

# Advice for Immigrant Families

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*Materials available electronically at:*  
<http://www.masslegalhelp.org/immigration/family-emergency>

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# Planning for a Family Emergency

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All families should plan for who will care for your children in an emergency. This packet includes information to help you make a plan with special advice for immigrant families.

## General planning

- **Talk as a family**, about your emergency plan. Include your children. Decide who will take care of the children, where to keep important documents, who to call in an emergency.
- **Gather important documents**: collect important documents like birth certificates and passports. Keep them in a safe place where your family knows where to find them.
- **Know your rights**: Everyone in the U.S. has constitutional rights, learn how they can protect you. Find out your rights and go to a training.
- **Get immigration help**: if immigration is one of your main worries, try to get immigration advice. See a list of free Massachusetts legal services in this packet.



## Child Care Plan

Plan for who will care for your children if you cannot. Talk to your children and the caregiver you choose, so everyone knows the plan and agrees to it. Some steps you can take are:

- **Fill out a caregiver information page for each child**: include important information about your child, like school information, medical information, allergies and medications, and other details that are important to your child's daily life. See the Child's Vital Information Sheet in this packet.
- **Update school contacts**: contact your child's school. Make sure they have the correct contact information for a few people you trust to pick your child up from school in case you cannot.

- Tell the school you want to “opt-out,” or not be included, in any directory information the school puts out. This helps protect your information.
- **You may want to choose someone to care for your child if you cannot:** You can choose from 2 different forms to give someone else the legal responsibility for your child. You do not have to go to court. Both forms are included in this packet.
  - **Caregiver authorization affidavit** gives the caregiver the power and responsibility to make decisions about your child’s education and medical care.
  - **Temporary agent authorization** allows the “agent,” or person you choose, to make any decisions a parent can make for your child for up to 60 days.
- **Register your child’s birth with your foreign consulate:** if either parent is not a U.S. citizen, you may want to register your child’s birth with your consulate. If your child wants to travel or move to your home country, it could be easier if their birth is already registered with the consulate.
- **Apply for passports for your child:** most governments require that both parents give permission for their child to get a passport. If you have sole legal custody you may not need the other parent’s permission.
- **Write a travel letter:** If your child needs to travel outside the U.S., they may need a notarized letter that gives them permission to travel with a trusted adult, or the other parent. You may want to contact an airline or your consulate to get exact instructions.

**This packet has only general information. It is not legal advice. If you have questions about your situation, speak with an Immigration Specialist.**

## Who will take care of my child in an emergency?

Think about these questions when you pick a caregiver for your child:

1. Is the person at least 18 years old? Only an adult can be a caregiver
2. Is the person responsible?
3. Is the person able and willing to care for my child?
4. Does the person have any history with the Department of Children and Families (DCF)?
5. Does the person have any criminal history?

After you pick a caregiver, you need to decide the kind of legal arrangement you will have with them. You have options.

### Informal option

You can always make an informal plan with your family and friends, but this may not be the best option because it does not give the caregiver legal rights. Your plan can include talking to the people you want to care for your child or writing down what you want to happen in an emergency. An informal plan is the easiest, but your child's school or doctor might not follow your plan and the caregiver may have to go to court to help your child.

### Caregiver Affidavit Authorization

A caregiver affidavit authorization is a good option if your main concern is your child's education and health. Many schools and doctors are already familiar with these forms.

The affidavit says who you want to be the caregiver and that your child will live with them. It gives the caregiver the right to make decisions about your child's health care and education for up to **2 years**.

You do not give up any of your rights when you sign it. And you can end the authorization at any time.

The caregiver authorization affidavit only needs the signature of one parent.

You need 2 witnesses to sign the form with you. And you all must sign it in front of a notary.

The caregiver must also sign the affidavit. The caregiver will sign the form and use it whenever the child lives with him or her.

This packet includes a Caregiver Affidavit Authorization form you can use. This form is different from the form you can get from the court. There is space for you to add another caregiver if the one you picked is not available.

**Caregiver Affidavit Authorizations** are useful for any family.

**Temporary Agent Authorizations** are useful if the caregiver needs to make decisions about your child's finances or property.

Give the original form to the caregiver and keep a copy with your important documents.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different caregivers.

### **Temporary Agent Authorization**

The temporary agent authorization gives a caregiver more powers than the Caregiver Affidavit Authorization. A Temporary Agent Authorization gives a caregiver the power and responsibility to make more than healthcare and education decisions for your child. A Temporary Agent can also make decisions about your child's property and finances. The person you choose to be the Agent can have any power you do. **But** the Agent cannot give permission for your child to marry or be adopted.

The authorization says you give the agent the power to make decisions in your child's life for up to **60 days** after you are detained or unavailable. You have the right to end the authorization at any time. After 60 days, you can renew the authorization, but you must complete a new form.

If you know where the other parent is and they are able and willing to care for your child, both parents must sign the Temporary Agent Authorization. If the other parent can care for the child, you may not need to fill out this form.

You need 2 witnesses to sign the form with you.

The agent must also sign the authorization.

You can add a second person to the form, in case the person you picked to be Temporary Agent is not available.

This packet includes a Temporary Agent Authorization form you can use. This form is for families who are afraid that immigration enforcement may separate them from their child. If you need an authorization for a different reason, like you are having surgery and you will not be available for a few weeks, the form in this packet is not right for you.

Give the original form to the Agent and keep a copy with your important documents.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different caregivers or parents.

### **Guardianship**

A legal guardian has all the rights a parent has to make decisions for your child. Only a court can make someone a guardian, or end a guardianship. Someone that you choose to be a caregiver may need to become a legal guardian in the future if they need to take care of your child for a long time. If you plan for your child to live in the U.S. permanently, with the caregiver, you may want to prepare the guardianship paperwork so it can be filed if needed.

If someone becomes the legal guardian of your child, they have the right to make decisions about your child **instead** of you. If you want to end the guardianship, you will have to ask a judge to end it and the guardian can object. Think carefully before you decide to make someone your child's Guardian. You will be giving up your rights as a parent. You can find information about guardianship online (<http://www.mass.gov/courts/selfhelp/guardians/guardian-child.html>) or at the probate and family court closest to you.

### **Advice for Survivors of Domestic Violence**

If you are a survivor of domestic violence the person who abused you may try to take your child. You may need to collect documents that show why your abuser should not get custody. The caregiver you choose may need to go to court if the person who abused you tries to get custody of your child. Talk to your domestic violence counselor if you have one or reach out to a domestic violence program for more information and for safety planning. You can find a list of domestic violence organization here – [http://www.janedoe.org/who\\_we\\_are/members\\_list](http://www.janedoe.org/who_we_are/members_list).







Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

This document shall remain in effect until \_\_\_\_\_ (*not more than two years from the date I sign it*) or until I notify the caregiver in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Authorizing Party Signature: \_\_\_\_\_  
(parent/guardian/custodian)

Printed name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE  
(*To be signed by persons over the age of 18 who are not the designated caregiver*)

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

\_\_\_\_\_, ss

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: \_\_\_\_\_

Printed name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the alternate caregiver, if you choose one)

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and my presentation of this signed document constitutes my attestation.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended

affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of alternate caregiver: \_\_\_\_\_

Printed name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

This document gives someone the right to make school and healthcare decisions for your child(ren).  
It can last for 2 years.

### CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

#### 1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234

am the parent/legal guardian/legal custodian (circle one) of the minor child(ren) listed below.

