



## Division of Unaccompanied Children's Services Family Reunification Packet

By completing this packet, you are requesting the release of a minor who is currently in the custody of the Division of Unaccompanied Children Services (DUCS) within the US Department of Health and Human Services. Please note that DUCS will not authorize release if any information is missing or inadequate. To avoid this, please refer to the checklist on the last page to ensure you have provided all requested information as specified. Thank you.

**1. Name of minor:**

**3. Your name and birth date:**

**5. List any and all names you have ever used:**

**6. Your immigration status with your Alien number and/or Social Security Number:**

**2. Your relationship, if any:**

**4. Your country of origin:**

To prove relationship and status, please include at least one document from each of the following categories.

**A. Copy of Photo ID:**

1. Driver License (required)
2. Passport
3. State ID
4. Naturalization Certificate

**C. Proof of Immigration Status or Citizenship:**

1. Copy of Alien Card
2. Copy of Employment Authorization Card
3. Copy of I-94
4. Copy of Notice to Appear

**B. Personal documentation**

1. Copy of signed Social Security Card
2. Your original Birth Certificate  
(or an official, notarized copy)

**D. Proof of Relationship**

1. Minor's original Birth Certificate\*  
(or an official, notarized copy)

**\*NOTE:** If you are not a member of the minor's immediate family (i.e. father, mother, brother or sister), you must also provide an official, notarized letter of consent from the minor's parents granting custody of the minor.





**14. Have you, or any members of the household, ever been charged with or convicted of a crime, other than minor traffic violations, or been investigated by any governmental social service agency as a result of a complaint of physical/sexual abuse, neglect or abandonment of a minor? Circle: Yes / No**

**15. If you answered 'Yes' to the last question, for each charge/conviction state: 1) Name of person, 2) Place of crime, 3) Date of crime, 4) Nature of crime; 5) and any sentence, such as length of imprisonment. Please answer this question on a separate piece of paper.**

I, \_\_\_\_\_ solemnly swear that to the best of my knowledge, the information I have presented is complete and accurate. I agree to provide proper physical care and maintenance, including but not limited to suitable living accommodations, food and clothing. I further agree to provide access to appropriate routine medical and emergency health care services, as needed by the minor. I will provide access to educational opportunity, as necessary.

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

Date: \_\_\_\_\_