

ATTACHMENT I

INTERNATIONAL LIAISON CHECK LIST

<input type="checkbox"/>	Case related information to include: <ul style="list-style-type: none">▪ Case Name:▪ Case Number:▪ Child's Name:▪ Child's Date of Birth:▪ Name and telephone number of case-carrying social worker:
<input type="checkbox"/>	Copy of the Juris/Dispo Minute Order
<input type="checkbox"/>	Copy of the Minute Order stating the Permanent Plan status
<input type="checkbox"/>	Copy of the signed Ex-Parte stating that it is not in the child's best interest to be returned to the country of origin
<input type="checkbox"/>	Copy of the DPSS 2183 – Face Sheet
<input type="checkbox"/>	Copy of the detention court report
<input type="checkbox"/>	Copy of the latest court report
<input type="checkbox"/>	Placement history
<input type="checkbox"/>	Copy of Birth Certificate, baptismal records or any other identification from the country of origin
<input type="checkbox"/>	Date of entry and port of entry into the U.S.
<input type="checkbox"/>	Child's History Cover Letter
<input type="checkbox"/>	Original Immigration physical paperwork (in a sealed envelope from the physician with stamp on the front and back).
<input type="checkbox"/>	Immigration permanent resident photographs (must meet Immigration criteria)
<input type="checkbox"/>	Provide additional information upon request of the IL

SOLICITUD DE CERTIFICADO DE NO ANTECEDENTES PENALES
(PETITION FOR CRIMINAL RECORD CLEARANCE)

CONSULADO DE MEXICO EN SAN BERNARDINO, CALIFORNIA
(Mexican Consulate in San Bernardino, California)

Expediente: _____ Caso DPSS # _____ Vo. Bo. _____
SBE- _____

DATOS DEL SOLICITANTE

Nombre y apellido paterno, materno, nombre(s)/Name, father's last name, mother's last name, name(s)		
Fecha de nacimiento/Date of Birth	Edad/Age	Sexo/Sex
Lugar de nacimiento/Place of Birth		
Estado civil/Marriage status	Ocupacion/Occupation	
Numero de matricula del Servicio Militar Nacional/ Matricula's Number		
Nombre del Padre/Name of Father		
Nombre de la madre/Name of Mother		
Ultimo domicilio en la Republica Mexicana/Last residence in Mexico		
Domicilio Actual/Actual Address		
Tempralidad de su residencia/Length of Stay		
Domicilio Anterior/Former Residence		
Tempralidad de su residencia/Length of Stay		
El interesado se identifico con/Applicant Form of Identification		
Firma del Solicitante/Signature of the Petitioner		
Fecha y lugar de la solicitud/Date and Place of Application		

PARA CUBRIR LOS DERECHOS, ANEXO GIRO INTERNACIONAL O MONEY ORDER POR \$ _____, NUM. _____
A FAVOR DE _____, EXPEDIDO POR: _____
Nombre y Telefono Oficina que solicita el tramite

ATTACHMENT III**PRE-TRANSPORT CHECK LIST**

<input type="checkbox"/>	Ensure the Department of Public Social Services (DPSS) has received approval from the Mexican Consulate for travel
<input type="checkbox"/>	Eleven (11) minute orders/ex-parte with red stamp authorizing the: <ul style="list-style-type: none">▪ transportation of the child to the proposed placement (city and country must be identified)▪ release of the child to the receiving family (name of proposed caregiver must be stated)▪ release of the child to local authorities in the event that the proposed caregiver is unwilling or unable to receive the child, and▪ if applicable, dependency to be terminated upon successful placement of the child
<input type="checkbox"/>	Request authorization for travel from IL and/or RM
<input type="checkbox"/>	Child(ren)'s passports
<input type="checkbox"/>	Child(ren)'s original birth certificates or certified copies
<input type="checkbox"/>	Letter from supervisor authorizing the social worker to transport the children out of the country
<input type="checkbox"/>	Travel arrangements
<input type="checkbox"/>	Child(ren)'s medical records
<input type="checkbox"/>	Child(ren)'s social security cards
<input type="checkbox"/>	Child(ren)'s school records
<input type="checkbox"/>	Four (4) passport photographs of each child and each social worker transporting the children
<input type="checkbox"/>	DPSS 1913 – Authorization for Travel for each child and each social worker transporting the child(ren).
<input type="checkbox"/>	Cash advance (for lodging, meals, parking, ground transportation, etc.)
<input type="checkbox"/>	International cellular telephones and chargers
<input type="checkbox"/>	Copies of travel packets for: <ul style="list-style-type: none">▪ other delegate(s) traveling▪ delegate(s)' supervisor and RMs'▪ assigned social worker▪ IL, and▪ SBCB supervisor
<input type="checkbox"/>	Six (6) DPSS 3317 – Receipt of Repatriated Minor forms.

**ENGLISH EXTRACT TRANSLATION OF SPANISH LANGUAGE
BIRTH CERTIFICATE**

NAME OF REGISTERED CHILD:

Date of Birth:

Place of Birth:

FATHER OF CHILD:

Age of Father:

Nationality:

MOTHER OF CHILD:

Age of Mother:

Nationality:

PATERNAL GRANDPARENTS:

MATERNAL GRANPARENTS:

DATE AND PLACE REGISTERED:

Volume, page and number:

Name of judge:

WITNESSES:

DATE AND PLACE OF THIS COPY:

I, _____ attest to my competency to translate from the Spanish to English, and certify that this is a correct English translation of all pertinent information from the Spanish original.

Signature:

Date: