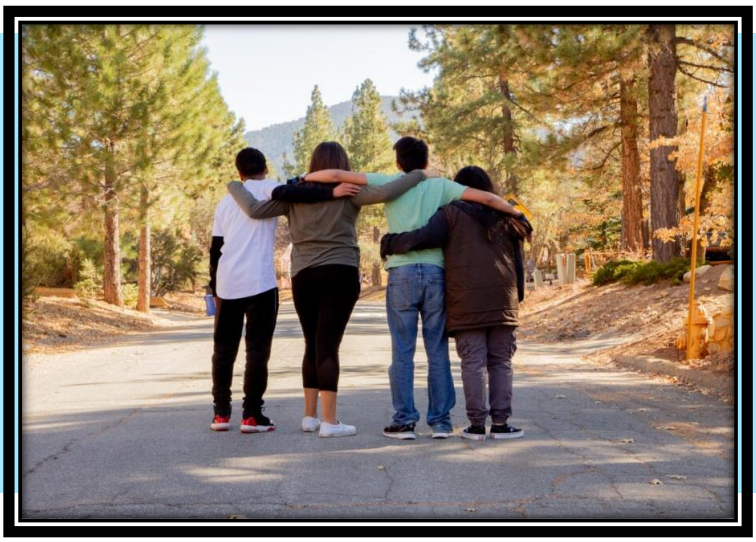
Dosye Liberasyon ORR

Lè jèn moun nan te kite abri Biwo pou Relokalizasyon Refijye (Office of Refugee Resettlement, ORR) a, li te resevwa yon anvlòp ki gen yon pil dokiman.

Dokiman sa yo enpòtan anpil epi yo gen enfòmasyon sekrè ladan yo sou jèn moun nan ak esponnsò li an - asire konsève yo yon kote ki an sekirite!



- Tout dokiman nou mansyone nan dokiman sa a se pou jèn moun nan. Si jèn moun nan demenaje oswa li al viv avèk yon lòt moun, li enpòtan pou li konsève anvlòp sa a avèk dokiman li yo.

- Si w remake youn nan dokiman sa yo pa la oswa pèdi, pale ak asistan sosyal ou a oswa kontakte Sant Apèl Nasyonal ORR la (1-800-203-7001) pou w jwenn plis enfòmasyon sou fason pou w mande yon ranplasman.

Men ki dokiman *tout* jèn moun resevwa:

1. Verifikasyon Liberasyon
2. Avi pou Konparèt
3. Kopi batistè jèn moun nan
4. Dosye medikal
5. Chanjman Adrès ak Transfè
6. Lis resous

Men ki dokiman *kèk* jèn moun resevwa:

7. Lèt Deziyasyon Swen
8. Dosye lekòl
9. Lèt Elijiblite Biwo sou Trafik Moun (Office on Trafficking in Persons, OTIP)

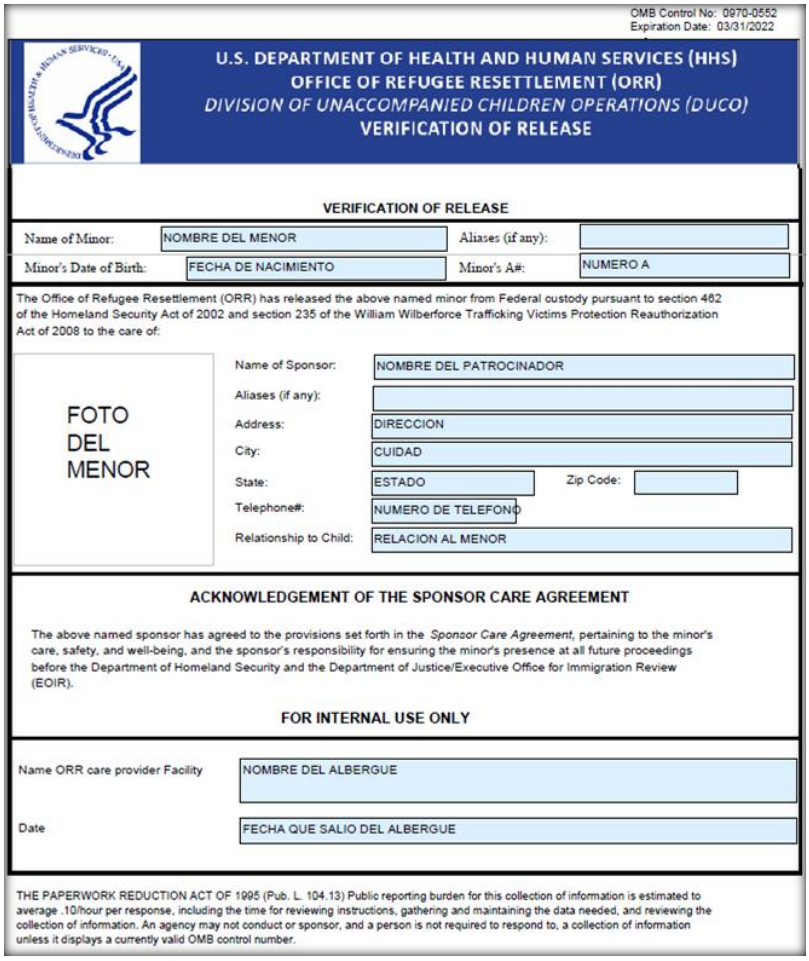
Dosye Liberasyon nan ORR

1. Verifikasyon Liberasyon (Verification of Release, VOR)

Yo di "Verifikasyon Liberasyon" oswa VOR nan lang Anglè.

