

## Attachment 6

## NOTICE TO TERMINATE ATD PARTICIPATION

|   |  |   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
|---|--|---|----------------------------|--|---|---|---|---|---|---|--|---|---|--|--|---|--|--|--------------------------------------|--|--|
| ATD Field/Sub Office:   |  | ATD Officer:                                      |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| TO: (Name of Contract Program Manager)  |  | Site Location:                                    |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <b>This official notice serves to immediately terminate the following participant from ATD</b>  |  |   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| Participant's Full Name:  |  | A-Number:   | Termination Date and Time: |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <input type="checkbox"/> A. Departure Verified (Final Order of Removal—close in EARM within 72 hours of departure)<br><input type="checkbox"/> B. Relief/Benefit Granted ( <input type="checkbox"/> Cancellation of Removal <input type="checkbox"/> Adjustment of Status <input type="checkbox"/> Asylum <input type="checkbox"/> Admission)<br><input type="checkbox"/> C. Pre-Order Program Absconder<br><input type="checkbox"/> D. Post-Order Program Absconder<br><input type="checkbox"/> E. Pre-Order Program Violator<br><input type="checkbox"/> F. Post-Order Program Violator<br><input type="checkbox"/> G. No Longer Required to Participate (check one) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Change of Venue</td> <td><input type="checkbox"/> Administrative Closure</td> <td><input type="checkbox"/> Transfer to Non-Detained</td> </tr> <tr> <td><input type="checkbox"/> Case Transferred to Another Field Office</td> <td><input type="checkbox"/> Proceedings Terminated</td> <td><input type="checkbox"/> Withholding of Removal</td> </tr> <tr> <td><input type="checkbox"/> Temporary Protected Status</td> <td><input type="checkbox"/> Deferred Action (e.g. DACA)</td> <td><input type="checkbox"/> Prosecutorial Discretion</td> </tr> <tr> <td><input type="checkbox"/> Convention Against Torture/Deferral of Removal</td> <td><input type="checkbox"/> Stay of Removal Granted (I-246)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Unable to Remove in the Foreseeable Future</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> </tr> </table> |  |   |                            | <input type="checkbox"/> Change of Venue | <input type="checkbox"/> Administrative Closure | <input type="checkbox"/> Transfer to Non-Detained | <input type="checkbox"/> Case Transferred to Another Field Office | <input type="checkbox"/> Proceedings Terminated | <input type="checkbox"/> Withholding of Removal | <input type="checkbox"/> Temporary Protected Status | <input type="checkbox"/> Deferred Action (e.g. DACA) | <input type="checkbox"/> Prosecutorial Discretion | <input type="checkbox"/> Convention Against Torture/Deferral of Removal | <input type="checkbox"/> Stay of Removal Granted (I-246) |  | <input type="checkbox"/> Unable to Remove in the Foreseeable Future |  |  | <input type="checkbox"/> Other _____ |  |  |
| <input type="checkbox"/> Change of Venue  | <input type="checkbox"/> Administrative Closure          | <input type="checkbox"/> Transfer to Non-Detained |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <input type="checkbox"/> Case Transferred to Another Field Office   | <input type="checkbox"/> Proceedings Terminated          | <input type="checkbox"/> Withholding of Removal   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <input type="checkbox"/> Temporary Protected Status   | <input type="checkbox"/> Deferred Action (e.g. DACA)     | <input type="checkbox"/> Prosecutorial Discretion |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <input type="checkbox"/> Convention Against Torture/Deferral of Removal   | <input type="checkbox"/> Stay of Removal Granted (I-246) |   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <input type="checkbox"/> Unable to Remove in the Foreseeable Future   |  |   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <input type="checkbox"/> Other _____  |  |   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| <input type="checkbox"/> H. Arrested by ICE for Removal (Final Order—Active Participant)<br><input type="checkbox"/> I. Pending Departure Verification (Final Order of Removal or Voluntary Departure)<br><input type="checkbox"/> J. Arrested by other Law Enforcement Agency<br><input type="checkbox"/> K. Medical or deceased<br><input type="checkbox"/> L. Departure Verified (Voluntary Departure Order – close in EARM within 72 hours of departure)<br><input type="checkbox"/> M. Departed the United States while in proceedings<br><input type="checkbox"/> N. Appeal Program Violator<br><input type="checkbox"/> O. Appeal Program Absconder  |  |   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |
| Comments:   |  |   |                            |  |   |   |   |   |   |   |  |   |   |  |  |   |  |  |                                      |  |  |

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|----------------------------|--|
|                            |  |
| Written Notification Date: | Notification Method: (via FAX, telephone, in-person, email.) |

**Submit all two (2) pages to contractor office.**