.hhs.gov

(b)(6)

004735

Registro Nacional de las Personas

República de Guatemala

Chichicastenango, Quiche

Registro Civil de las Personas

Certificado de Nacimiento

El infrascrito Registrador Civil del Registro Nacional de las Personas de (b)(6)

CERTIFICA

que con fecha diecisiete de marzo de mil novecientos noventa y ocho en la partida (b)(6) del folio (b)(6) y libro (b)(6) fue inscrito el nacimiento de:

Datos del inscrito

(b)(6)

Nombres y apellidos del inscrito

(b)(6) de mil novecientos noventa y ocho — Masculino

Fecha de nacimiento — Género

Guatemala, Quiche, (b)(6)

Lugar de nacimiento

Datos de la madre

(b)(6)

Nombres y apellidos de la madre

(b)(6)

Lugar de origen

Datos del padre

(b)(6)

Nombres y apellidos del padre

(b)(6)

Lugar de origen

Extendida en el municipio de Chichicastenango, departamento de Quiche, el día veintidos de mayo de dos mil nueve por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

(b)(6)

Doy fe

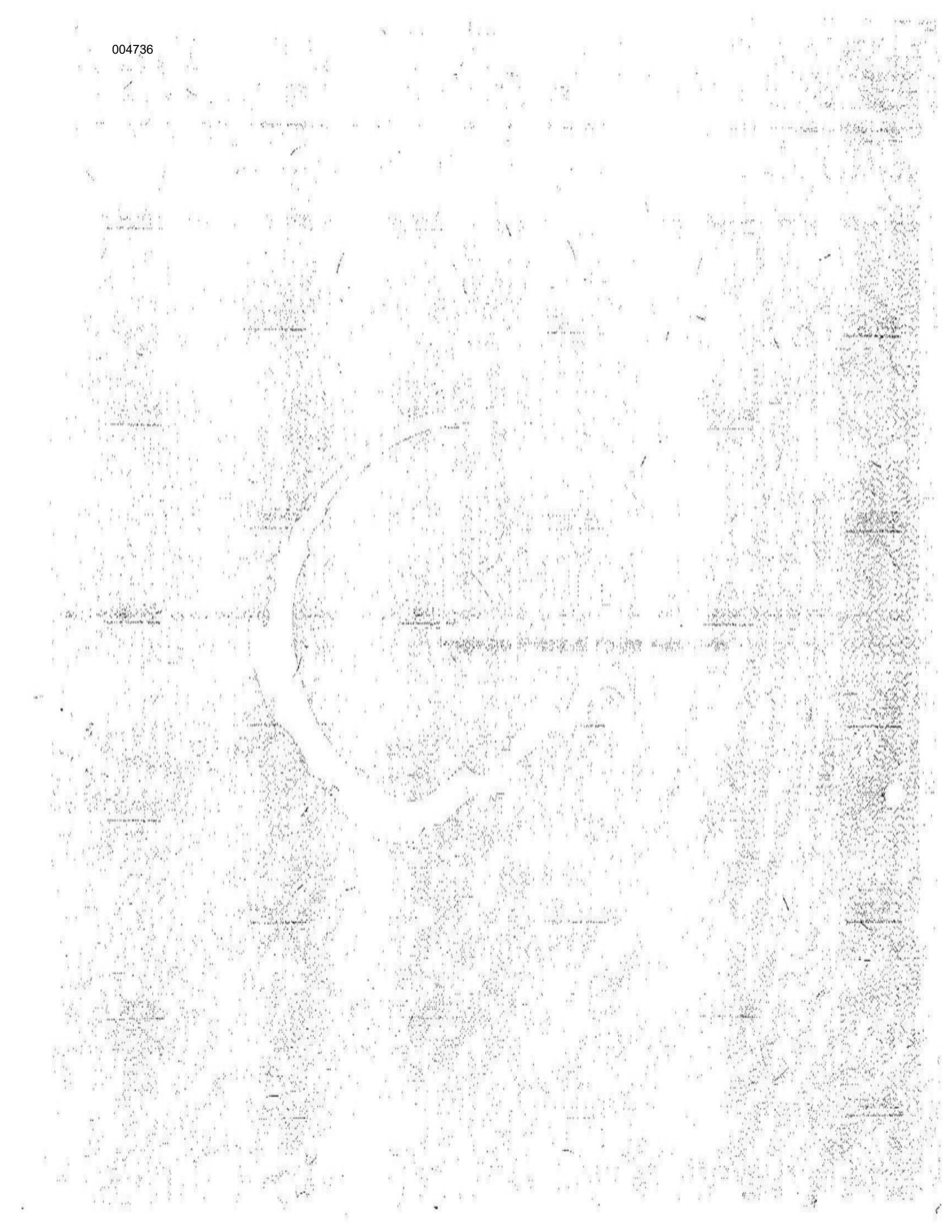
Amanda Lisbeth Lopez Cordero

Registrador Civil de las Personas

(b)(6)

(b)(6)

1 de 1



From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"
CC:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"
Subject:	FW: Bangladeshis Dental 87.70% SWK Casa Phoenix
Date:	2018/11/02 19:05:00
Priority:	Urgent
Type:	Note

Dear Myriam ,

+(b)(6);(b)(7)(E) **@ice.dhs.gov and** (b)(6);(b)(7)(E)
(b)(6);(b)(7)(E) **@ice.dhs.gov**

From: Hillin, Myriam (ACF)
Sent: Friday, November 02, 2018 4:01 PM
To: Velazquez, Ivonne (ACF); (b)(6);(b)(7)(E)
Subject: Bangladeshis Dental 87.70% SWK Casa Phoenix
Importance: High

Hello,

Casa Phoenix has a second Bangladeshi still pending age redetermination. Please see attached.

Thanks,

Myriam

Referred to DHS

From: Hillin, Myriam (ACF) <Myriam.Hillin@acf.hhs.gov>
Sent: Friday, November 2, 2018 3:19 PM
To: Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>;(b)(6);(b)(7)(E)
(b)(6);(b)(7)(E) @ice.dhs.gov>;(b)(6);(b)(7)(E) @ice.dhs.gov>
Subject: [WARNING: MESSAGE ENCRYPTED]****WARNING: MESSAGE ENCRYPTED****Bangladeshi Dental 87/% SWK Casa Phoenix
Importance: High

Ivonne,

Please see attached. There is another Bangladeshi suspected adult at Casa Phoenix. We sent this memo 10/25/18 with the other group. Do you know if a passport or biometrics were identified for him?

Thanks,

Myriam

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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Sender:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
Recipient:	(b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"; (b)(6);(b)(7)(E) @ice.dhs.gov>"
Sent Date:	2018/11/02 19:08:32

Delivered Date:	2018/11/02 19:05:00

004740

Dr. Peter Arvanitis Family Dentistry

Dr. Peter Arvanitis
7725 N. 43rd Ave. Suite 711
Phoenix, AZ 85051
Telephone: (602) 926-7071
ArvanitisDDS.com

Date:	10/17/2018	**Case #:**	(b)(6)
First Name:	(b)(6)	**Last Name:**	(b)(6)
Sex:	Male	**Ancestry:**	European
Reported DOB:	(b)(6) /2001	**Nationality:**	Bangladesh
Reported Age:	17		
Case Agency:	Office of Refugee Resettlement		
Location:	Phoenix		
Odontologist:	Peter Arvanitis DDS PC		
Radiologist:	Peter Arvanitis DDS PC		

(b)(6)

Maxillary

Right	H	H	**Left**
	H	H	

Mandibular

Calculated Statistical Data

Avg. Mean Age:	20.35
2 Std. Dev.:	4.06
Age Range -:	16.29
Age Range +:	24.41
Avg. E.P.:	87.70

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Mincer HH, Harris EF, Berryman HE. The A.B.F.O. Study of third molar development and its use as an estimator of chronological age. J Forensic Sci 1993;38(2):379-90. All of the teeth were considered, with special emphasis placed on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6) (b)(6) (b)(6), using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) (b)(6), is 20.35 plus or minus 4.06 years. The range of possible ages for such a male is 16.29 to 24.41 years. The empirical statistical probability of (b)(6) (b)(6) (b)(6) having attained 18 years of age is 87.70.