Men sa dokiman sa a gen ladan l:

- Yon foto jèn moun nan
- Dat nesans jèn moun nan
- Nimewo anrejistreman etranje jèn moun nan (ki rele nimewo etranje tou)
- Adrès jèn moun nan kote yo te lage l pou l ale a
- Non ak nimewo telefòn esponnsò li te reyinifye avèk li a



OMB Control No: 0970-0552
Expiration Date: 03/31/2022

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
OFFICE OF REFUGEE RESETTLEMENT (ORR)
DIVISION OF UNACCOMPANIED CHILDREN OPERATIONS (DUCO)
VERIFICATION OF RELEASE

VERIFICATION OF RELEASE

Name of Minor:	NOMBRE DEL MENOR	Aliases (if any):	
Minor's Date of Birth:	FECHA DE NACIMIENTO	Minor's A#:	NUMERO A

The Office of Refugee Resettlement (ORR) has released the above named minor from Federal custody pursuant to section 462 of the Homeland Security Act of 2002 and section 235 of the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 to the care of:

FOTO DEL MENOR

Name of Sponsor:	NOMBRE DEL PATROCINADOR
Aliases (if any):	
Address:	DIRECCION
City:	CUIDAD
State:	ESTADO
Zip Code:	
Telephone#:	NUMERO DE TELEFONO
Relationship to Child:	RELACION AL MENOR

ACKNOWLEDGEMENT OF THE SPONSOR CARE AGREEMENT

The above named sponsor has agreed to the provisions set forth in the *Sponsor Care Agreement*, pertaining to the minor's care, safety, and well-being, and the sponsor's responsibility for ensuring the minor's presence at all future proceedings before the Department of Homeland Security and the Department of Justice/Executive Office for Immigration Review (EOIR).

FOR INTERNAL USE ONLY

Name ORR care provider Facility	NOMBRE DEL ALBERGUE
Date	FECHA QUE SALIO DEL ALBERGUE

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104.13) Public reporting burden for this collection of information is estimated to average .10/hour 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.

Se yon dokiman ofisyèl ORR bay ki konfime jèn moun nan te al jwenn esponnsò li. Yo ka itilize dokiman sa a nan kèk klinik ak lekòl kòm prèv adrès ak prèv ki di esponnsò a responsab jèn moun lan nan peyi Etazini. Jèn moun nan kapab itilize dokiman sa a tou tankou yon pyès idantite.

Apati fen ane 2024, ORR te kòmanse bay jèn moun ki kite abri ORR yo kat Verifikasyon Liberasyon. Sa pa tout jèn moun ki gentan ap resevwa yon kat, epi yo p ap bay jèn moun ki te deja nan abri ORR yo anvan pwogram kat la te kòmanse.

2. Avi pou Konparèt (Notice to Appear, NTA)

Yo di "Avi pou Konparèt," oswa "NTA" nan lang Anglè.

Se yon dokiman ofisyèl Depatman Sekirite Enteryè (Department of Homeland Security, DHS) bay ki di jèn moun lan nan pwosedi imigrasyon epi l ap bezwen konparèt devan yon jij.

Jèn moun nan ap bezwen montre dokiman sa a nan tribinal la pou odyans li an epi li ta dwe vini avèk dokiman sa a tou lè l ap fè yon chita pale avèk yon avoka imigrasyon pou konsèy jiridik.

This is not a real Notice to Appear. This person does not exist.

U.S. Department of Homeland Security — **Notice to Appear**

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: 12345678 FINS #: 0123456789 File No: A123 456 789
DOB: 01/01/1999 Event No: WSX0123456780

In the Matter of:

Respondent: JUAN CARLOS HERNANDEZ-GONZALEZ currently residing at:

(Number, street, city and ZIP code) (Area code and phone number)

☐ 1. You are an arriving alien.
☒ 2. You are an alien present in the United States who has not been admitted or paroled.
☐ 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:
1. You are not a citizen or national of the United States;
2. You are a native of EL SALVADOR and a citizen of EL SALVADOR ;
3. You arrived in the United States at or near Hidalgo, TEXAS, on or about August 1, 2014;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:
212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
☐ Section 235(b)(1) order was vacated pursuant to: ☐8CFR 208.30(f)(2) ☐8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:
AT A PLACE TO BE SET

(Complete Address of Immigration Court, including Room Number, if any)

on a date to be set (Date) at a time to be set (Time) to show why you should not be removed from the United States based on the charge(s) set forth above.

JUAN PEREZ — ACTING PATROL AGENT IN CHARGE
(Signature and Title of Issuing Officer)

Date: August 13, 2014 — HARLINGEN, TEXAS (City and State)