I do hereby authorize Jessica Jones, residing at 321 Main Street, Boston, MA 04321 to exercise concurrently the rights

and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the caregiver." This person can make school and medical decisions for your child(ren).

Child #1 01/01/2010  
Name Date of Birth

Child #2 01/01/2007  
Name Date of Birth

Name Date of Birth

Name Date of Birth

Write down anything you don't want the caregiver to do.

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

(for example) the caregiver cannot change my child's school

If the person you pick for the caregiver cannot help, you can pick a second person just in case. Write their name and address here.

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate caregiver.

The following statements are true: (Please read)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?  
• No court has said you cannot make decisions for your child(ren)  
• You are not filling out this form so your child(ren) can go to a different school, or to give rights to a caregiver that a court took away  
• No one is forcing you to sign this form  
• If you change this form or end the authorization, you will give a new form to everyone who has a copy

Initials

Initial each page

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

The caregiver only has rights to make decisions about your child if you are unavailable.

This document shall remain in effect until 01/01/2019 (not more than two years from date of signing) or until I notify the caregiver in writing that I have amended or revoked it.

You decide how long the document is valid – it cannot be for more than 2 years.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Authorizing Party Signature: Parent

**Attention!** You must sign the document in front of a notary public.

Printed name: Parent

Telephone number: 617-555-5555

**2. WITNESSES TO AUTHORIZING PARTY SIGNATURE**

*(To be signed by persons over the age of 18 who are not the designated caregiver)*

Witness #1  
Witness #1 Signature

Witness #2  
Witness #2 Signature

Witness #1  
Printed Name

Witness #2  
Printed Name

617-555-5556  
Phone Number

617-555-5557  
Phone Number

**Attention!** Two adults have to watch you sign the document and then sign here – you all must sign in front of a notary public. The two adults cannot be the caregiver or the second person you picked to be the caregiver.

**3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE**

Commonwealth of Massachusetts

\_\_\_\_\_, ss

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

You and the two adults have to sign the document in front of a notary public. You have to show ID, like a passport or license, to the notary.

Signature and seal of notary: \_\_\_\_\_  
Printed name of notary: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)

I, Jessica Jones, am at least 18 years of age and the above child(ren) will reside with me at 123 Main Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such and presentation of this signed form constitutes my attestation.

Write the caregiver's name and address.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The caregiver knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The caregiver signature does not have to be signed in front of a notary public.

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the alternate caregiver, if you choose one)

I, John Smith, am at least 18 years of age and the above child(ren) will reside with me at 1234 Center Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such and my presentation of this signed form constitutes my attestation.

If you choose a backup caregiver, write the person's name and address.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The backup caretaker knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: John Smith

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The alternate caregiver signature does not have to be signed in front of a notary public.



**TEMPORARY AGENT APPOINTMENT**  
Massachusetts General Laws Chapter 190B, § 5-103

1. APPOINTING PARTY (Parent/custodian/guardian)

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
am the    parent    legal guardian    legal custodian of the minor child(ren) listed  
below.

I do hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ as temporary agent to exercise any power  
regarding the care, custody, or property [except the power to consent to marriage or  
adoption and any additional acts prohibited below], that I possess relative to the minor  
child(ren) whose names and dates of birth are:

name	date of birth	name	date of birth
name	date of birth	name	date of birth

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

\_\_\_\_\_  
\_\_\_\_\_

[**OPTIONAL** – *you can choose an alternate agent if you want*] In the event that the above-named individual is unavailable or unwilling to serve as the agent, I hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_, as the alternate agent.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the guardian or custodian, please attach the court order appointing you.)*
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.

This document shall remain in effect 60 days after it takes effect or until I notify the agent in writing that I have amended or revoked it.

Check applicable statements:

The non-appointing parent has given consent (*See page 4*)

I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)

- deceased
- whereabouts unknown
- unwilling to provide care for the minor child
- unable to provide care for the minor child

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: \_\_\_\_\_  
(parent/guardian/custodian)

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. WITNESSES TO APPOINTING PARTY SIGNATURE  
(*To be signed by persons over the age of 18 who are not the designated agent.*)

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address and telephone number

\_\_\_\_\_  
Address and telephone number

3. TEMPORARY AGENT ACKNOWLEDGMENT *(To be signed and completed by the agent)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT *(If you choose an alternate agent, please have complete and sign)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

5. NONAPPOINTING PARENT CONSENT (*The other parent must give permission if you know where they are and they are willing and able to care for the child*)

I, \_\_\_\_\_, residing at \_\_\_\_\_, am the nonappointing parent of the child(ren). I consent to the designation of \_\_\_\_\_ to be a temporary agent and \_\_\_\_\_ to be the alternate agent (if applicable) for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

This document gives someone the right to make decisions for your child about anything a parent can decide – such as school, healthcare, property, and finances. It can last for up to 60 days.

TEMPORARY AGENT APPOINTMENT  
Massachusetts General Laws Chapter 190B §5-103

1. APPOINTING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234,  
am the  parent  legal guardian  legal custodian of the minor child(ren) listed below.

I do hereby appoint Jessica Jones, residing at  
321 Main Street, Boston, MA 04321 as temporary agent to exercise  
any power regarding the care, custody, or property [except the power to consent to marriage or  
adoption and any additional acts prohibited below], that I possess relative to the minor  
child(ren) whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the agent." This person can make any decisions for your children that you could make.

<u>Child #1</u>	<u>01/01/2010</u>	<u>Child #2</u>	<u>01/01/2007</u>
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

Write down anything you don't want the agent to do.

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

(for example) the agent cannot change my child's school

If the person you pick for the agent cannot help, you can pick a second person if you want. Write their name and address here.

[OPTIONAL – you can choose an alternate agent if you want] In the event that the above-named individual is unavailable or unwilling to serve as the agent, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate agent.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the legal guardian or custodian, attach the court order appointing you.)*
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to an agent from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?  
• No court has said you cannot make decisions for your child(ren)  
• You are not filling our this form so your child(ren) can go to a different school, or to give rights to someone the court took them away from  
• No one is forcing you to sign this form  
• If you change this form, you will give a new form to everyone who has a copy

Initial each page.

Initials

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.

The agent only has rights to make decisions about your child(ren) if you are arrested, or are missing for 48 hours.

This document shall remain in effect until 60 days from the date it becomes effective, or until I notify the agent in writing that I have amended or revoked it.

This form is only valid starting when you are arrested or missing, and will last for 60 days.

Check applicable statements:

- The non-appointing parent has given consent (*See page 4*)
- I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)
  - deceased
  - whereabouts unknown
  - unwilling to provide care for the minor child
  - unable to provide care for the minor child

You may need to get permission from the other parent. If you do, the other parent will sign section 5.  
  
You may not need permission if one of these statements is true. Check the one that applies.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: Parent

You must sign the document in front of two witnesses.

Printed name: Parent

Telephone number: 617-555-5555

**2. WITNESSES TO APPOINTING PARTY SIGNATURE**

*(To be signed by persons over the age of 18 who are not the designated agent)*

Witness #1  
Witness #1 Signature

Witness #2  
Witness #2 Signature

Witness #1  
Printed Name

Witness #2  
Printed Name

617-555-5551  
Phone Number

617-555-5552  
Phone Number

Two adults have to watch you sign the document and also sign it. Do not sign without your witnesses.

