

# **EXHIBIT C**



**U.S. Immigration  
and Customs  
Enforcement**

# Age-Out Review Worksheet

*This worksheet is one means by which ICE ERO demonstrates its compliance with the law governing custodial decisions for individuals who were unaccompanied alien children (UACs) at the time of their initial encounter with the U.S. government, but who are now aging out of the custody of the Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR). Please complete the worksheet for each former UAC who has aged out of HHS ORR custody and who is being or has been transferred to ICE ERO custody.*

**The Violence Against Women Reauthorization Act of 2013, Pub. L. 113-4 (Mar. 7, 2013) ("VAWA 2013"), amended the relevant statutes to include new custodial considerations for former UACs. 8 U.S.C. § 1232(c)(2)(B) now reads as follows: "ALIENS TRANSFERRED FROM DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DEPARTMENT OF HOMELAND SECURITY CUSTODY.—If a minor described in subparagraph (A) reaches 18 years of age and is transferred to the custody of the Secretary of Homeland Security, the Secretary shall consider placement in the least restrictive setting available after taking into account the alien's danger to self, danger to the community, and risk of flight. Such aliens shall be eligible to participate in alternative to detention programs, utilizing a continuum of alternatives based on the alien's need for supervision, which may include placement of the alien with an individual or an organizational sponsor, or in a supervised group home."**

**Federal law requires that ICE consider the least restrictive setting available after taking into account flight risk, danger to self, and danger to community. See 8 U.S.C. § 1232(c)(2)(B). The purpose of this worksheet is to document that ICE considered the least restrictive setting available in making a custody decision. Field Office Juvenile Coordinators (FOJCs) must carefully consider the least restrictive setting available for each age-out and document the reasons for the custody decision on this form, attaching additional documentation as necessary.**

## BACKGROUND

**AOR:**

**FOJC:**

**Full Name of Former UAC:**

**Alien Number:**

**DOB:**

**Gender:**

**Time in ORR Custody:**

**1. County of Citizenship:** \_\_\_\_\_

Identity sufficiently determined:  Yes  No Citizenship sufficiently determined:  Yes  No

*List any I.D. documents:*

**2. Current ORR Facility Type (Must Select One):**

Shelter:  Foster Care:  Staff Secure:  Secure:

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## TAKE INTO ACCOUNT THE THREE (3) VAWA 2013 STATUTORY FACTORS

### 3. VAWA 2013 STATUTORY FACTORS

When answering the questions below, list the materials reviewed or consulted in determining whether the Age-Out poses a danger to self, danger to the community, or a flight risk. These materials may include, but are not limited to, ORR Post-18 Plan, SIRs, A-file/Form I-213, electronic database searches (e.g., EARM, PCQS, NCIC), correspondence from Age-Out's attorney/advocate, any information from organizational sponsors, information provided directly from the Age-Out. Be sure to include and evaluate both adverse information about the Age-Out as well as information that serves to mitigate concerns about the Age-Out's danger to self, danger to community, and risk of flight.

- a. **Is there evidence the Age-Out presents a danger to self?** (Reminder: concern that an Age-Out may not be able to support themselves or might become homeless does *not* render the Age-Out a danger to themselves.)  Yes  No

**Mental Health Issues?**  Yes  No

**Suicidal Attempts/Ideation?**  Yes  No

**History of Self-Harm?**  Yes  No

**Other?**  Yes  No

Explain in detail why the Age-Out is or is not a danger to self:

- b. **Is there evidence the Age-Out presents a danger to the community?**  Yes  No

**Gang Membership:**  Yes  No

**ORR Behavioral Problems:**  Yes  No

**Criminal/Delinquency History:**  Yes  No

**Other:**  Yes  No

**Terrorist Affiliation/Ties:**  Yes  No

Explain in detail why the Age-out is or is not a danger to the community.