See reverse for important information

Form I-862 (Rev. 08/01/07) N

3. Kopi Batistè Jèn Moun nan


RENAP

Registro Civil de las Personas

Certificado de Nacimiento


REPÚBLICA DE HONDURAS

REGISTRO NACIONAL DE LAS PERSONAS

SECRETARÍA DE EDUCACIÓN

CERTIFICACIÓN DE ACTA DE NACIMIENTO

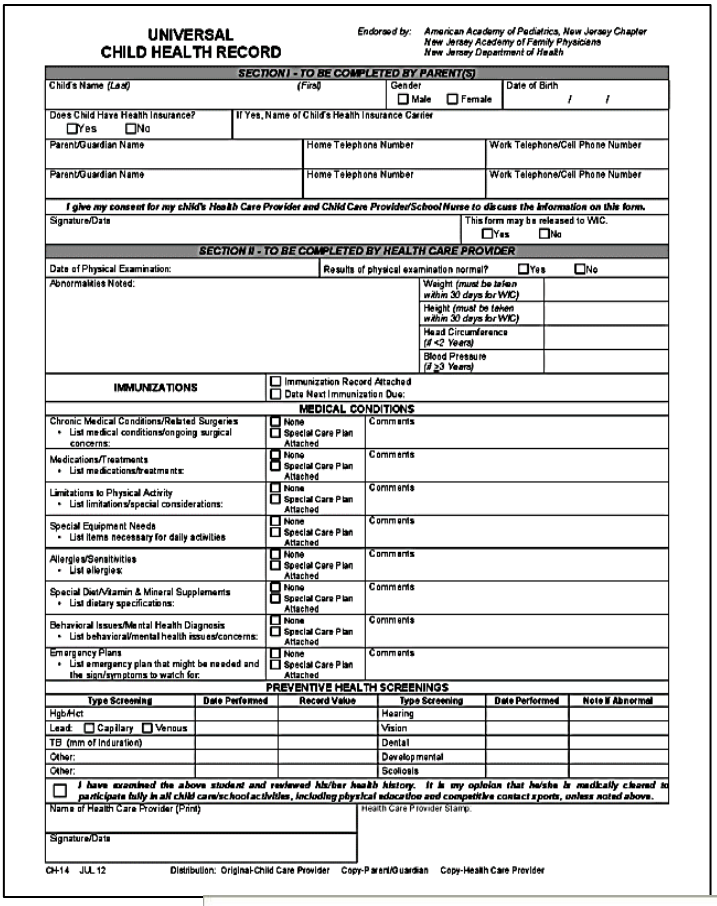

ALCALDIA MUNICIPAL DE SAN ALEJO

LA UNION, EL SALVADOR, C.A.

Fòk ou mache avèk batistè jèn moun nan lè w ap enskri li nan lekòl epi pou l jwenn swen medikal. Epitou, ou kapab itilize batistè jèn moun nan pou konfime idantite li.

Dosye Liberasyon nan ORR

4. Dosye Medikal



UNIVERSAL
CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name (Last) (First) | Gender ☐ Male ☐ Female | Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐No | If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name | Home Telephone Number | Work Telephone/Cell Phone Number

Parent/Guardian Name | Home Telephone Number | Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date | This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: | Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:

Weight (must be taken within 30 days for WIC)
Height (must be taken within 30 days for WIC)
Head Circumference (if <2 Years)
Blood Pressure (if ≥3 Years)

IMMUNIZATIONS ☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note If Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ *I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.*

Name of Health Care Provider (Print) | Health Care Provider Stamp.

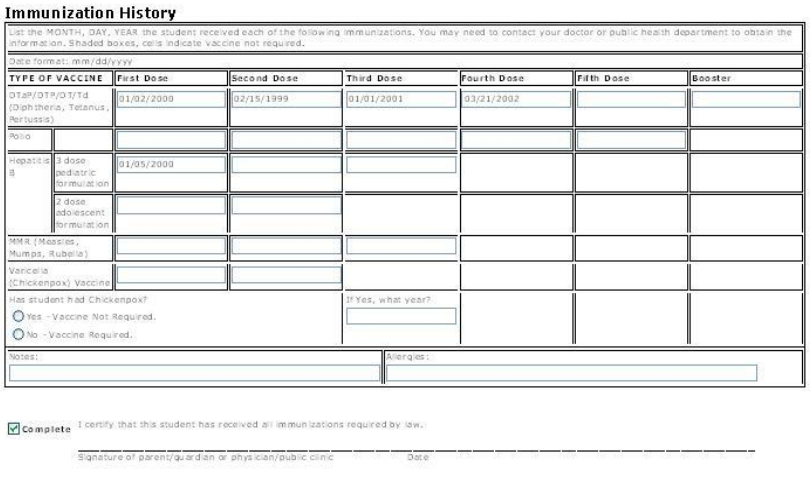
Signature/Date

CH-14 JUL 12 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

Dosye medikal yo ta dwe gen ladan yo yon kopi vaksen jèn moun nan te resevwa lè li te nan abri ORR la. Li ka gen ladan l tou yon egzamen medikal ak enfòmasyon anplis sou sante jèn moun nan.

Dosye yo ka gen ladan yo enfòmasyon sou alèji, medikaman, oswa pwoblèm sante, tankou pwoblèm je oswa nenpòt lòt pwoblèm sante.

Asire w byen egzamine dokiman sa yo epi vini avèk dosye sa yo lè jèn moun nan vini nan yon randevou doktè nan nouvo kominote li an.



Immunization History

List the MONTH, DAY, YEAR the student received each of the following immunizations. You may need to contact your doctor or public health department to obtain the information. Shaded boxes, cells indicate Vaccine not required.

Date format: mm/dd/yyyy

TYPE OF VACCINE	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose	Booster
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)	01/02/2000	02/15/1999	01/01/2001	03/21/2002		
Polio						
Hepatitis B — 3 dose pediatric formulation	01/05/2000					
Hepatitis B — 2 dose adolescent formulation						
MMR (Measles, Mumps, Rubella)						
Varicella (Chickenpox) Vaccine						

Has student had Chickenpox? ○ Yes - Vaccine Not Required. ○ No - Vaccine Required. | If Yes, what year?

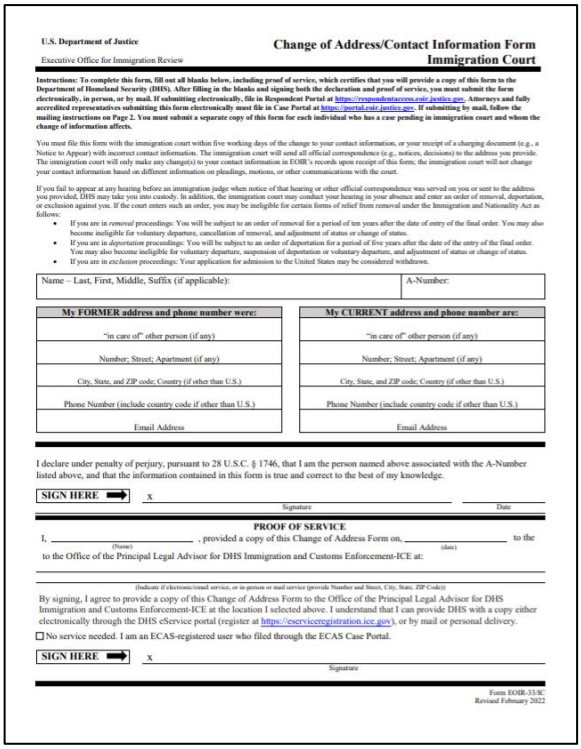
Notes: | Allergies:

☑ Complete I certify that this student has received all immunizations required by law.