Respectfully Submitted,

Peter Arvanitis DDS PC

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
October 24, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Lighthouse

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an individual in ORR care

RE: (b)(6) (b)(6) **A#** (b)(6)

(b)(6) (b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on September 24, 2018 with date of birth (b)(6), 2001.

Following placement in ORR care it became apparent to the case manager that Mr. (b)(6) appeared physically older than 17 years of age. The Case Manager requested a copy of the birth certificate from his sponsor, Mr. (b)(6), who resides in Deer Park, NY. The case manager requested a second type of identification for Mr. (b)(6) Mr. (b)(6) reported that he was unable to obtain one from Mr. (b)(6) family in Bangladesh and failed to provide one.

Case Manager then requested dental forensics and on October 15, 2018. It was concluded that the probability that Mr. (b)(6) attained 18 years of age is 87.70%.

Mr. (b)(6) reported that, he left his village with hopes to travel to the USA on May 17, 2018. He stated that he wished to reunify with his mother's distant relative (b)(6) who resides in Deer Park, NY.

Mr. (b)(6) reported that his mother has distant relatives who helped arranged his journey to the USA. He reported that he does not know how much was paid for the journey and that the journey from Bangladesh to the USA took him 4 months.

The Case Manager did not find records for previous sponsorships for the sponsor Mr. (b)(6); however, Mr. (b)(6) stated that his cousin (b)(6) is on the way to the USA and that Mr. (b)(6) plans on sponsoring him.

The case manager received a copy of birth certificate for Mr. (b)(6) on October 17, 2018 which has not been able to be verified by the Bangladesh consulate.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic

In accordance with ORR age redetermination policy and procedures, (b)(6) (b)(6) dental forensics results are 87.70% and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: AGE OUT IN ORR CARE (b)(6) (b)((b)(6) (b)(6) (b)((b)((b)(6) PHOENIX
Date:	2016/06/30 21:13:54
Priority:	Normal
Type:	Note

Thank you for this clarification.

I only received a request to verify the BC and I forwarded the email from the Honduran Consulate provided to me with the verification. There was never an email to me asking me for an explanation of a confusing memo. There were very short sentences where it was unclear to me what was being questioned or requested or why.

It would be helpful if when issues are unclear that this is stated. I never received an explanation of what was being questioned or why.

For age out in the past we only submitted the BC in an email with the request to transfer the now adult UC to ICE custody. Then it was suggested during a meeting with Officer (b)(6);(b)(that a memo could be written to formalize the request, though no specific guidance was provided as content as this is not in ORR policy.

It seems to me that the memo of Age Out may be being confused with the necessary information needed in the Memo of Age Redetermination.

I will ensure that any future memo for UC aging out does not contain information other than the UC is aging out in ORR care.

Please advise if anything else is needed.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Hillin, Myriam (ACF)
Sent: Thursday, June 30, 2016 5:05 PM
To: Velazquez, Ivonne (ACF);(b)(6);(b)(7)(F)
Subject: RE: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

I just wanted to confirm that the BC was in fact verified by the Honduran Consulate in Dallas. The Honduran Consulate always disclaims that while they verify documents, for birth certificates they cannot attest to whether the bearer of the BC is the owner. In this case we had some concerns about the age of the individual and dental forensic was conducted that revealed there was high probability that he could be an adult, however, his physical appearance is borderline and the family of this person was not forthcoming with any additional information. He did not have any particular sponsor for an extended period of time and then a lady offered to sponsor him, though ORR could not make a safe release decision.

A memo of Age Redetermination would have been issued had we had additional concerns as to who he is, but we did not as we did not have the information to make such a claim.

I prepared the memo of age out and included this information merely as an informative gesture. There was no intent to confuse the issue.

Let me know if more information is needed.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

From: Velazquez, Ivonne (ACF)
Sent: Thursday, June 30, 2016 4:51 PM
To: (b)(6);(b)(7)(F)
Cc: Hillin, Myriam (ACF)
Subject: RE: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

Yes, Since I don't understand why they don't want to take this individual in to their custody I contacted officer (b)(6);(b)(7)(F) and asked him what is it that we need to do to get this adult out of our care. He informed me to contact (b)(6)

We have provided everything that we have, this is an age out a BC verification from the consulate is not needed.

Apparently this individual is at the facility upset and they had to contact the crises team. They are concerned of a runaway

Please let me know what we need to send you to get this adult out of our care.

Thanks Ivonne

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor

United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

Referred to DHS

From: Correa, Raul (CTR)
Sent: Thursday, June 30, 2016 3:09:58 PM (UTC-07:00) Arizona
To: PHO, Juv Placement
Cc: James, Troy L (CTR)
Subject: RE: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

Our swing shift transportation team will pick the detainee up at approximately 1800 hours today.
thanks.

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Wednesday, June 29, 2016 4:53 PM
To: PHO, Juv Placement; Phoenix, Juvenile; (b)(6)
Cc: Velazquez, Ivonne (ACF); (b)(6);(b)(7)(F) Maria Rios; (b)(6)
Subject: AGE OUT IN ORR CARE (b)(6) (b)(6 (b)(6) (b)(6) (b)((b)((b)(6) PHOENIX

Good evening,

(b)(6) (b)(6) (b)(6) (b)(6 with DOB (b)(6) /1998 will age out in ORR care (b)(6) 016.

Contact information for transportation arrangements is:

Maria Rios, Program Director
Southwest Key Programs-Casa PHX
(C (b)(6)
(O) 602-396-7040 EXT: 1289

(b)(6), Lead Case Manager
SWKey Programs - Casa Phoenix
O) 602-396-7040 ext. (b)(6)
(C) (b)(6)
EFax: 602-532-7109

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>

Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/06/30 21:13:53
Delivered Date:	2016/06/30 21:13:54

To:	(b)(6);(b)(7)(F) @ice.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userec70385b>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"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>"
Subject:	RE: Bangladesh Spreadsheet Fraud Cases - Attachment- Phoenix
Date:	2018/10/31 14:05:39
Priority:	Normal
Type:	Note

Dear Officer (b)(6);(b)(

I was just wondering if you have been able to obtained any other documentation on these Bangladesh

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6);(b)(7)(F)
http://www.acf.hhs.gov/programs/orr

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http://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-16.html

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From: Velazquez, Ivonne (ACF)
Sent: Friday, October 26, 2018 9:27 AM
To (b)(6);(b)(7)(F)
Cc: Hillin, Myriam (ACF); Calero, Wilfred (ACF)
Subject: FW: Bangladesh Spreadsheet Fraud Cases - Attachment- Phoenix
Importance: High

Dear (b)(6);(b)(
Attached you will find information on (b)(6) who are suspected to be adults due to the discrepancy of information that they have provided, their looks and dental Forensics. On one of them

we were able to obtained information on his Facebook account that shows that he was enrolled in college.