3. TEMPORARY AGENT ACKNOWLEDGMENT (To be signed and completed by the agent)

I, Jessica Jones, hereby accept this Temporary Agent Appointment.

The agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: Jessica Jones

The agent can sign at the same time as you, or at a different time.

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT (If you choose an alternate agent, please have complete and sign)

I, John Smith, hereby accept this Temporary Agent Appointment.

If you choose a backup agent, write his or her name here. The backup agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: John Smith

The backup agent can sign at the same time as you, or at a different time.

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

5. NONAPPOINTING PARENT CONSENT (if applicable)

I, Parent #2, residing at 123 Massachusetts Street, Boston, MA 01234, am the nonappointing parent of the child(ren). I consent to the designation of \_\_\_\_\_ to be a temporary agent and \_\_\_\_\_ to be an alternate temporary agent for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

If you know where the other parent is, and the other parent could take care of the child, but is not going to, you should put their information here and have them sign.

Signature: Parent #2

Date: 06/01/2017

Printed Name: Parent #2

The other parent also does not have to sign in front of a notary public.

Telephone number: 617-555-5559





# Family and Individual Emergency Preparedness Plan

## *What is an Emergency Preparedness Plan and why is it important?*

A big part of getting through any emergency is preparing in advance. When you get ready before an emergency happens you are better able to ensure the safety and wellbeing of your entire family. Preparing for an emergency means gathering personal and financial documents. It means talking to coworkers, family members, and trusted loved ones to develop a plan that best supports your family.

## *How do I create an Emergency Preparedness Plan?*

This packet has been designed to help you create your “Family and Individual Emergency Preparedness Plan.” It will guide you through:

- Gathering critical information
- Filling out essential documents
- Identifying key people who will support you and your loved ones through an emergency
- Coming up with a plan of action should you experience an emergency

## *We are here to support you!*

Planning for an emergency can feel overwhelming. Know that you are not in this alone. If you need assistance call

\_\_\_\_\_ at \_\_\_\_\_.

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## CHECKLIST AND INSTRUCTIONS

Here's a checklist of everything you will gather and do as you put together your emergency plan. Make sure to check each item off once it's completed. If there's an item you don't have, that's okay. Work your way through doing what you can. Then, make sure to reach out for help with anything you were unable to complete.

### → IMPORTANT REMINDERS:

- If there's an important document that you do not currently have, contact the appropriate company or agency to get a copy of the document. And remember you can always call \_\_\_\_\_ for help.
- As you go through section 2, remember to include relevant documentation for each member of your family.

### *What to do/complete to prepare for ANY emergency*

- Choose an emergency contact
- Program emergency contact number into your phone -label this as "Emergency Contact-insert name"
- Program lawyer's number or whoever you will call if detained into your phone- label as "immigration attorney- insert name"
- Memorize your emergency contact's phone number
- Complete section 1- Personal and Household Information - Include copies of all documents to your binder
- Complete section 2 - Critical documents – Include copies of all documents to your binder
- Store this form and all other documents in a safe dry place. Tell your Emergency Contact where it is stored.
- Review the completed packet with family and emergency contact

### *What to do to reduce risk and prepare for ICE interaction*

- All of the items listed above (Items to do/complete to prepare for ANY emergency)
- Review your rights and practice interactions.
- Make sure everyone in your household is aware of their rights and knows what do and say in the event of an ICE interaction.
- Review risk reduction strategies (coming)

### *Things to Know Before You Begin*

- This form should be filled out by a family or household group.
- Each individual does NOT need their own form, but all relevant information should be included for each member of the household.
- To get an electronic version of this form, go to <https://basicberkshires.org/>. Please make a copy and rename it for your personal use.
- Some items may not apply to you and your family. Only fill out the sections that are relevant to you.

### *Helpful Tips*

- There are several sections in this packet. These sections can be completed over time.
- Use a pencil whenever information may change (for example, residence and school information)
- Once complete, we suggest you store the information in a safe place in a binder or folder. If you have questions or need assistance, reach out to a member of [BASIC](#) for help.

When you complete this, you will have a centralized record of essential household information whenever you need it. You'll be more prepared and able to respond to any emergency that may come your way.

## SECTION 1: KEY CONTACTS AND SUPPORTS

In this section, you'll write down important contact information. This includes emergency contacts, important household member information, and information on others who support you, including doctors, employers, caregivers, and places of worship.

**WHY IS THIS IMPORTANT?** These are the people, places, and things who can help your family in an emergency. By gathering this information, it helps ensure that everyone has up-to-date ways to contact each other and remain connected in an emergency.

### A. Emergency Contacts

**WHAT IS AN EMERGENCY CONTACT?** A trusted family member, friend, or neighbor who should be notified if something happens to you or your spouse.

**RECOMMENDATIONS FOR PICKING AN EMERGENCY CONTACT:** This person should be able to answer their phone at any time, be prepared to call additional family and friends, and make emergency arrangements for you.

→ **IMPORTANT REMINDERS:**

- Make sure to notify your emergency contact that you've chosen them as your emergency contact. Review this packet WITH your emergency contact and make sure they know where your EMERGENCY PLAN is located.
- Emergency contact should be someone with a stable immigration status
- Make sure you update emergency contact information with outside agencies (school, medical offices, work)

#### *Emergency Contact*

Contact #1 Full Name:	Relationship:
Cell Phone:	Email:
Work Phone:	Work Phone:
Emergency Contact for:	

Contact #2 Full Name:	Relationship:
Cell Phone:	Email:
Work Phone:	Home Phone:
Emergency Contact for:	

#### **Attorney Information:**

Attorney Name:	
Attorney Address:	Attorney Phone:

*Notes for Emergency Contact*

Include any notes for your emergency contact here. This may include who to call first, where to locate the FIEPP, and what their next steps should be. You may use the back side of this page for additional information. **Give a copy of this page to your emergency contact.**

Dear \_\_\_\_\_,  
(name of emergency contact)

Thank you for agreeing to be the emergency contact for \_\_\_\_\_  
\_\_\_\_\_  
(your name and/or family name's)

Below are some directions and information that may help you if I have an emergency.



## B. Family Member Information

### *Your Information*

Last Name:	First Name:	Middle Name:
Date of Birth:	Place of Birth:	
Email:	Doctor Name:	Doctor Phone:
Medical Insurance Company:	Policy Number:	
Medical Conditions:		
Allergies:		
Work Place:	Work Phone:	

### *Residence*

Address:		Apt.:
City:	State:	ZIP:
Home Phone:	Cell Phone:	Work Phone:
Email:	Other:	

### *Current Mailing Address or P.O. Box (if different than your residence)*

Address:		Apt:
City:	State:	ZIP:

*List all other individuals you are responsible for (partner, children, parents, grandparents)*

Person #2 Last Name:	First Name:	Middle Name:
Relationship:	Cell Phone:	Date of Birth:
Email:	Doctor Name:	Doctor Phone:
Medical Insurance Company:	Policy Number:	
Medical Conditions:		
Allergies:		
School:	Teacher:	
School Phone:	Email:	
Work Place:	Work Phone:	

Person #3 Last Name:	First Name:	Middle Name:
Relationship:	Cell Phone:	Date of Birth:
Email:	Doctor Name:	Doctor Phone:
Medical Insurance Company:	Policy Number:	
Medical Conditions:		
Allergies:		
School:	Teacher:	
School Phone:	Email:	
Work Place:	Work Phone:	