Signature of parent/guardian or physician/public clinic Date

5. Chanjman Adrès ak Transfè

Fòk ou ranpli fòm Chanjman Adrès la epi voye li bay tribinal imigrasyon an ak biwo Imigrasyon ak Ladwàn (Immigration and Customs Enforcement, ICE) chak fwa jèn moun nan chanje adrès.



U.S. Department of Justice
Executive Office for Immigration Review

Change of Address/Contact Information Form
Immigration Court

Instructions: To complete this form, fill out all blanks below, including proof of service, which certifies that you will provide a copy of this form to the Department of Homeland Security (DHS). After filling in the blanks and signing both the declaration and proof of service, you must submit the form electronically, in person, or by mail. If submitting electronically, file in Respondent Portal at https://respondentaccess.eoir.justice.gov. Attorneys and fully accredited representatives submitting this form electronically must file in Case Portal at https://portal.eoir.justice.gov. If submitting by mail, follow the mailing instructions on Page 2. You must submit a separate copy of this form for each individual who has a case pending in immigration court and whom the change of information affects.

You must file this form with the immigration court within five working days of the change to your contact information, or your receipt of a charging document (e.g., a Notice to Appear) with incorrect contact information. The immigration court will send all official correspondence (e.g., notices, decisions) to the address you provide. The immigration court will only make any change(s) to your contact information in EOIR's records upon receipt of this form; the immigration court will not change your contact information based on different information on pleadings, motions, or other communications with the court.

If you fail to appear at any hearing before an immigration judge when notice of that hearing or other official correspondence was served on you or sent to the address you provided, DHS may take you into custody. In addition, the immigration court may conduct your hearing in your absence and enter an order of removal, deportation, or exclusion against you. If the court enters such an order, you may be ineligible for certain forms of relief from removal under the Immigration and Nationality Act as follows:

- If you are in *removal* proceedings: You will be subject to an order of removal for a period of ten years after the date of entry of the final order. You may also become ineligible for voluntary departure, cancellation of removal, and adjustment of status or change of status.
- If you are in *deportation* proceedings: You will be subject to an order of deportation for a period of five years after the date of the entry of the final order. You may also become ineligible for voluntary departure, suspension of deportation or voluntary departure, and adjustment of status or change of status.
- If you are in *exclusion* proceedings: Your application for admission to the United States may be considered withdrawn.

Name – Last, First, Middle, Suffix (if applicable):	A-Number:

My FORMER address and phone number were:	My CURRENT address and phone number are:
"in care of" other person (if any)	"in care of" other person (if any)
Number; Street; Apartment (if any)	Number; Street; Apartment (if any)
City, State, and ZIP code; Country (if other than U.S.)	City, State, and ZIP code; Country (if other than U.S.)
Phone Number (include country code if other than U.S.)	Phone Number (include country code if other than U.S.)
Email Address	Email Address

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person named above associated with the A-Number listed above, and that the information contained in this form is true and correct to the best of my knowledge.

SIGN HERE ➡ x _____ (Signature) _____ (Date)

PROOF OF SERVICE

I, _____ (Name), provided a copy of this Change of Address Form on, _____ (date) to the to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at:

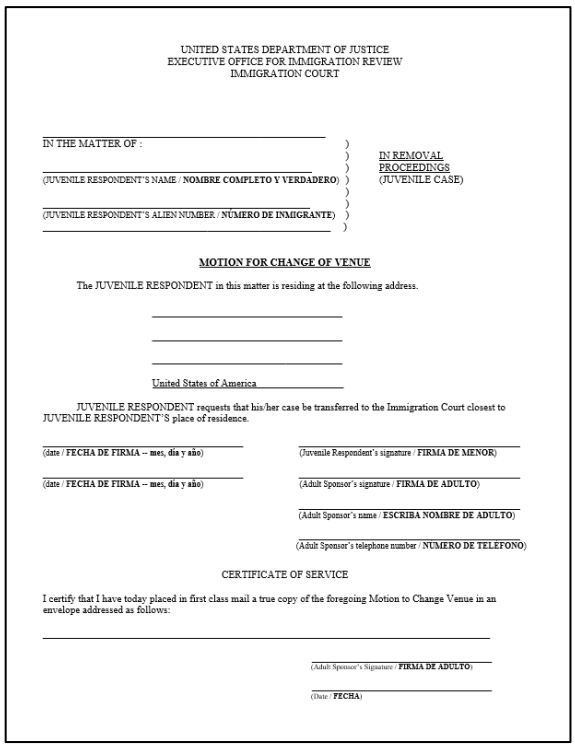
_____ (Indicate if electronic/email service, or in-person or mail service (provide Number and Street, City, State, ZIP Code))

By signing, I agree to provide a copy of this Change of Address Form to the Office of the Principal Legal Advisor for DHS Immigration and Customs Enforcement-ICE at the location I selected above. I understand that I can provide DHS with a copy either electronically through the DHS eService portal (register at https://eserviceregistration.ice.gov), or by mail or personal delivery.

☐ No service needed. I am an ECAS-registered user who filed through the ECAS Case Portal.

SIGN HERE ➡ x _____ (Signature)

Form EOIR-33/IC
Revised February 2022



UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT

IN THE MATTER OF :
(JUVENILE RESPONDENT'S NAME / **NOMBRE COMPLETO Y VERDADERO**)
(JUVENILE RESPONDENT'S ALIEN NUMBER / **NÚMERO DE INMIGRANTE**)

IN REMOVAL PROCEEDINGS
(JUVENILE CASE)

MOTION FOR CHANGE OF VENUE

The JUVENILE RESPONDENT in this matter is residing at the following address.

_____
_____
_____
United States of America

JUVENILE RESPONDENT requests that his/her case be transferred to the Immigration Court closest to JUVENILE RESPONDENT'S place of residence.