Please let us know if this is enough information for ICE to take these individuals in to their custody.

Thanks Ivonne
Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

For after hours, weekends and holidays concerns that require immediate assistance/emergencies please contact ORR/DCS Hotline- Intakes 202-401-5709.

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http://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-16.html

Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userec70385b>"; (b)(6) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; "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>"
Sent Date:	2018/10/31 14:15:25
Delivered Date:	2018/10/31 14:05:39
Message Flags:	Unsent
From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userec70385b>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"; (b)(6);(b)(7)(F) @ice.dhs.gov>"
CC:	"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>"
Subject:	FW: Bangladesh Spreadsheet Fraud Cases - Attachment- Phoenix
Date:	2018/10/26 12:21:00

Priority:	Urgent
Type:	Note

Dear (b)(6);(b)(7
Attached you will find information on (b)(6) who are suspected to be adults due to the discrepancy of information that they have provided, their looks and dental Forensics. On one of them we were able to obtained information on his Facebook account that shows that he was enrolled in college.

Please let us know if this is enough information for ICE to take these individuals in to their custody.

Thanks Ivonne
Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

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http://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-16.html

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Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=userec70385b>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "(b)(6);(b)(7)(F) @ice.dhs.gov>"; "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>"
Sent Date:	2018/10/26 12:26:46
Delivered Date:	2018/10/26 12:21:00
From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Adult - Age Redetermination Bangladeshi (b)(6) /SWK Casa Phoenix
Date:	2018/10/25 22:16:09
Priority:	Normal
Type:	Note

Good evening Ivonne,

Attached please find a memo of age redetermination for a Bangladish individual placed at SWK Casa Phoenix. The dental forensic is 74.06%

v/r

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Recipient:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2018/10/25 22:16:04
Delivered Date:	2018/10/25 22:16:09
From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Adult - Age Redetermination Bangladish (b)(6) /SWK Casa Phoenix
Date:	2018/10/25 10:57:34
Priority:	Urgent
Type:	Note

Good morning Ivonne,

Attached please find a memo of age redetermination for a Bangladish individual placed at SWK Casa Phoenix. The dental forensic is 87.70%

v/r

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Unaccompanied Children's Operations (DUCO)
Office of Refugee Resettlement
Western Region – Phoenix
(b)(6)
Myriam.Hillin@acf.hhs.gov

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Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2018/10/25 10:57:31
Delivered Date:	2018/10/25 10:57:34

From: CONSULADO GENERAL DE GUATEMALA PHOENIX, ARIZONA
Sent: Wednesday, August 02, 2017 11:00 AM
To: Buriel, Celestina (ACF) (CTR)
Cc: Oscar Adolfo Padilla Lam
Subject: INFORME DE ENTREVISTAS MARTES 1 DE AGOSTO DE 2017

Por instrucciones del Cónsul General, Oscar Padilla Lam, respecto a las entrevistas realizadas el día martes 1 de agosto de 2017, atentamente me permito informarle lo siguiente:

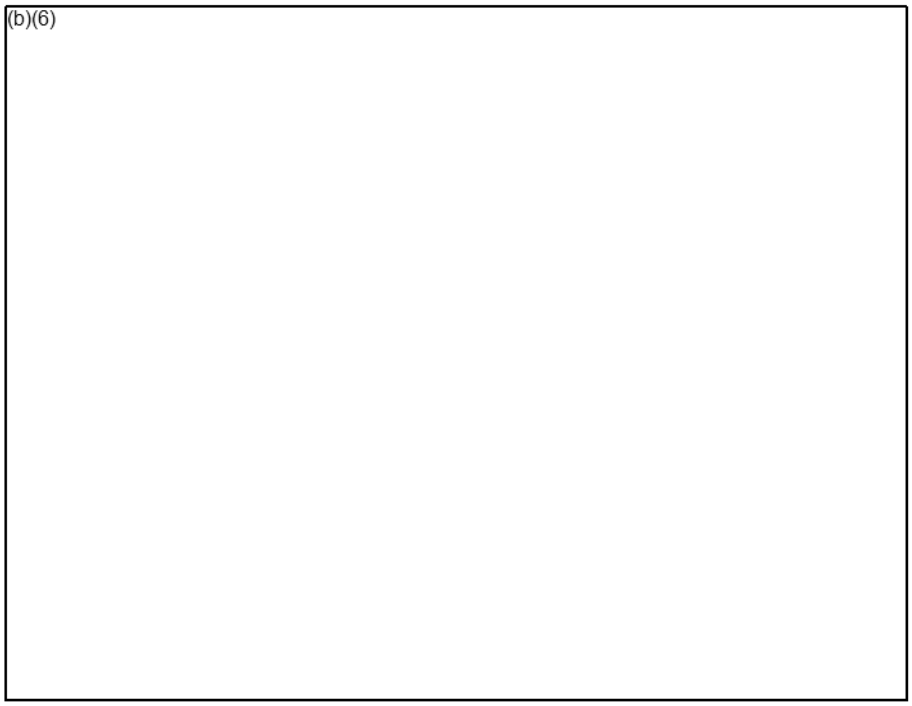
(b)(6)
FDN: (b)(6) de 1995
LDN: (b)(6), Huehuetenango, Guatemala
MADRE: (b)(6)
PADRE: (b)(6)
HERMANOS: (b)(6)
(b)(6)

Atentamente,

(b)(6)
Asistente en Protección Consular
Consulado General de Guatemala
Phoenix, Arizona

southwest key programs

CLIENT PICTURE



Name at Arrival: (b)(6)
BC Name:
AKA: **BC DOB**:
A#: (b)(6)
DOB: (b)(6) /1998
POB: Guatemala **BC POB:**
Entry Date: 06/05/2016
Height: (b)(6) **ft** **Weight:** (b)(6) **lbs**
House# Glenn
Case Manager assigned: (b)(6)
Clinician assigned:
Known Allergies and/or Diagnosis: None reported

Title	Name	Contact Number
Non- Emergency	Glendale police department	(623) 930-3000
Program Director:	Bernadette Rodriguez	(602) 376-4976
Assistant Program Director	Iris Suen	I-(623) 810-9513
Lead Clinician:	(b)(6)	(b)(6)
Shift Supervisor		
Lead Case Manager:		(b)(6)

Reviewed SM 08/09

southwest key programs

Medical Coordinator	(b)(6)	(b)(6)
ORR/DUCS (Hot Line)		**(202) 401-5709**
DHS/ICE Juvenile Coordinator: (Runaway Only)	**Robert Moore**	**(602) 379-3981 (office)** **(602) 723-7342 (cell)**
Federal Field Specialist	**Alex Sanchez**	**(202) 494-0394**

Facility #: --- 004756 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Dec 6, 2016 | Immunization Report | User: (b)(6)

Time: 16:55:26 MT

Resident: (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) /1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 12/06/2016	
Hepatitis B	Consented	- - 12/06/2016	
HPV	Consented	- - 12/06/2016	
Influenza	Consented	- - 12/06/2016	
IPV	Consented	- - 12/06/2016	
Meningicoccal	Consented	- - 12/06/2016	
MMR	Consented	- - 12/06/2016	
Tdap	Consented	- - 12/06/2016	
Varicella (chicken pox)	Consented	- - 12/06/2016	

004757

Referred to DHS

Referred to DHS

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Tuesday, April 05, 2016 10:31 AM

To: (b)(6);(b)(7)(F); Velazquez, Ivonne (ACF)

Subject: RE: Memo

I will let Ivonne know. She is the regional supervisor. I am following ORR policies and internal policies too in regard to letterhead. I have it, but newer staff do not know we aren't supposed to be using
it and I haven't been told anything has changed in regard to this.