Person #4 Last Name:	First Name:	Middle Name:
Relationship:	Cell Phone:	Date of Birth:
Email:	Doctor Name:	Doctor Phone:



Medical Insurance	Policy Number
Medical Conditions:	
Allergies:	
School:	Teacher:
School Phone:	Email:
Work Place:	Work Phone:

### C. Additional Contacts and Information

Dentist:	Dentist Phone:
Dental Insurance Company:	Policy Number

Pet Names and Type of Pet:	
Pet Insurance:	
Pet Care Provider:	Pet Care Provider Phone:
Pet Microchip Number:	
Service/Emotional Support Animal: Yes    No    (if yes, include documentation)	

Name of Place of Worship:	
Name of Worship Leader:	
Address:	Phone:

Any additional information for caregivers and/or contact persons (e.g. afterschool programs, babysitters, elderly care)

## D. Employment Information

**WHAT IS EMPLOYMENT INFORMATION?** This is basic information about your job or jobs. It includes ways to get in touch with your employers in the event of an emergency. Include information about each family member's job. If someone has two jobs, include the information about both jobs.

**WHY IS THIS IMPORTANT:** This will make it easier for family members to contact your employer in case of an emergency.

### *EMPLOYMENT INFORMATION*

Family Member Name:		
Company/Firm:		
Address:		Suite:
City:	State:	ZIP:
Supervisor Last Name:	Supervisor First Name:	Title:
Supervisor Work Phone:	Supervisor Email:	
Supervisor Phone:	Other:	

Family Member Name:		
Company/Firm:		
Address:		Suite:
City:	State:	ZIP:
Supervisor Last Name:	Supervisor First Name:	Title:
Supervisor Work Phone:	Supervisor Email:	

Family Member Name:		
Company/Firm:		
Address:		Suite:
City:	State:	ZIP:
Supervisor Last Name:	Supervisor First Name:	Title:

Supervisor Work Phone:	Supervisor Email:
------------------------	-------------------

Family Member Name:		
Company/Firm:		
Address:		Suite:
City:	State:	ZIP:
Supervisor Last Name:	Supervisor First Name:	Title:
Supervisor Work Phone:	Supervisor Email:	

Family Member Name:		
Company/Firm:		
Address:		Suite:
City:	State:	ZIP:
Supervisor Last Name:	Supervisor First Name:	Title:
Supervisor Work Phone:	Supervisor Email:	

Family Member Name:		
Company/Firm:		
Address:		Suite:
City:	State:	ZIP:
Supervisor Last Name:	Supervisor First Name:	Title:
Supervisor Work Phone:	Supervisor Email:	

## SECTION 2: CRITICAL DOCUMENTS

In this section you'll gather (and make copies of) the documents that you will need to have in the event of an emergency. This includes things like your passport, marriage license, vehicle registration, paystubs, etc.

**WHY IS THIS IMPORTANT?** This information can help you to prove your identity, your relationships, your ownership of items, your work status, finances, and many other important things.

→ **IMPORTANT REMINDER:** Include relevant documentation for each member of your family.

### HOW TO FILL OUT THE CHECKLISTS THAT FOLLOW:

The checklists include several columns.

- **Column 1: Type of Document:** This column provides a list of the specific documents for the category (e.g., driver's license, bank statements, and health insurance cards).
- **Column 2: Have:** Check the box in this column if you have either a paper or electronic copy of the listed document
- **Column 3: N/A (Not Applicable):** Check the box in this column if you do not need this document or if it does not apply to you, your family, or your household. Remember to review your checklist and update documents if your household circumstances change.
- **Column 4: Date Added/Updated:** Enter the date in this column when you add the paper and/or electronic copy of a document to your FIEPP. This information will serve as a useful reference point to remind you when it is time to review or update the document. You can enter the new date in this column when you review your plan or make updates.
- **Column 5: Tips and Links:** This column provides additional details about certain documents, as well as suggestions and links on how to contact agencies or organizations to request paper or electronic copies of your documents.

## A. Personal and Family Documents

Checklist of Important Documents: Personal and Family Information				
Type of Document	Have	N/A	Date Added/Updated	Tips and Links
Driver's license				Photocopy the front and back.
Other photo ID				Photocopy the front and back.
Birth certificate(s)/ adoption papers, for each child under 18				You can get copies of birth, adoption, death, marriage, and divorce certificates from your state health or social services administration office for a small fee. The Centers for Disease Control and Prevention (CDC) maintains a state-by-state contact list at: <a href="http://www.cdc.gov/nchs/w2w/">www.cdc.gov/nchs/w2w/</a> .
Marriage license				
Divorce decree				
Social Security card(s)				If you need a new card or a replacement card, call your local Social Security Administration (SSA) office for assistance at <b>(800) 772-1213</b> and tell the operator where you live. To locate a nearby office, visit: <a href="https://secure.ssa.gov/ICON/main.jsp">https://secure.ssa.gov/ICON/main.jsp</a> .
Proof of ITIN				A copy of your tax return.
Passport (U.S or Foreign)				Photocopy the first two pages of your passport or front and back of your Green Card.
Naturalization documents				Information on U.S. Citizenship and Immigration Services is available at: <a href="http://www.uscis.gov">www.uscis.gov</a> .
Green Card/ Work Authorization				Include a copy
Immigration Documents				Asylum, Notice to Appear, TPS Paperwork, DACA...

Proof of residency in the US and # of years residing here				Utility statements, lease, paystubs, letter of employment...
Other Legal Documents (e.g. restraining orders)				Include a copy

### Checklist of Important Documents: Documentation for Minor Children (under 18)

Type of Document	Have	N/A	Date Added/Updated	Tips and Links
Caregiver Authorization Affidavit for each child				A caregiver authorization affidavit is a legal document that gives an adult the authority to make decisions for a minor child when the child's parent or legal guardian is not present. The form is used to inform doctors, school staff, and welfare caseworkers that someone other than the child's parent or guardian is caring for them.
Temporary Agent Appointment for each child				A temporary agent appointment allows a parent or guardian to give another person legal authority to care for and make decisions for a child or incapacitated person for up to 60 days. This can be useful if the parent or guardian is temporarily unable to care for the child due to illness, employment, or travel
Registration of child's birth with foreign consulate				If either parent is not a U.S. citizen, you may want to register your child's birth with your consulate. If your child wants to travel to your home country, it could be easier if their birth is registered with the consulate.
Travel Letter for each child				If your child needs to travel outside the U.S., they may need a notarized Letter that gives them permission to travel with a trusted adult, or the other parent. You may want to contact an airline or your consulate to get exact instructions.
Child custody/guardianship documents, for each child under 18				This is only necessary for non-traditional guardianship arrangements, such as an aunt taking care of their nephew

## B. Legal Documents

### Checklist of Important Documents: Legal Documents

Type of Document	Have	N/A	Date Added/Updated	Tips and Links
Will/Trust				A will is a legal document that specifies who will receive your property after your death. A trust holds the property transferred to it and you can give it to a trusted loved one before your death.
Power(s) of attorney (personal/property)				Giving someone "power of attorney" allows another person to act on your behalf. This person does not need to be an attorney to give them power of attorney. You can give someone complete authority or authority that is limited to certain acts and/or certain periods of time. This is a legal document that a lawyer should write and review.