(date / **FECHA DE FIRMA – mes, día y año**) (Juvenile Respondent's signature / **FIRMA DE MENOR**)

(date / **FECHA DE FIRMA – mes, día y año**) (Adult Sponsor's signature / **FIRMA DE ADULTO**)

(Adult Sponsor's name / **ESCRIBA NOMBRE DE ADULTO**)

(Adult Sponsor's telephone number / **NÚMERO DE TELÉFONO**)

CERTIFICATE OF SERVICE

I certify that I have today placed in first class mail a true copy of the foregoing Motion to Change Venue in an envelope addressed as follows:

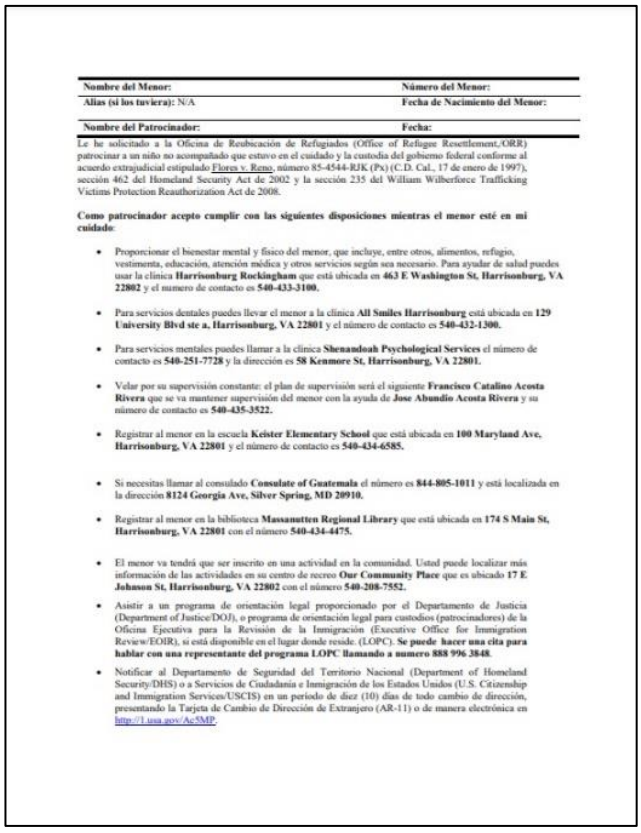
_____

(Adult Sponsor's Signature / **FIRMA DE ADULTO**)

(Date / **FECHA**)

Si jèn moun nan al rete lwen epi li bezwen transfere dosye li a nan yon tribinal imigrasyon ki pi pre nouvo adrès li a, li ap oblije ranpli epi voye kopi demann Transfè a tou.

6. Lis Resous

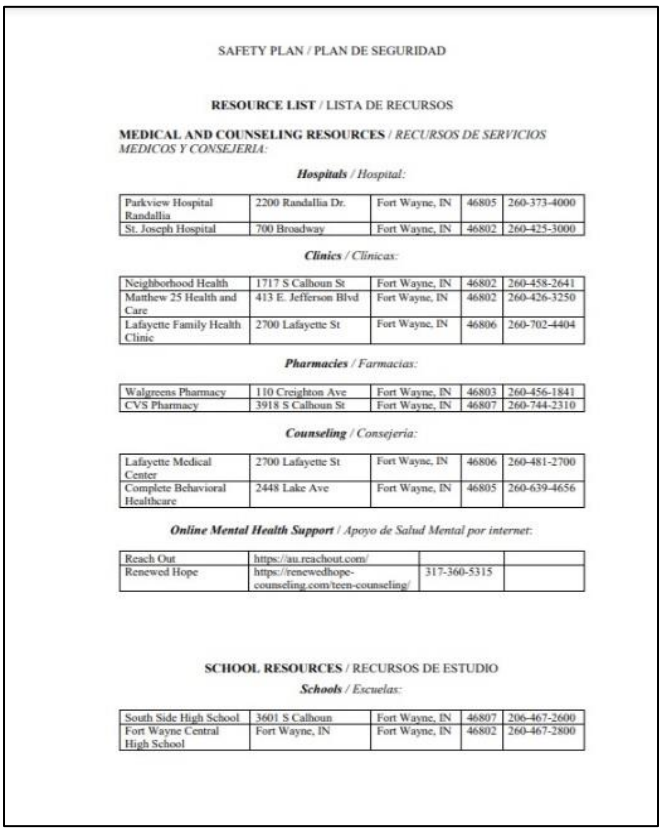


Nombre del Menor:	Número del Menor:
Alias (si los tuviera): N/A	Fecha de Nacimiento del Menor:
Nombre del Patrocinador:	**Fecha:**

Le he solicitado a la Oficina de Reubicación de Refugiados (Office of Refugee Resettlement,/ORR) patrocinar a un niño no acompañado que estuvo en el cuidado y la custodia del gobierno federal conforme al acuerdo extrajudicial estipulado Flores v. Reno, número 85-4544-RJK (Px) (C.D. Cal., 17 de enero de 1997), sección 462 del Homeland Security Act de 2002 y la sección 235 del William Wilberforce Trafficking Victims Protection Reauthorization Act de 2008.