It's between Ivonne and DHS at this point. I will await further direction from my supervisor.

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

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]

Sent: Tuesday, April 05, 2016 10:19 AM

To: (b)(6);(b)(7)(F)

Subject: RE: Memo

Ivonne is going to call you. I was told a long time ago we were to never use any of the letterhead from HQ in the field. It is supposed to go through some approval process so we are technically not to be using
this at all.

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

004762

Referred to DHS

004763

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del municipio de Concepción Huista, departamento de Huehuetenango,

CERTIFICA

que con fecha diecinueve de noviembre de mil novecientos noventa y dos, en la partida (b)(6) folio (b)(del libro (b)(del Registro Civil del Municipio de CONCEPCIÓN HUISTA, Departamento de HUEHUETENANGO, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y dos

Fecha de nacimiento

Guatemala, Huehuetenango, (b)(6)

Lugar de nacimiento

Femenino

Género

Datos de la madre

(b)(6)

(b)(6)

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Datos del padre

(b)(6)

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Concepción Huista, departamento de Huehuetenango, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 12/11/2010, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día ocho de agosto de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

(b)(6)

María del Rosario , Hernández Ros

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día ocho de agosto del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

From:	(b)(6) @swkey.org>
To:	"Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "JuvPlacement.PHO@ice.dhs.gov"
CC:	(b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Subject:	RE: Age Redeterminatio and Dental forensics for (b)(6) (b)(6) (b)(6)
Date:	2016/07/22 15:16:04
Priority:	Normal
Type:	Note

Good afternoon,

Below are the consulate email and notes from the interview with the client this week.

Thank you,

(b)(6)

Case Manager

Southwest Key Programs

Campbell | Phoenix AZ

Direct: (602) 841-1038 ex. (b)(6)

SWK-Logo-Horz-40x200px

From: CONSULADO GUATEMALA PHOENIX

Sent: Friday, July 22, 2016 10:11 AM

To: Buriel, Celestina (ACF) (CTR)

Subject: SEGUIMIENTO ENTREVISTAS 21 DE JULIO SWK CAMPBELL

Estimada Celestina,

Respecto a los siguientes casos , me permito confirmarle, según datos verificados en RENAP, lo siguiente:

3. Datos NO coinciden con RENAP

(b)(6) (b)(6) (b)(6)

Fecha de nacimiento (b)(6) 2000

LdN: Guatemala, Quiche, Joyabaj

NOTA: Se envio al Renap Central para realizar una segunda verificacion y nos informaron que no aparece en el sistema. Contacto en Guatemala (madre) 011 502 5783-3325,
estudio hasta el grado 2, venia con el padre desde Guatemala pago $2,000 al guia y se entregaron con el padre a migracion para obtener documentos legales. Suponemos que es adulto.

Atentamente,

004767

(b)(6)

Asistente en documentacion consular

Consulado General de Guatemala

Phoenix, Arizona

Referred to DHS

Referred to DHS

From: Mortuiccio, Beth E (ACF) [mailto:beth.mortuiccio@acf.hhs.gov]

Sent: Friday, July 22, 2016 12:01 PM

To: Mortuiccio, Beth E (ACF); Velazquez, Ivonne (ACF); PHO, Juv Placement; Moore, Robert L

Cc (b)(6) @swkey.org); (b)(6) @swkey.org) (b)(6)
(b)(6) @swkey.org) (b)(6)
(b)(6) @swkey.org);
(b)(6) @swkey.org; Buriel, Celestina (ACF) (CTR)

Subject: Age Redeterminatio and Dental forensics for (b)(6) (b)(6) (b)(6)

Good afternoon,

Attached is the dental forensics results and the Age Redetermination Memo for this individual. The point of contact for SWK Campbell is (b)(6). Could one of your officers please contact Ms. (b)(6) to inform
her of when your officers will be picking up this individual?

Thank you,

Beth Mortuiccio

Federal Field Specialist

Division of Children's Services

Office of Refugee Resettlement

(b)(6)

Sender:	(b)(6) @swkey.org>
Recipient:	"Mortuiccio, Beth E (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9bb46807b9b544d6ac1f7d00f64ca79d-Mortuiccio,>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"; "JuvPlacement.PHO@ice.dhs.gov"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Buriel, Celestina (ACF) (CTR) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c328d83bc33d45bc83ebb071da39a15e-Buriel, Cel>"
Sent Date:	2016/07/22 15:15:16
Delivered Date:	2016/07/22 15:16:04

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"
CC:	"Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: TB Investigation @ Casa Phoenix
Date:	2016/10/03 14:01:27
Priority:	Normal
Type:	Note

Good morning,

SWK Casa Phoenix has stopped placements and releases since Friday, September 30 at 7:00 pm Arizona time. All approved releases scheduled for Saturday departure were postpone. Dr. John Jereb informed Friday at 5:45 pm Arizona time that an epidemiologist from the Phoenix Maricopa County Health Department visited SWK Casa Phoenix about starting a contact investigation due to concerns that a mother-baby UC pair ((b)(6)) who were placed in care on September 9, 2016 may have TB. Both UC have been isolation at the program since 09/14/2016 pending additional test results for TB. The mom had been healthy, but the health department notified Medical HQ ORR that the TB culture result was positive for one sputum and her son was diagnosed with acute bronchiolitis. Dr. Jereb instructed the program that until a full plan for a TB contact investigation is provided none of the current residents should be released and he expects that the health department will have a plan by Monday October 3. The ORR plan for contact investigation will be coordinated with the public health authorities. Dr. Khurana and Dr. Jereb started discussion, but have not reached a full plan and believe that only children who need to be tested will need to be held back from release until after the test results become available. The sponsors will need notifications and the health departments were the children were released need to be informed that these children should be retested in 8 to 10 weeks. Staff started to develop a contact list of children who have been released from custody already and ORR will send notifications, this includes anyone who spent at least 8 hours total in the same room with the index patient (UC mom).

UC suspected to be positive for TB

S.#	A #	First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discharged Date
S.#	A #	First Name	Last Name	DOB	COB	Status	Program		
1	(b)(6)	(b)(6)	(b)(6)	(b)(6) 1999	Guatemala	ADMITTED	Southwest Key Casa Phoenix		

Age redetermination/age out

S.#	A #	First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discharged Date	Discharge Typ
S.#	A #	First Name	Last Name	DOB	COB	Status	Program	Admitted Dat		
1	(b)(6)	(b)(6)	(b)(6)	(b)(6)/1998	Guatemala	ADMITTED	Southwest Key Casa Phoenix	9/14/201		
S.#	A #	First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discharged Date	
S.#	A #	First Name	Last Name	DOB	COB	Status	Program			
1	(b)(6)	(b)(6)	(b)(6)	(b)(6)/1998	Guatemala	ADMITTED	Southwest Key Casa Phoenix			
S.#	A #	First Name	Last Name	DOB	COB	Status	Program	Admitted Date	Discha	
S.#	A #	First Name	Last Name	DOB	COB	Status	Program			
1	(b)(6)	(b)(6)	(b)(6)	(b)(6)/1998	Guatemala	ADMITTED	Southwest Key			

Respectfully,

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov

Referred to DHS

Referred to DHS

From: Hillin, Myriam (ACF) [mailto:Myriam.Hillin@acf.hhs.gov]
Sent: Sunday, October 02, 2016 6:40 PM
To: PHO, Juv Placement; Phoenix, Juvenile
Cc: (b)(6);(b)(7)(F) ; Velazquez, Ivonne (ACF)
Subject: TB Investigation @ Casa Phoenix

Good evening,

I submitted three memos today. The Maricopa County has informed that Casa Phoenix may have one UC with TB exposure. We will know more tomorrow about the potential for more cases of TB exposure. Casa Phoenix will not be accepting or releasing UCs until we know more details of who may have been exposed. For adults and age out in ORR care we were informed that ICE will need to secure isolation rooms for those individuals until Maricopa County clears the UC at Casa Phoenix and provides guidance for release of potential exposed minors. The minor with potential TB has been in isolation upon determination of TB exposure, but it is not yet clear the number of UCs who may have interacted with her when she was first placed.

