

Date	<input type="text"/>	Location	<input type="text"/>	NGO	<input type="text"/>	Staff member	<input type="text"/>
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Bio-Data of Family Readmitted

	Name	DOB	SEX	Relation	Nationality	Special Needs/ Vulnerability
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NB if different names were provided in the sending country, these should be noted in the **Comments** below.

Events in sending (Requesting) country

Date of Entry (to Country A)	From (Country B)	To (Country A)	Through which Border Points
<input type="text"/>	<input type="text"/>	<input type="text"/>	B <input type="text"/> A <input type="text"/>
Date of Arrest	Location of Arrest	Reasons/Circumstances of Arrest/Distance from Border	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Did you receive a decision on your administrative expulsion prior to being returned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Was that decision translated to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, in what language? How? Oral <input type="checkbox"/> Written <input type="checkbox"/>
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Did you try to ask for asylum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, How? Oral <input type="checkbox"/> Written <input type="checkbox"/>	Date of application (written, or oral) <input type="text"/>
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Who did you ask for asylum?

Did you have an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, in what language? <input type="text"/>	Do you understand that language? <input type="text"/>
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Did you receive information about asylum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, in what language? <input type="text"/>	Do you understand that language? <input type="text"/>
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In what form did you receive information on asylum?	Written <input type="checkbox"/>	Oral <input type="checkbox"/>
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Did you state that you intended to continue to other Western Countries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Dates in Detention	Location of Detention	To whom
1 <input type="text"/>	1 <input type="text"/>	<input type="text"/>
2* <input type="text"/>	2* <input type="text"/>	<input type="text"/>

(2 = if more than one location of detention)*

Re-entry to and current situation in receiving country (Country B)

Date of Entry to (Country B)	From (Country A)	To (Country B)	Through which Border Points
<input type="text"/>	<input type="text"/>	<input type="text"/>	A <input type="text"/> B <input type="text"/>

Current Location	Applied for Asylum in receiving country?	If Yes, Date of Application
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
	UNHCR Case Number <input type="text"/>	

Duration of Detention: <input type="text"/>	Decision on Expulsion: <input type="text"/>
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Power of Attorney provided/signed:

Power of Attorney sent to the Agency in the EU MS

Comments, including risk of further deportation from Country B, need for UNHCR intervention with BGs reason for leaving country of origin, location of other family members in sending country.

Do you agree if we share this information with UNHCR, NGO partner in that country and Government?

Date

Signature

*Form to be fully completed and shared with partners only if the person has asked or tried to ask for international protection in sending country.