Como patrocinador acepto cumplir con las siguientes disposiciones mientras el menor esté en mi cuidado:

- Proporcionar el bienestar mental y físico del menor, que incluye, entre otros, alimentos, refugio, vestimenta, educación, atención médica y otros servicios según sea necesario. Para ayudar de salud puedes usar la clínica **Harrisonburg Rockingham** que está ubicada en **463 E Washington St, Harrisonburg, VA 22802** y el numero de contacto es **540-433-3100.**
- Para servicios dentales puedes llevar el menor a la clínica **All Smiles Harrisonburg** está ubicada en **129 University Blvd ste a, Harrisonburg, VA 22801** y el número de contacto es **540-432-1300.**
- Para servicios mentales puedes llamar a la clínica **Shenandoah Psychological Services** el número de contacto es **540-251-7728** y la dirección es **58 Kenmore St, Harrisonburg, VA 22801.**
- Velar por su supervisión constante: el plan de supervisión será el siguiente **Francisco Catalino Acosta Rivera** que se va mantener supervisión del menor con la ayuda de **Jose Abundio Acosta Rivera** y su número de contacto es **540-435-3522.**
- Registrar al menor en la escuela **Keister Elementary School** que está ubicada en **100 Maryland Ave, Harrisonburg, VA 22801** y el número de contacto es **540-434-6585.**
- Si necesitas llamar al consulado **Consulate of Guatemala** el número es **844-805-1011** y está localizada en la dirección **8124 Georgia Ave, Silver Spring, MD 20910.**
- Registrar al menor en la biblioteca **Massanutten Regional Library** que está ubicada en **174 S Main St, Harrisonburg, VA 22801** con el número **540-434-4475.**
- El menor va tendrá que ser inscrito en una actividad en la comunidad. Usted puede localizar más información de las actividades en su centro de recreo **Our Community Place** que es ubicado **17 E Johnson St, Harrisonburg, VA 22802** con el número **540-208-7552.**
- Asistir a un programa de orientación legal proporcionado por el Departamento de Justicia (Department of Justice/DOJ), o programa de orientación legal para custodios (patrocinadores) de la Oficina Ejecutiva para la Revisión de la Inmigración (Executive Office for Immigration Review/EOIR), si está disponible en el lugar donde reside. (LOPC). **Se puede hacer una cita para hablar con una representante del programa LOPC llamando a numero 888 996 3848.**
- Notificar al Departamento de Seguridad del Territorio Nacional (Department of Homeland Security/DHS) o a Servicios de Ciudadanía e Inmigración de los Estados Unidos (U.S. Citizenship and Immigration Services/USCIS) en un período de diez (10) días de todo cambio de dirección, presentando la Tarjeta de Cambio de Dirección de Extranjero (AR-11) o de manera electrónica en http://1.usa.gov/Ac5MP.



SAFETY PLAN / PLAN DE SEGURIDAD

RESOURCE LIST / LISTA DE RECURSOS

MEDICAL AND COUNSELING RESOURCES / *RECURSOS DE SERVICIOS MEDICOS Y CONSEJERIA:*

Hospitals / *Hospital:*

Parkview Hospital Randallia	2200 Randallia Dr.	Fort Wayne, IN	46805	260-373-4000
St. Joseph Hospital	700 Broadway	Fort Wayne, IN	46802	260-425-3000

Clinics / *Clinicas:*

Neighborhood Health	1717 S Calhoun St	Fort Wayne, IN	46802	260-458-2641
Matthew 25 Health and Care	413 E. Jefferson Blvd	Fort Wayne, IN	46802	260-426-3250
Lafayette Family Health Clinic	2700 Lafayette St	Fort Wayne, IN	46806	260-702-4404

Pharmacies / *Farmacias:*

Walgreens Pharmacy	110 Creighton Ave	Fort Wayne, IN	46803	260-456-1841
CVS Pharmacy	3918 S Calhoun St	Fort Wayne, IN	46807	260-744-2310

Counseling / *Consejeria:*

Lafayette Medical Center	2700 Lafayette St	Fort Wayne, IN	46806	260-481-2700
Complete Behavioral Healthcare	2448 Lake Ave	Fort Wayne, IN	46805	260-639-4656

Online Mental Health Support / *Apoyo de Salud Mental por internet:*

Reach Out	https://au.reachout.com/		
Renewed Hope	https://renewedhope-counseling.com/teen-counseling/	317-360-5315	

SCHOOL RESOURCES / RECURSOS DE ESTUDIO

Schools / *Escuelas:*

South Side High School	3601 S Calhoun	Fort Wayne, IN	46807	206-467-2600
Fort Wayne Central High School	Fort Wayne, IN	Fort Wayne, IN	46802	260-467-2800

Epitou, tout jèn moun yo ta dwe resevwa yon lis resous ki endike sèvis medikal yo, asistans jiridik, enfòmasyon sou lekòl, ak lòt resous kominotè.