Please let me know if you have questions.

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement

(b)(6)

Myriam.Hillin@acf.hhs.gov

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	"PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2016/10/03 14:01:26
Delivered Date:	2016/10/03 14:01:27

From:	Velazquez, Ivonne (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=39E67B42D96043C688E84FA6CEF42570-VELAZQUEZ,>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"
Subject:	RE: Memo
Date:	2016/04/05 13:43:00
Priority:	Normal
Type:	Note

Dear Robert,
I will get back to you very shortly.
Thanks Ivonne

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Children's Services
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

Get answers about the Health Insurance Marketplace & Obamacare

Infórmese acerca del mercado de seguros médicos y sus nuevas opciones de cobertura.

Referred to DHS

Referred to DHS

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]
Sent: Tuesday, April 05, 2016 10:31 AM
To: Moore, Robert L; Velazquez, Ivonne (ACF)
Subject: RE: Memo

I will let Ivonne know. She is the regional supervisor. I am following ORR policies and internal policies too in regard to letterhead. I have it, but newer staff do not know we aren't supposed to be using it and I haven't been told anything has changed in regard to this.

It's between Ivonne and DHS at this point. I will await further direction from my supervisor.

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

From: LaGrow, Debra (ACF) [mailto:Debra.LaGrow@acf.hhs.gov]
Sent: Tuesday, April 05, 2016 10:19 AM
To: (b)(6);(b)(7)(F)
Subject: RE: Memo

Ivonne is going to call you. I was told a long time ago we were to never use any of the letterhead from HQ in the field. It is supposed to go through some approval process so we are technically not to be using this at all.

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

004778

Referred to DHS

ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

MEMO

To: (b)(6);(b)(7)(F) DHS/ICE FOJC

From: Alex Sanchez, HHS/ORR FFS California

CC: Ivonne Velazquez, HHS/ORR Federal Field Specialist Supervisor

Date: June 13, 2016

Re: Adult in Care:

ORR had determined that Guatemalan National, (b)(6) A# (b)(6), is an adult. (b)(6)'s family provided a visibly altered birth certificate that stated she is from Guatemala and that her date of birth was (b)(6) 1999.
The Guatemalan Consulate verified the birth certificate and responded that the BC was not authentic and they had found no records with the information provided.
On Friday, June 10th, the Guatemalan Consulate provided new information and attested that (b)(6)'s date of birth is (b)(6) /1992. ORR requested a BC from them, at that moment. SWK confronted the family about their findings.
The family provided the real BC, as of this morning, and it has been verified though the RENAP Webpage. The BC submitted this morning was found to be valid by RENAP and shows a clear picture of the client. The Verified BC shows the DOB to be as previously indicated by the consulate: (b)(6) /1992 which makes this client 23 y/o.

With the noted findings, ORR is requesting (b)(6)'s apprehension immediately.

RENAP
Registro Nacional de las Personas

Correlativo: (b)(6)

(b)(6)
VERIFICADOR: (b)(6)
ID:

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas
del municipio de Cubulco, departamento de Baja Verapaz,
CERTIFICA
que con fecha dos de septiembre de mil novecientos noventa y dos, en la partida
(b)(6), folio (b)(del libro (b)(, del Registro Civil del Municipio de CUBULCO,
Departamento de BAJA VERAPAZ, quedó inscrito el nacimiento de:

(b)(6)

Nombres y apellidos del inscrito

(b)(6)

Datos del inscrito

(b)(6)

Código Único de Identificación (CUI)

(b)(6) de mil novecientos noventa y dos

Fecha de nacimiento

Guatemala, Baja Verapaz, Cubulco

Lugar de nacimiento

Femenino

Género

Datos de la madre

- Manuela , López Calo -

Nombres y apellidos de la madre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

Fotografía no disponible

Fotografía no disponible

Datos del padre

- Domingo , Mejía Lajuj -

Nombres y apellidos del padre

--

Fecha de nacimiento

(b)(6)

Lugar de origen

(b)(6)

(b)(6)

(b)(6)

Observaciones

El Infrascrito Registrador Civil de las Personas del municipio Cubulco, departamento de Baja Verapaz, hace constar que de conformidad con la información proporcionada por la Direccion de Procesos, el inscrito en la partida de fondo se enroló con fecha 07/02/2011, por lo que corresponde el Código Único de Identificación - CUI - (b)(6)

Extendida el día trece de junio de dos mil dieciséis por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe (b)(6)

Osmán Alexander, Rosales

Registrador Civil de las Personas

Este certificado fue impreso en papel bond el día trece de junio del dos mil dieciséis y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

004782

Referred to DHS

Referred to DHS

From: Velazquez, Ivonne (ACF) [mailto:Ivonne.Velazquez@ACF.hhs.gov]

Sent: Monday, June 04, 2018 9:59 AM

To: (b)(6);(b)(7)(F) @ice.dhs.gov>

Cc: De LA Cruz, James (ACF) <James.DeLACruz@acf.hhs.gov>

Subject: FOJC communication with FFS Heidi Staples

Dear Officer (b)(6);(b)(7),

I hope all is well with you. The reason to my email is to bring to your attention some gabs in communication that FFS Heidi is experiencing with here local FOJC. Apparently she has been sending out notifications to them about age out, age
redetermination as well as release to entity and she is not getting any respond from local FOJC.

Can you please provide me and Heidi with the POC with whom FFS needs to contact when needing to reach a local FOJC.

When you have time can you please call me at your earliest continence so we can further discuss this concerns?

Thanks Ivonne

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor

United States Department of Health and Human Services

Administration of Children and Families

Office of Refugee Resettlement

Division of Unaccompanied Children Operations

Cell: (b)(6)

http://www.acf.hhs.gov/programs/orr

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http://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-16.html

Referred to DHS

From:	Evan Gorelick <egorelick@firrp.org>
To:	"Thomas, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"
CC:	(b)(6) @swkey.org>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Natima Neily <nneily@firrp.org>"; "Anna Marie Smith <asmith@firrp.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	Re: [WARNING: MESSAGE ENCRYPTED]ROR Request (b)(6) (b)((b)(6) (b)(6 A# XXX-XX(b)(6) Email 1 of 2)
Date:	2017/11/20 12:40:35
Priority:	Normal
Type:	Note

Debra,

Thank you for the clarification. I am cc'ing Ivonne Velazquez in case she can help us with the age-out memo, or finding an FFS to help. If my office could be included on any updates regarding this age-out and the aforementioned memo, we would greatly appreciate it.