## C. Other Family Documents That Might Be Helpful

### Checklist of Other Documents that Might Be Helpful

Type of Document	Have	N/A	Date Added/Updated	Tips and Links
Proof of Education in the U.S				College and/or High School diploma or transcript, GED, Certificate of Completion of a training program (helpful for individuals without legal status)
Signed copy of G28 (if you have an attorney)				This allows your attorney to speak in your name. (helpful for individuals without legal status)
DHS Waiver				This gives the Department of Homeland Security permission to give information about you to a third party. (helpful for individuals without legal status)
Proof of Community Involvement				This could be an award, a letter, or a photograph. (helpful for individuals without legal status)

## D. Property and Asset Documents

In this section you'll gather (and make copies of) the documents that you will need to have in the event of an emergency. This includes things like your passport, marriage license, vehicle registration, paystubs, etc.

**WHY IS THIS IMPORTANT?** This information is important because it will allow you access to your funds, continue to pay loans and sell the property as needed.

➔ **IMPORTANT REMINDER:** Call your local bank or any institution with whom you have a loan. Set up a meeting to come up with a plan for what would happen if you were to leave the country

### *Lease/Rental/Mortgage Information*

Landlord/Mortgage Company Name:		
Contact Person Name:		
Contact Person Name:	Loan Policy Number:	
Address:		Suite:
City:	State:	ZIP:
Phone:	Email:	
Payment:	<input type="checkbox"/> monthly check	<input type="checkbox"/> automatic bank withdrawal <input type="checkbox"/> other
Additional Information:		

### *Utility Information*

Utilities could include heat, electricity, gas, cell phone, home phone, WIFI, and water.

Utility Type:	Utility Provider:	
Utility Account Number:	Utility Phone Number:	
Payment:	<input type="checkbox"/> monthly check	<input type="checkbox"/> automatic bank withdrawal <input type="checkbox"/> other
Additional Information:		

Utility Type:	Utility Provider:	
Utility Account Number:	Utility Phone Number:	
Payment:	<input type="checkbox"/> monthly check	<input type="checkbox"/> automatic bank withdrawal <input type="checkbox"/> other

Additional Information:

Utility Type:	Utility Provider:
Utility Account Number:	Utility Phone Number:
Payment: <input type="checkbox"/> monthly check <input type="checkbox"/> automatic bank withdrawal <input type="checkbox"/> other	
Additional Information	

Utility Type:	Utility Provider:
Utility Account Number:	Utility Phone Number:
Payment: <input type="checkbox"/> monthly check <input type="checkbox"/> automatic bank withdrawal <input type="checkbox"/> other	
Additional Information:	

Utility Type:	Utility Provider:
Utility Account Number:	Utility Phone Number:
Payment: <input type="checkbox"/> monthly check <input type="checkbox"/> automatic bank withdrawal <input type="checkbox"/> other	
Additional Information:	

Checklist of Important Documents: Lease/Rental/Mortgage/Utilities				
Type of Document	Have	N/A	Date Added/ Updated	Tips and Links
Lease or rental agreement				If you need a copy of your lease or rental agreement, ask your property owner for a copy.
Mortgage or real estate deeds of trust				If you need a copy of your mortgage or deed of trust, contact your lending institution. <i>Note: You must continue to pay your mortgage even in an emergency. Failure to pay your mortgage could put your loan in default, which could result in foreclosure.</i>
Second mortgage/private mortgage insurance				Include documentation of all mortgages on your home.
Home equity line of credit				Include copies of other loans or financial responsibilities tied to your home.
Property/homeowners/renters' insurance (including riders)				Include copies of homeowners/rentals insurance policies
Utility bills (e.g., electric, water, gas)				If you do not have a copy of your lease, having proof of utility payments is very important for showing proof of residence.

## Vehicle Information

Vehicle #1 Make/Model/Year:		
Vehicle License Plate:	Vehicle Color:	
<input type="checkbox"/> Own (no-payments due)	<input type="checkbox"/> Loan (monthly payments)	<input type="checkbox"/> Lease
Vehicle Insurance Company:	Vehicle Insurance Contact Person:	
Phone:	Email:	
Vehicle Insurance Policy Number:		

Vehicle #2 Make/Model/Year:		
Vehicle License Plate:	Vehicle Color:	
<input type="checkbox"/> Own (no-payments due)	<input type="checkbox"/> Loan (monthly payments)	<input type="checkbox"/> Lease
Vehicle Insurance Company:	Vehicle Insurance Contact Person:	
Phone:	Email:	
Vehicle Insurance Policy Number:		

### Checklist of Important Documents: Vehicle Information

Type of Document	Have	N/A	Date Added/ Updated	Tips and Links
Vehicle registration/ ownership papers				If you do not have your car ownership papers, you should be able to get a re-issued vehicle title or registration from your local Registry of Motor Vehicles.
Auto insurance				Include a copy of the policy
Vehicle Payment Plan Information				Include a statement from lender



## E. Other Payments and Financial Obligations

Checklist of Important Documents: Financial Obligations				
Type of Document	Have	N/A	Date Added/Updated	Tips and Links
Credit card #1				Include the account number, routing number, verification codes, and phone numbers to report lost or stolen cards.
Credit card #2				
Credit card #3				
Student loan				Include a copy of the loan agreement.
Alimony payments				Include a copy of the payment agreement.
Child support payments				Include a copy of the payment agreement and any check stubs or receipts of payments.
Automatic payments (e.g., gym memberships)				Include a copy of the payment agreement.

## F. Financial Assets and Accounts

Checklist of Important Documents: Financial Assets/Accounts				
Type of Document	Have	N/A	Date Added/Updated	Tips and Links
Recent pay stubs for all sources of income				Consider including one or two recent pay stubs for reference. Having proof of your income sources could be important in some situations.
Bank Account #1				Include a statement
Bank Account #2				Include a statement
Bank Account #3				Include a statement
Other				

## G. Tax Statements

Checklist of Important Documents: Tax Statements				
Type of Document	Have	N/A	Date Added/Updated	Tips and Links
Previous year's tax returns (Federal, state, and/or local)				Up to five years of income tax returns, if available.
Property tax statement				Available at your town/city hall
Personal property tax (e.g., car tax)				Available at your town/city hall

## ACKNOWLEDGMENTS AND ADDITIONAL CONSIDERATIONS

### *Acknowledgments*

The information in this packet was put together by modifying a variety of free community resources, including:

- The Emergency Financial First Aid Kit from the Federal Emergency Management Agency (FEMA). Call **(800) 480-2520** and ask for publication number P-1075. It is also available as a free download online at: [www.ready.gov/financialpreparedness](http://www.ready.gov/financialpreparedness) and at [www.operationhope.org](http://www.operationhope.org).
- The Immigrant Legal Resource Center “Know Your Rights Spanish Training Curriculum.” The full curriculum for training trainers to train community members on their rights in case of contact with ICE can be found online at [Know Your Rights Spanish Training Curriculum](http://www.ilrc.org/sites/default/files/resources/2017.11.05_kyr_skits-eng.pdf) ([https://www.ilrc.org/sites/default/files/resources/2017.11.05\\_kyr\\_skits-eng.pdf](https://www.ilrc.org/sites/default/files/resources/2017.11.05_kyr_skits-eng.pdf))
- The Massachusetts Immigration and Refugee Coalition (MIRA) Know Your Rights and Family Preparedness Plan document. Their full list of resources can be found on their [Know Your Rights](http://www.miracoalition.org/news/know-your-rights/) resources webpage. (<https://miracoalition.org/news/know-your-rights/>)

### *Additional Considerations*

**If you own a business**, consider documenting and organizing all business-related financial information. You may also want to develop a business continuity plan and communication plan. For ideas on how to do this, visit [FEMA Ready Business Emergency Plans](https://www.ready.gov/business/emergency-plans) (<https://www.ready.gov/business/emergency-plans>) and the [Small Business Administration Prepare for Emergencies](https://www.sba.gov/business-guide/manage-your-business/prepare-emergencies) website (<https://www.sba.gov/business-guide/manage-your-business/prepare-emergencies>).