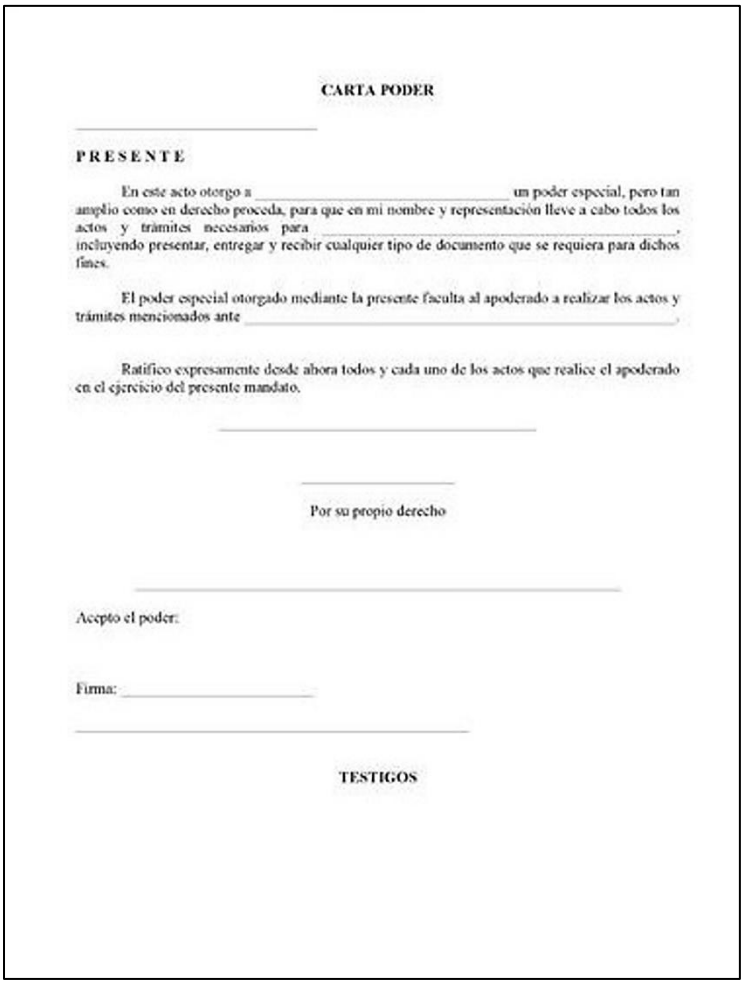
Dosye Liberasyon nan ORR

Dokiman sa yo enpòtan anpil tou, men, *se pa tout jèn moun ki resevwa yo.*
Sa depannde dosye jèn moun nan.

7. Lèt Deziyasyon Swen / "Pwokirasyon"

Lèt Deziyasyon pou Pran Swen yon Minè, ki rele tou "Pwokirasyon," se yon lèt paran oswa responsab legal jèn moun nan ekri, siyen, epi notarye ki otorize pitit yo a ale sou responsablite yon esponnsò.

Fòk ou vini avèk dokiman sa a lè w ap enskri jèn moun lan nan lekòl epi lè w ap mennen li al pran swen medikal, piske li endike se ou menm ki responsab laswenyay li nan peyi Etazini.



CARTA PODER

PRESENTE

En este acto otorgo a _____ un poder especial, pero tan amplio como en derecho proceda, para que en mi nombre y representación lleve a cabo todos los actos y trámites necesarios para _____, incluyendo presentar, entregar y recibir cualquier tipo de documento que se requiera para dichos fines.

El poder especial otorgado mediante la presente faculta al apoderado a realizar los actos y trámites mencionados ante _____.

Ratifico expresamente desde ahora todos y cada uno de los actos que realice el apoderado en el ejercicio del presente mandato.

_____

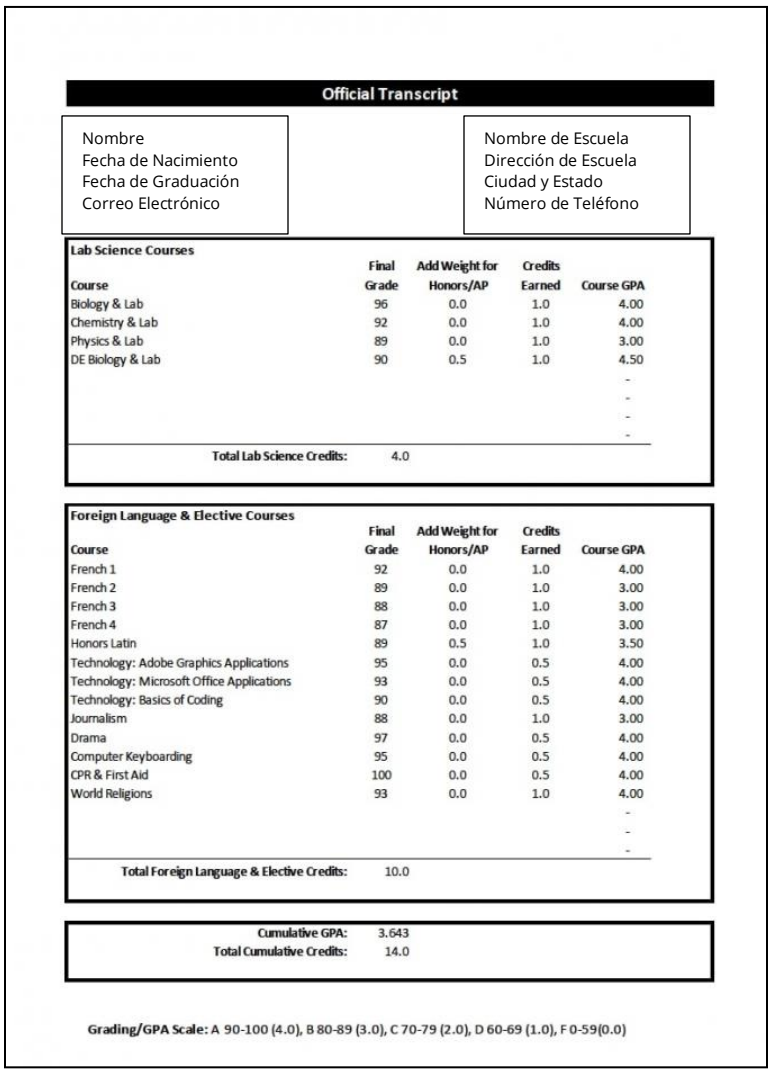
Por su propio derecho

Acepto el poder:

Firma: _____

TESTIGOS

8. Dosye Lekòl



Official Transcript

Nombre Fecha de Nacimiento Fecha de Graduación Correo Electrónico	Nombre de Escuela Dirección de Escuela Ciudad y Estado Número de Teléfono

Lab Science Courses

Course	Final Grade	Add Weight for Honors/AP	Credits Earned	Course GPA
Biology & Lab	96	0.0	1.0	4.00
Chemistry & Lab	92	0.0	1.0	4.00
Physics & Lab	89	0.0	1.0	3.00
DE Biology & Lab	90	0.5	1.0	4.50
				-
				-
				-
				-
Total Lab Science Credits:	4.0			