Many thanks,

Evan A. Gorelick
Staff Attorney, Children's Program
Florence Immigrant &Refugee Rights Program
Tel.: 602.266.8258
Fax: 602.340.0596

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On Mon, Nov 20, 2017 at 9:33 AM, Thomas, Debra (ACF) <Debra.LaGrow@acf.hhs.gov> wrote:

Usually the FIRRP email is enough. I am not required to do an age out memo and we do it as a courtesy. We are not permitted to work OT or weekends without prior approval either. I have no computer access due to my government issued equipment. I will try
to find another FFS to assist in writing a memo this morning. Also we are only required by policy to write an age redetermination memo when it involves dental forensics but we do it as a courtesy as prior FOJC supervisor requested it for the A file.

On: 20 November 2017 08:23, "(b)(6) (b)(6) @swkey.org>wrote:

Adding FSS- Debra LaGrow Thomas.

Thank you in advance,

(b)(6) | Southwest Key UM Programs | Casa Glendale

Lead Case Manager

Email: (b)(6)@swkey.org

Mobile: (b)(6)

Office: 623-435-5212 and 623-500-3660

Work Schedule: Monday-Friday 8:00 AM- 4:00 PM

From: Evan Gorelick <egorelick@firrp.org>

Sent: Monday, November 20, 2017 8:10:06 AM

To: PHO, Juv Placement

Cc: (b)(6); (b)(6) (b)(6) (b)(6) Natima Neily; Anna Marie Smith

Subject: Re: [WARNING: MESSAGE ENCRYPTED]ROR Request (b)(6) (b)(6) (b)(6) (b)(6) A# XXX-XXX(b)(6) (Email 1 of 2)

Password (b)(6)

Evan A. Gorelick
Staff Attorney, Children's Program

Florence Immigrant &Refugee Rights Program

Tel.: 602.266.8258

Fax: 602.340.0596

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On Mon, Nov 20, 2017 at 8:09 AM, Evan Gorelick <egorelick@firrp.org> wrote:

> Officer (b)(6);(b

Attached is the updated information, including the sponsor's phone number. For security purposes, the document's password will follow in another email. Thank you for your responsiveness, and please let us know if there is anything else you need.

Sincerely,

Evan Gorelick

Evan A. Gorelick
Staff Attorney, Children's Program

Florence Immigrant &Refugee Rights Program

Tel.: 602.266.8258

Fax: 602.340.0596

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the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

004791

Referred to DHS

From: Evan Gorelick [mailto:egorelick@firrp.org]

Sent: Friday, November 17, 2017 12:07 PM

To: PHO, Juv Placement

Cc (b)(6) Natima Neily; Anna Marie Smith

Subject: [WARNING: MESSAGE ENCRYPTED]ROR Request (b)(6) (b)(6) (b)(6) (b)(6) A# XXX-XXX-(b)(6)(Email 1 of 2)

Dear Officers,

I represent UAC (b)(6) (b)((b)(6) (b)(6)

A# XXX-XXX-(b)(6). I have attached a G-28 to this email. He currently in the care of Southwest Key Glendale in Glendale, AZ. **He will turn 18 on Monday, November 20, 2017.** I am writing to request a release on his own recognizance.

(b)(6) has a pending I-589 Petition for Asylum. For security purposes, I have attached a copy of the I-589 receipt notice in a password-protected document; the password will follow in a separate email.

If the ROR is approved, (b)(6) will live with his cousin, whose information and address is included in the aforementioned document.

(b)(6) cousin has already purchased a bus ticket for him, proof of which is attached in the aforementioned document.

My office will help (b)(6) with requesting a Change of Venue, and completing Change of Addresses, as well as finding a new attorney.

We respectfully request that

you release (b)(6) on his own recognizance. If there is anything else you need from us, please contact me immediately. We thank you for your consideration of this request.

Sincerely,

Evan A. Gorelick

Staff Attorney, Children's Program

Florence Immigrant &Refugee Rights Program

Tel.: 602.266.8258

Fax: 602.340.0596

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prohibited.

Sender:	Evan Gorelick <egorelick@firrp.org>
Recipient:	"Thomas, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; (b)(6) @swkey.org>"; "PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; (b)(6) @swkey.org>"; "Natima Neily <nneily@firrp.org>"; "Anna Marie Smith <asmith@firrp.org>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2017/11/20 12:40:02
Delivered Date:	2017/11/20 12:40:35

Facility #: --- 004797 | Casa Phoenix - Phoenix, AZ - ALF | Facility Code: ---

Date: Dec 22, 2016 | Immunization Report | User: (b)(6)

Time: 18:50:16 MT

Resident: (b)(6) Consent Status: All Date Range: 12/01/2016 - 12/31/2016

Type of Immunization: Diphtheria, DTap, Hepatitis A, Hepatitis B, Hib, HPV, Influenza, IPV, Kinrix (DTaP/IPV), Meningicoccal, MMR, Pediarix (DTap/Hep B/IPV), Pentacel (DTaP/IPV/Hib), Pneumovax Dose 1, Pneumovax Dose 2, Prevnar, ProQuad (MMR/Varicella), Rotavirus, TB 1 Step Mantoux (PPD), TB 2 Step Mantoux Skin Test, Td, Tdap, Tetanus, Varicella (chicken pox)

(b)(6) - DOB: (b)(6) 1999 - Sex: F

Type of Immunization	Consent Status	Administered Info	Results
Hepatitis A	Consented	- - 12/21/2016	
Hepatitis B	Consented	- - 12/21/2016	
HPV	Consented	- - 12/21/2016	
Influenza	Consented	- - 12/21/2016	
IPV	Consented	- - 12/21/2016	
Meningicoccal	Consented	- - 12/21/2016	
Tdap	Consented	- - 12/21/2016	
Varicella (chicken pox)	Consented	- - 12/21/2016	
MMR	Consented	- - 12/21/2016	

004798

(b)(6) (MR # (b)(6))

PACS Images

Show images for XR Chest Ap Only

External Result Report

External Result Report

Results

XR Chest Ap Only (Order (b)(6))

Result Information

Result Status	Signing Physician	Date	Time
Final result	Allan R. Britt, MD	Dec 21, 2016	10:56 AM

Study Result

EXAM DESCRIPTION:
XR CHEST AP ONLY
Accession # (b)(6)

CLINICAL HISTORY:
r/o tb

COMPARISON:
None.

TECHNIQUE:
Single frontal view chest.

FINDINGS:
SUPPORT DEVICES: None.
HEART: Normal.
LUNGS: No consolidation, effusion or pneumothorax.
VASCULATURE: Normal.
MEDIASTINUM: Normal.
SOFT TISSUES: Normal with noted asymmetric breast tissue overlying the lower lungs.
BONES: Normal.

IMPRESSION:
No acute cardiopulmonary disease. Specifically, no evidence of active granulomatous/fungal infection.

NOTE:
Report dictated by resident, Scott Penny MD, 10775. The attending radiologist's signature and time stamp indicates that the study has been interpreted and the report approved.

Thank you for making MIHS a part of your patient care.
MIHS is an ACR Accredited Imaging Facility.