## APPENDIX A: SKITS

### *Exercise One*

Narrator: Today is the day before the Know Your Rights (KYR) workshop and you are at home. You don't yet know your rights.

ICE: Knock Knock! Open Up! Open the door! Knock Knock!

Naomi: Who is it?

ICE: It's ICE police. Open the door!

Naomi: Oh no! It's the police! What do I do?

ICE: Knock Knock! Open Up! Open the door! We only want to ask you a couple of questions.

Naomi: Opens the door.

ICE: Do you have papers?

Naomi: Well, no I don't.

ICE: You are under arrest for being in this country illegally.

The woman is detained and taken to a detention center.

### *Exercise Two*

Narrator: Today is the day after the KYR workshop and once again, you are at home. Now, you know your rights.

ICE: *Knock Knock!* Open Up! Open the door!

Silvia: Who is it?

ICE: It's ICE police. Open the door.

Silvia: Oh no! It's the police! What do I do?

ICE: *Knock Knock.* Open Up! *Knock Knock!* Open the door. We only want to ask you a couple of questions.

Silvia: Questions about what?

ICE: This is ICE. Open the door.

Silvia: No, I have the right to not let ICE into my house. I will pass you a red card that explains the rights I am currently exercising. Please return the card to me after you have read it.

ICE: (After reading the card) Yes, we have a judicial warrant. Open the door so I can show it to you.

Silvia: Please, pass the warrant under the door or through the window so I can read it.

ICE: We don't have the warrant and this is ICE. Open the door now or you will have problems!

Narrator: ICE almost never has a warrant and that is why you don't have to open the door.

Silvia: I have the right to not open the door to ICE if you don't have a court issued warrant or arrest warrant with my name on it and signed by a federal judge.

ICE: If you don't open the door, we will come back with a court issued warrant

Silvia: That's fine. When you bring the warrant, I will open the door and prepare coffee and snacks.

ICE: Well, as you wish, we WILL come back in a couple of hours or tomorrow. *Speaking sarcastically.*

Silvia: That is fine, have a nice day.

Narrator: How did Silvia protect herself?

Silvia exercised her rights and did not open the door. The ICE agent could not arrest her even though she was undocumented or had a removal order.

Sometimes ICE shows documents that look like warrants but they aren't warrants. Be alert! Look at the paper and see if it has your name or address on it, if it has the word "warrant" on it, AND is signed by a judge or a federal magistrate. A warrant must have all three of these things.

One of the tactics that ICE uses is to pretend to be local police. Be careful with this and don't get confused. The Fourth Amendment applies to the local police but if you want to allow the local police inside, you should ask for some form of identification (for example, have them hold up their badge through the window) to make sure that the officer is not an ICE agent. If you have a criminal case, talk to your criminal defense attorney to get advice for your situation and what you should do if it is local police.

The Fifth Amendment protects the right to not answer questions. This amendment gives you the right to not answer questions no matter who asks, including ICE, and you don't have to speak with them.

Remain silent! It's your right. ICE must present evidence that you are here illegally or that you are a foreigner.

### *Exercise Three*

Narrator: Today is the day after the KYR workshop and you are walking down the street. You know your rights.

ICE: Good morning.

Diego: Good morning.

ICE: Do you have papers? Immigration papers? Do you have papers?

Diego: I have the right not to answer any question.

ICE: Yes, you must answer my questions. You must answer my questions! We are the government. I'm an ICE agent. I'm with the government. *The agent gets angry.*

Diego: I have the right not to answer any question.

ICE: OK. By the way you speak, it seems like you are from Michoacán. Is that right?

Diego: I have the right not to answer any of your questions.

ICE: You are going to have big problems if you don't answer my questions.

Diego: I have the right not to answer any question. Am I free to leave now?

Narrator: A round of applause for our actors! It's very important you do not answer any questions.

Remember the old saying; the fish dies by its own mouth. Don't give ICE the information they need to arrest you. ICE needs to have evidence that you are a foreigner. That's why it is very important that you don't answer their question with "Yes, I am from Michoacán." Simply say "I have the right to not answer any questions."

### *Things to Remember*

- Stay calm
- Do not run away
- Do not answer questions
- Do not show fake documents
- Do carry a color photocopy of any Immigration forms
- Do not sign anything
- Carry your red card and use it
- Ask to speak to a lawyer
- Ask for an interpreter if you are detained or questioned

### *If ICE Arrests You*

- Do NOT answer any questions. Do not tell ICE where you were born or how you entered the United States.
- Do NOT show ICE any documents, unless it's a letter from an attorney or a red card. Above all, do NOT show false documents!
- Do NOT sign anything, especially an order for "voluntary departure," without speaking with an attorney.
- Tell the ICE official that you want a hearing in Immigration Court.

## APPENDIX B: KNOW YOUR RIGHTS CARDS (RED CARDS)

### Usted tiene derechos constitucionales:

- **NO ABRA LA PUERTA** si un agente de inmigración está tocando la puerta.
- **NO CONTESTE NINGUNA PREGUNTA** de un agente de inmigración si el trata de hablar con usted. Usted tiene el derecho de mantenerse callado.
- **NO FIRME NADA** sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.
- Si usted está afuera de su casa, pregunte al agente si es libre para irse y si dice que sí, váyase con tranquilidad.
- **ENTREGUE ESTA TARJETA AL AGENTE.** Si usted está dentro de su casa, muestre la tarjeta por la ventana o pásela debajo de la puerta.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*

You have constitutional rights:

- **DO NOT OPEN THE DOOR** if an immigration agent is knocking on the door.
- **DO NOT ANSWER ANY QUESTIONS** from an immigration agent if they try to talk to you. You have the right to remain silent.
- **DO NOT SIGN ANYTHING** without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- **GIVE THIS CARD TO THE AGENT.** If you are inside of your home, show the card through the window or slide it under the door.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*

Ou gen dwa konstitisyonèl:

- **PA LOUVRI PÒT** la si yon ajan imigrasyon frape pòt la.
- **PA REPONN OKENN KEKSYON** yon ofisyè imigrasyon si yo eseye pale avèk ou. Ou gen dwa pou rete an silans.
- **PA SIYEN ANYEN** san w' pa pale anvan avèk yon avoka. Ou gen dwa pale ak yon avoka.
- Si w' deyò lakay ou, mande ajan an si w' lib pou ale epi si yo di wi, ale avèk kalm.
- **BAY AJAN KAT SA.** Si ou anndan lakay ou, montre kat la nan fenèt la oswa glise li anba pòt la.<sup>1</sup>

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*

### Você tem direitos constitucionais.

- **NÃO ABRA A PORTA SE UM AGENTE DE IMIGRAÇÃO BATER.**
- **NÃO RESPONDA NENHUMA PERGUNTA DO AGENTE DE IMIGRAÇÃO SE ELE FALAR COM VOCÊ.** Você tem o direito de permanecer calado. Não tem que dar seu nome ao agente. Se você estiver no trabalho, pergunte ao agente se você está livre para sair e se o agente disser que sim, vá. Você tem o direito de falar com um advogado.
- **ENTREGUE ESTE CARTÃO AO AGENTE. NÃO ABRA A PORTA.**

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant, signed by a judge or magistrate with my name on it that you slide under the door. I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*



# Familia e Individuo

## Plan de Preparación para Emergencias

### *¿Qué es un Plan de Preparación ante Emergencias y por qué es importante?*

Gran parte de la superación de cualquier emergencia consiste en prepararse con antelación. Cuando uno se prepara antes de que ocurra una emergencia, puede garantizar mejor la seguridad y el bienestar de toda la familia. Prepararse para una emergencia significa reunir documentos personales y financieros. Significa hablar con compañeros de trabajo, familiares y seres queridos de confianza para desarrollar un plan que apoye mejor a su familia.

