

**Decline of Placement
In the Unaccompanied Refugee Minor Program**

Date:

Full Name:

Alien Number:

Attorney (or other requestor), if applicable; attach proof of representation:

To the Office of Refugee Resettlement:

My name is _____ . I received approval for placement in to the Unaccompanied Refugee Minor (URM) program on _____
I received an explanation of the program, its services and my rights and responsibilities from _____ on _____ in (insert language) and understand the information that was presented to me. I also understand that if I decline placement in the URM program at this time, I may not be able to enter the program at a later date.

Signature of URM applicant

Signature of witness

For interpreter (if applicable): I read this Decline of Placement in the URM Program form to _____ on _____ and he/she asserted that he/she understood the form and the consequences of declining participation in the URM program at this time.

Signature of Interpreter