Imaging

XR Chest Ap Only (Order # (b)(6)) on 12/21/2016 - Imaging Information

Result History

XR Chest Ap Only (Order # (b)(6)) on 12/21/2016 - Order Result History Report

Reviewed by List

(b)(6) (MR # (b)(6)) Printed by (b)(6) at 12/26/16 10:48 AM

004799

(b)(6) (MR # (b)(6))

(b)(6) NP on 12/21/2016 2:01 PM

Encounter

View Encounter

Result Information

Status
Final result (12/21/2016 10:56 AM)
Provider Status: Reviewed

Lab Information

MIHS RAD

PACS Images

Show images for XR Chest Ap Only

Signed

Electronically signed by Allan R. Britt, MD on 12/21/16 at 1056 MST

Radiation Exposure Data

(b)(6)

12/21/2016 10:20 AM Office Visit
MRN: (b)(6)

Department: **Fsa Walk-In Clinic**
CSN: (b)(6)

Description: **Female DOB: (b)(6) 1999**
Provider: (b)(6) **NP**

View SmartLink Info

XR CHEST AP ONLY (Order # (b)(6)) on 12/21/16

ORDER INFORMATION

Maricopa Integrated Health System

XR Chest Ap Only [IMG1592]
(Order (b)(6))
Imaging
Order: (b)(6)

Released By: (b)(6)
(b)(6) **RN**
Authorizing: (b)(6)
NP

Date: **12/21/2016**
Department: (b)(6)
(b)(6)

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
12/21/16 07:25 AM	12/21/16 07:25 AM	12/21/16 07:25 AM	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	STAT	MIHS Performed

Original Order

Ordered On	Ordered By
12/21/2016 7:25 AM	(b)(6) RN

Associated Diagnoses

	ICD-10-CM	ICD-9-CM
Encounter for routine child health examination without abnormal findings - Primary	Z00.129	V20.2

Comments

Additional clinical info for Radiologist:

(b)(6) (MR # (b)(6)) Printed by (b)(6) at 12/26/16 10:48 AM

004800

(b)(6) (MR # (b)(6))

Order Questions

Question	Answer	Comment
Reason for exam:	**r/o tb**	unknown preg

Appointments for this Order

12/21/2016 7:30 AM - 15 min	URGENT CARE ROOM 1 (Resource)	Fsa Uc Radiology

Collection Information

Resulting Agency: MIHS RAD

Verbal Order Info

Action	Created on	Order Mode	Entered by	Comment	Responsible Provider	Signed by	Signed on
Ordering	12/21/16 0725	Per signed directive: cosign required	Aracelis B Dowell, RN		Nikolina V Elez, NP	Nikolina V Elez, NP	12/21/16 0857
Ordering	12/21/16 0725	Outreach/Transcribe	Kerrie Lee			Signature Not Required	

Additional Information

Associated Reports
View Parent Encounter
Priority and Order Details

Reprintable Requisition

XR CHEST AP ONLY (Order # (b)(6)) on 12/21/16

Additional Details

View Order Tracking

(b)(6) (MR # (b)(6) Printed by (b)(6) at 12/26/16 10:48 AM

From:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
To:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Subject:	RE: Bangladeshi males
Date:	2018/11/01 15:32:36
Priority:	Normal
Type:	Note

Please see attached.

Myriam

Referred to DHS

From: Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>
Sent: Thursday, November 01, 2018 11:53 AM
To: PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>; (b)(6);(b)(7)(F) <(b)(6);(b)(7)(F) @ice.dhs.gov>; (b)(6) @swkey.org; (b)(6) @swkey.org; Hillin, Myriam (ACF) <Myriam.Hillin@acf.hhs.gov>
Cc: Laurie, Catherine (ACF) <Catherine.Laurie@acf.hhs.gov>; Calero, Wilfred (ACF) <Wilfred.Calero@acf.hhs.gov>; Sanchez, Alex (ACF) <Alex.Sanchez@ACF.hhs.gov>; Thomas, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>
Subject: [WARNING: MESSAGE ENCRYPTED]RE: Bangladeshi males

Attached you will find requested memo

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor

United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

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http://intranet.hhs.gov/hr/leavepaytime/timekeeping-guide/chapter-16.html

Referred to DHS

(b)(6)

(b)(6)

From: Velazquez, Ivonne (ACF) <Ivonne.Velazquez@ACF.hhs.gov>
Sent: Thursday, November 1, 2018 9:38 AM
To: (b)(6);(b)(7)(F) @ice.dhs.gov>; PHO, Juv Placement <JuvPlacement.PHO@ice.dhs.gov>; (b)(6) @swkey.org>; (b)(6)

(b)(6) @swkey.org) (b)(6) @swkey.org>
Cc: (b)(6);(b)(7)(F) @ice.dhs.gov>; (b)(6);(b)(7)(F)
(b)(6);(b)(7)(F) @ice.dhs.gov>; Laurie, Catherine (ACF)
<Catherine.Laurie@acf.hhs.gov>; Calero, Wilfred (ACF)
<Wilfred.Calero@acf.hhs.gov>; Sanchez, Alex (ACF) <Alex.Sanchez@ACF.hhs.gov>;
Thomas, Debra (ACF) <Debra.LaGrow@acf.hhs.gov>
Subject: [WARNING: MESSAGE ENCRYPTED]FW: Bangladeshi males

Dear Officer (b)(6);(b)(7)(F

Based on the information that the program and ICE ERO have provided these 4 individuals are adults and they need to be transfer in to ICE custody immediately.

Please let us know when you are going to pick them up so the program can have them ready to to.

Thanks Ivonne

Referred to DHS

DDO, National Juvenile Coordinator
ICE ERO -JFRMU
500 12th St. SW #8045
Washington, D.C. 20024
202-732-4366 (office)
907-223-2598 (cell)

Ivonne Velazquez, LCSW

Federal Field Specialist Supervisor
United States Department of Health and Human Services
Administration of Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children Operations
Cell: (b)(6)
http://www.acf.hhs.gov/programs/orr

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Ivonne Velazquez, LCSW

Referred to DHS

Referred to DHS

Sender:	Hillin, Myriam (ACF) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FB77736C5C764E939709A8875F9C261D-HILLIN, MYR>
Recipient:	(b)(6);(b)(7)(F) @ice.dhs.gov>"; "Velazquez, Ivonne (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=39e67b42d96043c688e84fa6cef42570-Velazquez,>"
Sent Date:	2018/11/01 15:32:32
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ADMINISTRATION FOR
CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination

October 16, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Re-Determination of an individual in ORR care

RE: (b)(6)

AKA

(b)(6) was transferred to and placed in HHS-ORR care at SWK Casa Phoenix on September 8, 2018 with date of birth (b)(6)

Following placement in ORR care, it became apparent to the case manager that (b)(6) appeared physically older than 17 years of age. The case manager requested a copy of the birth certificate from his alleged mother, (b)(6) (b)(6) who resides in Bangladesh. The case manager requested birth certificate to be verified through the consulate and had asked for further proof of identification but (b)(6) stated that she only had a birth certificate for (b)(6)

Case manager then requested dental forensics and on 09/25/2018 Dr. Arvanitis concluded that the probability that (b)(6) (b)(6) attained 18 years of age is **74.06%.**