### *¿Cómo puedo crear un Plan de Preparación para Emergencias?*

Este paquete ha sido diseñado para ayudarle a crear su "Plan Familiar e Individual de Preparación para Emergencias". Le guiará a través de:

- Recopilación de información crítica
- Cumplimentación de documentos esenciales
- Identificar a las personas clave que le ayudarán a usted y a sus seres queridos en caso de emergencia.
- Plan de actuación en caso de emergencia

### *Estamos aquí para apoyarle.*

Planificar una emergencia puede resultar abrumador. Sepa que no está solo en esto. Si necesita ayuda

a \_\_\_\_\_.

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## LISTA DE VERIFICACIÓN E INSTRUCCIONES

Aquí tienes una lista de comprobación de todo lo que debes reunir y hacer al elaborar tu plan de emergencia. Asegúrate de marcar cada elemento una vez completado. Si hay algo que no tienes, no pasa nada. Haz lo que puedas. Después, pide ayuda para lo que no hayas podido completar.

### → Recordatorios Importantes

- Si hay algún documento importante que no tienes actualmente, ponte en contacto con la empresa o agencia correspondiente para obtener una copia del documento. Y recuerda que siempre puedes llamar a \_\_\_\_\_ para pedir ayuda.
- A medida que avance por la sección 2, recuerde incluir la documentación pertinente de cada miembro de su familia.

### *Qué hacer/completar para prepararse ante CUALQUIER emergencia*

- Elija un contacto de emergencia
- Programa el número de contacto de emergencia en tu teléfono -etiquétalo como "Contacto de emergencia-insertar nombre)"
- Programe en su teléfono el número de su abogado o de la persona a la que llamará en caso de ser detenido, etiquételo como "abogado de inmigración - insertar nombre".
- Memoriza el número de teléfono de tu contacto de emergencia
- Complete la sección 1- Información personal y del hogar - Incluya copias de todos los documentos en su carpeta
- Complete la sección 2 - Documentos críticos - Incluya copias de todos los documentos en su carpeta
- Guarde este formulario y todos los demás documentos en un lugar seguro y seco. Informe a su contacto en caso de emergencia de dónde está guardado.
- Revisar el paquete cumplimentado con la familia y el contacto de emergencia

### *Qué hacer para reducir el riesgo y prepararse para un interacción con ICE*

- Todos los elementos enumerados anteriormente (Elementos que hay que hacer/completar para prepararse para CUALQUIER emergencia).
- Revise sus derechos y practique interacciones.
- Asegúrese de que todos los miembros de su hogar conocen sus derechos y saben qué hacer y qué decir en caso de interacción con ICE.
- Revisar las estrategias de reducción de riesgos (próximamente)

### *Lo que hay que saber antes de empezar*

1. Este formulario debe ser cumplimentado por una familia o grupo familiar.
2. Cada individuo NO necesita su propio formulario, pero debe incluirse toda la información pertinente para cada miembro de la unidad familiar.
3. Para obtener una versión electrónica de este formulario, visite <https://basicberkshires.org/>. Haga una copia y cámbiele el nombre para su uso personal.
4. Es posible que algunos apartados no se apliquen a usted ni a su familia. Rellene sólo las secciones que sean relevantes para usted.

### *Consejos útiles*

- Este paquete contiene varias secciones. Estas secciones pueden completarse a lo largo del tiempo.
- Utilice un lápiz siempre que la información pueda cambiar (por ejemplo, información sobre la residencia y la escuela)
- Una vez completado, le sugerimos que guarde la información en un lugar seguro en una carpeta. Si tiene preguntas o necesita ayuda, póngase en contacto con un miembro de [BASIC](#) para obtener ayuda.

Cuando lo complete, dispondrá de un registro centralizado de la información esencial de su hogar siempre que la necesite. Estarás más preparado y podrás responder a cualquier emergencia que se te presente.

## SECCIÓN 1: CONTACTOS Y APOYOS

En esta sección, anotarás información de contacto importante. Esto incluye contactos de emergencia, información importante sobre los miembros del hogar e información sobre otras personas que te apoyan, como médicos, empleadores, cuidadores y lugares religiosos.

**¿POR QUÉ ES IMPORTANTE?** Estas son las personas, lugares y cosas que pueden ayudar a tu familia en caso de emergencia. Al recopilar esta información, te aseguras de que todo el mundo dispone de medios actualizados para ponerse en contacto entre sí y permanecer conectado en caso de emergencia.

### A. Contactos de Emergencia

**¿QUÉ ES UN CONTACTO DE EMERGENCIA?** Un familiar, amigo o vecino de confianza al que debe avisarse si le ocurre algo a usted o a su es.

**RECOMENDACIONES PARA ELEGIR UN CONTACTO DE EMERGENCIA:** Esta persona debe ser capaz de contestar al teléfono en cualquier momento, estar preparada para llamar a otros familiares y amigos y hacer gestiones de emergencia por ti.

#### → Recordatorios Importantes

- Asegúrate de notificar a tu contacto de emergencia que lo has elegido como contacto de emergencia. Revisa este paquete CON tu contacto de emergencia y asegúrate de que sabe dónde se encuentra tu PLAN DE EMERGENCIA.
- El contacto de emergencia debe ser una persona con un estatus migratorio estable
- Asegúrate de actualizar la información de contacto en caso de emergencia con organismos externos (escuela, consultas médicas, trabajo).

#### *Contacto en Caso de Emergencia*

Contacto n° 1 Nombre completo:	Relación:
Teléfono móvil:	Correo electrónico:
Teléfono de casa:	Teléfono de trabajo:
Contacto de emergencia para:	

Contacto n° 2 Nombre completo:	Relación:
Teléfono móvil:	Correo electrónico:
Teléfono de casa:	Teléfono de trabajo:
Contacto de emergencia para:	

#### Información del abogado:

Nombre del abogado :	
Dirección del abogado:	Teléfono del abogado:

*Notas para el contacto de emergencia*

Incluya aquí cualquier nota para su contacto de emergencia. Puede incluir a quién llamar primero, dónde localizar el FIEPP y cuáles deben ser sus próximos pasos. **Entrega una copia de esta página a tu contacto de emergencia**

Dear \_\_\_\_\_,  
(nombre del contacto de emergencia)

Gracias por aceptar ser el contacto de emergencia para \_\_\_\_\_  
\_\_\_\_\_  
(su nombre y/o apellidos)

A continuación encontrará algunas indicaciones e información que pueden ayudarle en caso de que tenga una urgencia.