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- c. **Is there evidence the Age-Out presents a flight risk?** (Reminder: An Age-Out's lack of community ties or fixed address, either alone or in combination with the other, are not justifications to claim the Age-out poses a flight risk and cannot be released on OREC.)  
 Yes  No

- |   |   |                                   |  |
|---|---|-----------------------------------|--|
| <b>Family and Community Ties:</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Lacks Fixed Address:</b>       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Escapes/Non-compliance History:</b>      | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Prior Immigration History:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Final Order:</b>                         | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Other:</b>                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Petitions/Application(s) for Relief:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No (includes asylum, SIJS, T/U visa, other) |                                   |  |

Explain in detail why the Age-Out is or is not a Flight Risk:

**IF THE AGE-OUT WILL BE RELEASED ON OREC, OSUP, OR PAROLE WITHOUT A SPONSOR, ATD, OR BOND, PLEASE GO DIRECTLY TO ITEM 7 (CONSIDERING THE LEAST RESTRICTIVE SETTING AVAILABLE)). YOU DO NOT NEED TO COMPLETE ITEMS 4-6.**

### IDENTIFYING AVAILABLE PLACEMENTS AND ALTERNATIVES TO DETENTION

4. **Date ORR Post-18 Plan Requested:** \_\_\_\_\_

**ORR Post-18 Plan Provided?**  Yes  No      **Date Provided:** \_\_\_\_\_

*Describe the contents of the ORR Post-18 Plan (SIRs, health/behavioral issues), list all placements or sponsor(s) listed therein, including those identified, pending or rejected by ORR, and describe any additional information, if any, provided by the case manager.*

5. **Does the Age-Out have an attorney or an advocate who is not an attorney, such as a social worker or staff member at a shelter?**  Yes  No

*If yes, provide name and contact information and a summary of the correspondence with this individual with respect to proposed placement(s) upon aging out.*

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### 6. Additional FOJC efforts to identify available individual/organizational sponsors outside of ORR

Describe in detail the efforts you made to identify available individual and/or organizational sponsors or shelters. Also describe in detail the following information related to each identified available sponsor, if available: name, address, telephone number, and email; relationship of the sponsor to the Age-Out; background information collected about the sponsor; and a description of any communications with the sponsor.

#### a. Form I-213 review:

#### b. Age-Out interview:

#### c. National Age-Out Shelter List

#### d. Other

### 7. CONSIDERING THE LEAST RESTRICTIVE SETTING AVAILABLE

**Reminder(s):** You must consider the least restrictive setting available. All Age-Outs are eligible to participate in alternatives to detention, including release to a sponsor (individual, organizational, or group homes/shelters), release on ICE's ATD Program, and issuance of an ICE bond. You must provide a response for each subsection below.

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- a. Taking into account the Age-Out's danger to self, danger to community, and flight risk, explain why release without a sponsor is or is not appropriate.

- b. Taking into account the Age-Out's danger to self, danger to community, and flight risk, explain why release to the sponsors identified above in Sections Four through Six is or is not appropriate?

- c. Taking into account the Age-Out's danger to self, danger to community, and flight risk, explain why release on ICE ATD is or is not appropriate?

- d. Taking into account the Age-Out's danger to self, danger to community, and flight risk, explain why release on an ICE bond is or is not appropriate?

### 8. Custody Recommendation

- a. FOJC Recommendation: *(check all that apply)*

Release: OREC  OSUP  Parole  Sponsor:  \_\_\_\_\_  
ATD  type: \_\_\_\_\_ ICE Bond  Amount: \_\_\_\_\_

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**Detained:**  Facility Age-out was initially placed: \_\_\_\_\_ Level of Detention: \_\_\_\_\_

**FOJC Signature:**  **Date:**

**b. Supervisor Concur with FOJC Recommendation:**  Yes  No

**Name of Supervisor:**  **Signature:**

**Date:**

*Supervisor Comments: (explain reasons for your approval/disapproval, including the factors you considered)*

*If the FOJC and supervisor determines that an Age-Out should be released using ATD or ICE bond, or detained in ICE custody, concurrence must be obtained from JFRMU prior to finalizing the custody determination. All information and supporting documentation should be entered into the Age-Out SharePoint as early as possible followed by an email to the JFRMU mailbox advising of the pending Age-Out custody decision.*

### 9. JFRMU CONCURRENCE FOR ATD, ICE BOND, OR DETENTION

*Provide a detailed summary of the reason for concurrence or non-concurrence with the Field Office's recommendation to detain the Age-Out.*

**Concur with Field Office Recommendation:**  Yes  No

**National Juvenile Coordinator Name:**

**Signature:**  **Date:**