Annex 9b: UASC Arrest and Detention Screening Tool

CASE NUMBER: _____

UASC understands purpose of screening	€ YES	€ NO
UASC consents to screening process	€ YES	€ NO
UASC consents to tracing activities where needed	€ YES	€ NO
UASC consents to storing and sharing of information with other organizations involved in the screening and/or release process	€ YES	€ NO

A. **PERSONAL BIODATA**	
Name (all aliases):	**Sex:** € MALE € FEMALE
Date of birth, year of birth or an approximate age:	**Place of birth:**
Country of origin:	**Ethnicity:**
Religion:	**Languages spoken:**
Legal status:	**Documents the UASC possesses, if any:**
Date of arrival in Malaysia:	**Reason for entry into Malaysia:**
Previous address:	**Previous telephone no.:**

B. **DETENTION INFORMATION**	
Current location:	**Place of arrest:**
Date of placement in current location:	**Date of arrest:**
Charges:	**Status of processing:**
Actions undertaken by the authorities for case resolution (e.g., contacting embassies, UNHCR, etc.):	

C. **NEXT OF KIN INFORMATION**	
Name of father:	
Legal status (if in Malaysia):	**Telephone no.:**
Current location and other relevant details (e.g. body number if detained):	

Name of mother:	
Legal status (if in Malaysia):	**Telephone no.:**
Current location and other relevant details (e.g. body number if detained):	
Name of sibling(s) in Malaysia (please list all):	
Legal status:	**Telephone no. of each person listed:**
Current location and other relevant details (e.g. body number if detained):	
Name of sibling(s) outside of Malaysia:	
Current location and other relevant details (e.g. body number if detained):	**Telephone no. of each person listed:**
Name of extended relatives in Malaysia (please list all):	
Legal status:	**Relationship to child:**
Current location and other relevant details (e.g. body number if detained):	**Telephone no. of each person listed:**
Name of primary caregiver in Malaysia:	
Legal status:	**Telephone no.:**
Current location and other relevant details (e.g. body number if detained):	

D. **VULNERABILITIES/PROTECTION CONCERNS**	
:ion concerns from country of origin (such as trafficking en route, SGBV, SVT)	€ YES € NO
Remarks/Details:	
ıl (Physical health) concerns	€ YES € NO
Please list medical complaints/disabilities (if any):	

List any previous diagnosed medical concerns:	
Medications (if any):	
l (Mental health) concerns	€ YES € NO
Please list medical complaints/disabilities (if any):	
List any previous diagnosed mental health concerns:	
Medications (if any):	
her vulnerabilities or concerns	€ YES € NO
Remarks/Details:	

E. **SCREENING CONDUCTED BY**	
Name:	**Position:**
Organization:	**Date of documentation:**
Signature:	
F. **SCREENING ASSESSED BY**	
Name:	**Position:**
Organization:	**Date of assessment:**
Signature:	
G. **OUTCOME OF SCREENING**	