(b)(6) reported that he left his village to go to Bangladesh Taka Airport on May 22, 2018 to go to Qatar. He stated that his mother had arranged everything and that he was given an itinerary with a list of airports and countries to which he had to fly. (b)(6) stated that he was given a passport to use during his travels and does not remember the name or date of birth on the passport. From Bangladesh he took a plane to Qatar and then from Qatar to Brazil and then to Argentina and then from Argentina he went to Peru and took a final plane to Bolivia. From Bangladesh to Bolivia (b)(6) had his passport and itinerary that was given to him at the beginning of the journey by his mother. From Bolivia a man told him to cross a creek back into Peru and took his passport. In Peru (b)(6) walked through jungles with the unknown man to Ecuador where he crossed a waterfall and continued to walk with the unknown man, as well as other travelers that he did not know or speak his language and went to Columbia. In Columbia (b)(6) took a bus, walked through a jungle, and took a boat with another unknown man and other unknown travelers to arrive in Panama. While in Panama (b)(6) was sent to an immigration camp where the Panama Army later placed him on a bus to Costa Rica to another immigration camp. (b)(6) does not know why he was in an immigration camp in Panama or in Costa Rica. In Costa Rica (b)(6) was let go after one day and an unknown man did not tell him why he went to an immigration camp. (b)(6) continued his journey to Nicaragua where he walked through a jungle with other unknown people. Once in Nicaragua (b)(6) walked through another jungle to arrive in Honduras with other unknown people. From Honduras (b)(6) continued to walk to Guatemala with a different unknown man and unknown people. Once in Guatemala (b)(6) traveled to Mexico by going through a canal with another unknown man and other unknown people. In Mexico (b)(6) stated that he was sent to an immigration camp where an unknown man told (b)(6) to say that he was 18 years old to leave the camp. (b)(6) stated that he was given a piece of paper allowing him to board flights in Mexico and did not need a passport to board any flights that he took (b)(6) then reached the U.S border with an unknown man, and the unknown man told him to cross the border and he would be in the United States. During the interview, (b)(6) stated that he met a different unknown man and did not know any of their names. (b)(6) stated that each time he met an unknown man, he would be dropped off from one unknown to the next or would have a picture of them. (b)(6) stated that the only name he remembers from the unknown men that helped him on his journey, is (b)(6) but does not remember in what country he met this man.

(b)(6) 004807 indicated that his mother planned his journey and that his mother borrowed money from friends and neighbors but does not know how much money was owed. (b)(6) stated that his mother made all arrangements for his journey and that his mother was the one in contact with the guide.

(b)(6) reported to come to the U.S to live with his brother-in-law's brother, (b)(6) During the assessment the prospective sponsor informed this case manager that he had only met (b)(6) in January of 2018 and because his brother was married to (b)(6) sister, it was his responsibility to take care of (b)(6) now that he is in the U.S.

The case manager received a copy of birth certificate for (b)(6) which was verified by the Bangladesh consulate on September 17, 2018 and they reported that the birth certificate provided was authentic on October 10, 2018 in the public website.

Be it understood that (b)(6) was extremely nervous when explaining his journey and providing details of the various and multiple events that occurred through his long and complex voyage (b)(6) continued to state that he is (b)(6) (b)(6) with a date of birth of (b)(6) later redacted that statement by stating that he does not know what his birth date is and stated that it was the information that his mother gave him and he believes his mother's statement on his name and date of birth. (b)(6) stated that he does not know if the documents he traveled with were authentic or not.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensics
- Consulate Results of Birth Certificate

In accordance with ORR age redetermination policy and procedures (b)(6) dental forensics results are 74.06% and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hillin@acf.hhs.gov;

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
October 24, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Phoenix

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an individual in ORR care

RE: (b)(6)

Faysal Mahmud was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on July 18, 2018 with date of birth (b)(6)

Following placement in ORR care it became apparent to the case manager that (b)(6) appeared physically older than 17 years of age. The Case Manager requested a copy of the birth certificate from his alleged mother, (b)(6) who resides in Bangladesh. The case manager requested a second type of identification for (b)(6) and mother, Ms. (b)(6) and UAC both reported the guide had taken her son's passport and was unable to provide one.

Case Manager then requested dental forensics and on October 16, 2018 Dr. Arvanitis concluded that the probability that (b)(6) (b)(6) attained 18 years of age is **87.70%**.

(b)(6) reported that he left his village on November 21, 2018 (b)(6) stated that he used many modes of transportation for his journey which included: cars, boat, bus, airplane and walking. UAC stated that he stayed several weeks in each of the following countries: India, Kenya, Ethiopia, South Africa, Panama, Costa Rica, Honduras, Guatemala, and Mexico. UAC stated that he slept in different houses throughout his journey. UAC reported that his mother paid $15,000 which was borrowed from different relatives. UAC stated that he had a different guide throughout his journey. The case manager received a copy of birth certificate for (b)(6) which was verified by the Bangladesh consulate on July 25, 2018.

(b)(6) acknowledged that he was not permitted to leave his country of origin as a minor and therefore traveled with a passport indicating that he was an adult, but he refuses to provide any further details about this misrepresentation of identity.

Along with this Memo ORR is submitting the following documents:

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic

In accordance with ORR age redetermination policy and procedures (b)(6) dental forensics results are 87.70% and ORR requests that FOJC coordinate and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
Office of Refugee Resettlement
(b)(6)
Myriam.Hilin@acf.hhs.gov

ADMINISTRATION FOR CHILDREN & FAMILIES
330 C Street, S.W., Washington, DC 20201 | www.acf.hhs.gov

Memo of Age Redetermination
October 24, 2018

TO: ICE – ERO – Phoenix, AZ
Phoenix Juvenile Coordinators
JuvPlacement.PHO@ice.dhs.gov

Through: SWK Casa Lighthouse

FROM: Myriam Hillin
Federal Field Specialist
Division of Children's Services

SUBJECT: Age Redetermination of an individual in ORR care

RE: (b)(6)

(b)(6) was transferred to and placed in HHS ORR care with Southwest Key Casa Phoenix on September 18, 2018 with date of birth (b)(6)

Following placement in ORR care it became apparent to the case manager that (b)(6) appeared physically older than 17 years of age. The Case Manager requested a copy of the birth certificate from his alleged mother, (b)(6) who resides in Bangladesh. The case manager requested a second type of identification for (b)(6) and he reported he had lost it while crossing from Bolivia to Peru and was unable to provide one.

Case Manager then requested dental forensics and on October 16, 2018 and Dr. Arvanitis concluded that the probability that (b)(6) attained 18 years of age is **87.70%.**

(b)(6) reported that, he left his village to go to International Airport in Dhaka city on June 9, 2018 where his family bought an airplane ticket at a travel agency, whose name he didn't remember, and that he flew from India to Bolivia with transit in Ethiopia and Brazil with 5 other people that he doesn't know. In Bolivia he had to stay for 10 days , Peru 10 days, Ecuador 6 days, Colombia 16 days, Panama 15 days, Costa Rica 4 days, Nicaragua 1 day, Honduras 2 days, Guatemala 12 days and Mexico 15 days and on September 16, 2018 they decided to cross the border and afterward they were apprehended by ICE.

(b)(6) indicated that his family planned his journey and that all family members contributed financially to support his journey. (b)(6) reported that his brother-in-law obtained the agent who organized his trip and that his mother was aware of his departure to the US, however, his father has not been in communication with him (b)(6) reported his brother-in-law obtained the money for the expenses to travel to the U.S.

(b)(6) reported to come to the U.S. to live with his family friend (b)(6) who is US citizen residing at (b)(6) Brooklyn, New York with telephone (b)(6)

The case manager received a copy of birth certificate for (b)(6) which was sent to be verified by the Bangladesh consulate on October 3, 2018. (b)(6) was interviewed by Bangladesh consulate on October 3, 2018 and no other information has been provided by the consulate.

(b)(6) acknowledged that he was not permitted to leave his country of origin as a minor and therefore traveled with a passport indicating that he was an adult, but he refuses to provide any further details about this misrepresentation of identity.

Along with this Memo ORR is submitting the following documents:

004811

- TB Clearance
- Immunizations
- Birth Certificate
- Dental Forensic
- Consulate's Results of Birth Certificate

In accordance with ORR age redetermination policy and procedures, (b)(6) dental forensics results are 87.70% and ORR requests that FOJC coordinates and ensure the immediate transfer of custody of this individual to an adult DRO facility.

Respectfully,

MBH

Myriam Hillin, MA-MSPC
Federal Field Specialist
Division of Children's Services
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