Foreign Language & Elective Courses

Course	Final Grade	Add Weight for Honors/AP	Credits Earned	Course GPA
French 1	92	0.0	1.0	4.00
French 2	89	0.0	1.0	3.00
French 3	88	0.0	1.0	3.00
French 4	87	0.0	1.0	3.00
Honors Latin	89	0.5	1.0	3.50
Technology: Adobe Graphics Applications	95	0.0	0.5	4.00
Technology: Microsoft Office Applications	93	0.0	0.5	4.00
Technology: Basics of Coding	90	0.0	0.5	4.00
Journalism	88	0.0	1.0	3.00
Drama	97	0.0	0.5	4.00
Computer Keyboarding	95	0.0	0.5	4.00
CPR & First Aid	100	0.0	0.5	4.00
World Religions	93	0.0	1.0	4.00
				-
				-
				-
Total Foreign Language & Elective Credits:	10.0			

Cumulative GPA:	3.643
Total Cumulative Credits:	14.0

Grading/GPA Scale: A 90-100 (4.0), B 80-89 (3.0), C 70-79 (2.0), D 60-69 (1.0), F 0-59(0.0)

Dosye lekòl yo genyen enfòmasyon sou edikasyon jèn moun nan te resevwa nan peyi kote li soti a ak/oswa pandan yo t ap okipe li nan abri ORR la.

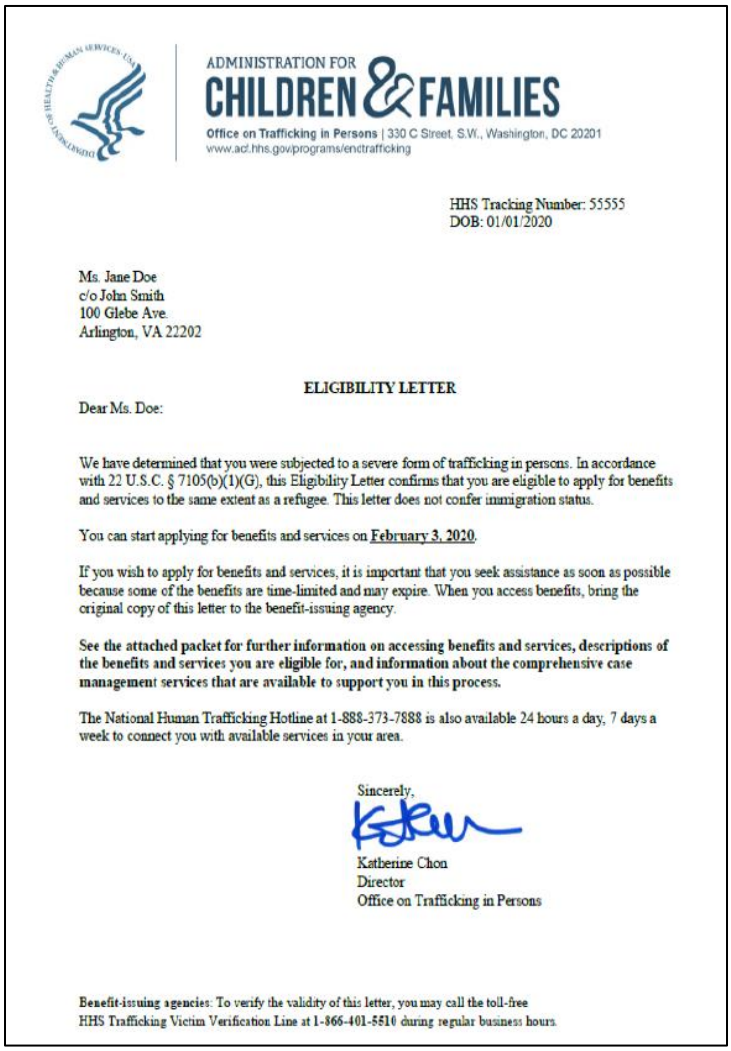
Yo kapab itilize dosye sa yo pou pèmèt yo detèmine nan ki nivo lekòl yo ta dwe mete jèn moun lan nan peyi Etazini.

Byenke li itil pou w genyen dosye sa yo epi bay yo nan nouvo lekòl jèn moun nan, **sonje yo pa nesesè pou w enskri jèn moun nan lekòl.**

9. Lèt Elijiblite Biwo sou Trafik Moun (Office on Trafficking in Persons, OTIP)

Yo di "Lèt Elijiblite Biwo sou Trafik Moun (Office on Trafficking in Persons, OTIP)."

Si lèt sa a aplikab pou jèn moun nan, li se yon dokiman ofisyèl Administrasyon pou Timoun ak Fanmi bay ki konfime jèn moun nan elijib pou l benefisye kèk avantaj ak sèvis antanke yon viktim trafik moun.



ADMINISTRATION FOR CHILDREN & FAMILIES

Office on Trafficking in Persons | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/programs/enctrafficking

HHS Tracking Number: 55555
DOB: 01/01/2020

Ms. Jane Doe
c/o John Smith
100 Glebe Ave.
Arlington, VA 22202

ELIGIBILITY LETTER

Dear Ms. Doe:

We have determined that you were subjected to a severe form of trafficking in persons. In accordance with 22 U.S.C. § 7105(b)(1)(G), this Eligibility Letter confirms that you are eligible to apply for benefits and services to the same extent as a refugee. This letter does not confer immigration status.

You can start applying for benefits and services on February 3, 2020.

If you wish to apply for benefits and services, it is important that you seek assistance as soon as possible because some of the benefits are time-limited and may expire. When you access benefits, bring the original copy of this letter to the benefit-issuing agency.

See the attached packet for further information on accessing benefits and services, descriptions of the benefits and services you are eligible for, and information about the comprehensive case management services that are available to support you in this process.

The National Human Trafficking Hotline at 1-888-373-7888 is also available 24 hours a day, 7 days a week to connect you with available services in your area.

Sincerely,

Katherine Chon
Director
Office on Trafficking in Persons

Benefit-issuing agencies: To verify the validity of this letter, you may call the toll-free HHS Trafficking Victim Verification Line at 1-866-401-5510 during regular business hours.

Si w vle jwenn plis enfòmasyon, Ale sou sitwèb Sant Resous nou genyen pou Timoun ki Pa Gen Moun Akonpaye yo a, ki se: **ucresourcecenter.org.**