## B. Información Sobre los Miembros de la Familia

### *Su información*

Apellido:	Nombre de pila:	Segundo nombre:
Fecha de nacimiento:	Lugar de nacimiento:	
Correo electrónico:	Nombre del Doctor:	Teléfono del médico:
Compañía de seguros médicos:	Número de póliza:	
Afecciones médicas:		
Alergias:		
Lugar de trabajo:	Teléfono de trabajo:	

### *Residencia*

Dirección:		Apt.:
Ciudad:	Estado:	ZIP:
Teléfono de casa:	Teléfono móvil:	Teléfono de trabajo:
Correo electrónico:	Otros:	

### *Dirección postal actual o apartado de correos (si es diferente de su residencia)*

Dirección:		Apt:
Ciudad:	Estado:	ZIP:

*Enumere todas las demás personas de las que es responsable (pareja, hijos, padres, abuelos)*

Apellido de la persona nº 2:	Nombre de pila:	Segundo nombre:
Relación:	Teléfono móvil:	Fecha de nacimiento:
Correo electrónico:	Nombre del Doctor:	Teléfono del médico:
Compañía de seguros médicos:	Número de póliza:	
Afecciones médicas:		
Alergias:		
Escuela:	Profesor:	
Teléfono de la escuela:	Correo electrónico:	
Lugar de trabajo:	Teléfono de trabajo:	

Persona #3 Apellido:	Nombre de pila:	Segundo nombre:
Relación:	Teléfono móvil:	Fecha de nacimiento:
Correo electrónico:	Nombre del Doctor:	Teléfono del médico:
Compañía de seguros médicos:	Número de póliza:	
Afecciones médicas:		
Alergias:		
Escuela:	Profesor:	
Teléfono de la escuela:	Correo electrónico:	
Lugar de trabajo:	Teléfono de trabajo:	

Persona #4 Apellido:	Nombre de pila:	Segundo nombre:
Relación:	Teléfono móvil:	Fecha de nacimiento:
Correo electrónico:	Nombre del Doctor:	Teléfono del médico:

Seguro médico	Número de póliza
Afecciones médicas:	
Alergias:	
Escuela:	Profesor:
Teléfono de la escuela:	Correo electrónico:
Lugar de trabajo:	Teléfono de trabajo:

### C. Contactos e Información Adicionales

Dentista:	Teléfono del dentista:
Compañía de seguros dentales:	Número de póliza

Nombres y tipo de mascota:	
Seguro para mascotas:	
Cuidador de mascotas:	Teléfono del cuidador de mascotas
Número de microchip de la mascota:	
Animal de servicio/de apoyo emocional: Sí No (en caso afirmativo, incluya documentación)	

Nombre del lugar de culto:	
Nombre del líder del culto:	
Dirección:	Teléfono:

Cualquier información adicional para cuidadores y/o personas de contacto (por ejemplo, programas extraescolares, niñeras, cuidado de ancianos).

## D. Información Sobre Empleo

**¿QUÉ ES LA INFORMACIÓN SOBRE EL EMPLEO?** Se trata de información básica sobre tu trabajo o trabajos. Incluye formas de ponerse en contacto con tus empleadores en caso de emergencia. Incluye información sobre el trabajo de cada miembro de la familia. Si alguien tiene dos trabajos, incluya la información sobre ambos.

**POR QUÉ ES IMPORTANTE:** Así será más fácil para sus familiares ponerse en contacto con su empresa en caso de urgencia.

### *INFORMACIÓN LABORAL*

Nombre del familiar:		
Empresa/Firma:		
Dirección:		Suite:
Ciudad:	Estado:	ZIP:
Supervisor Apellido:	Nombre del supervisor:	Título:
Supervisor Teléfono de trabajo:	Correo electrónico del supervisor:	
Teléfono del supervisor:	Otros:	

Nombre del familiar:		
Empresa/Firma:		
Dirección:		Suite:
Ciudad:	Estado:	ZIP:
Supervisor Apellido:	Nombre del supervisor:	Título:
Supervisor Teléfono de trabajo:	Correo electrónico del supervisor:	

Nombre del familiar:		
Empresa/Firma:		
Dirección:		Suite:
Ciudad:	Estado:	ZIP:
Supervisor Apellido:	Nombre del supervisor:	Título:



Supervisor Teléfono de trabajo:	Correo electrónico del supervisor:
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Nombre del familiar:		
Empresa/Firma:		
Dirección:		Suite:
Ciudad:	Estado:	ZIP:
Supervisor Apellido:	Nombre del supervisor:	Título:
Supervisor Teléfono de trabajo:	Correo electrónico del supervisor:	

Nombre del familiar:		
Empresa/Firma:		
Dirección:		Suite:
Ciudad:	Estado:	ZIP:
Supervisor Apellido:	Nombre del supervisor:	Título:
Supervisor Teléfono de trabajo:	Correo electrónico del supervisor:	

Nombre del familiar:		
Empresa/Firma:		
Dirección:		Suite:
Ciudad:	Estado:	ZIP:
Supervisor Apellido:	Nombre del supervisor:	Título:
Supervisor Teléfono de trabajo:	Correo electrónico del supervisor:	

## SECCIÓN 2: DOCUMENTOS FUNDAMENTALES

En esta sección reunirá (y hará copias de) los documentos que necesitará tener en caso de emergencia. Esto incluye cosas como el pasaporte, el permiso de matrimonio, la matrícula del vehículo, los recibos de sueldo, etc.

**¿POR QUÉ ES IMPORTANTE?** Esta información puede ayudarle a demostrar su identidad, sus relaciones, la propiedad de objetos, su situación laboral, sus finanzas y muchas otras cosas importantes.

→ **Recordatorios Importantes:** Incluya la documentación pertinente de cada miembro de su familia.

### CÓMO RELLENAR LAS LISTAS DE CONTROL QUE SIGUEN:

Las listas de control incluyen varias columnas.

- **Columna 1: Tipo de documento:** Esta columna proporciona una lista de los documentos específicos de la categoría (por ejemplo, permiso de conducir, extractos bancarios y tarjetas de seguro médico).
- **Columna 2: Tener:** Marque la casilla de esta columna si dispone de una copia en papel o electrónica del documento enumerado.
- **Columna 3: N/A (No aplicable):** Marque la casilla de esta columna si no necesita este documento o si no se aplica a usted, a su familia o a su hogar. Recuerde revisar su lista de comprobación y actualizar los documentos si cambian las circunstancias de su hogar.
- **Columna 4: Fecha de adición/actualización:** Introduzca en esta columna la fecha en la que añadió la copia en papel y/o electrónica de un documento a su FIEPP. Esta información le servirá como punto de referencia útil para recordarle cuándo es el momento de revisar o actualizar el documento. Puede introducir la nueva fecha en esta columna cuando revise su plan o realice actualizaciones.
- **Columna 5: Sugerencias y enlaces:** Esta columna ofrece detalles adicionales sobre determinados documentos, así como sugerencias y enlaces sobre cómo ponerse en contacto con organismos u organizaciones para solicitar copias en papel o electrónicas de sus documentos.

## A. Documentos Personales y Familiares

Lista de documentos importantes: Información personal y familiar				
Tipo de documento	Visite	N/A	Fecha de adición/actualización	Consejos y enlaces
Permiso de conducir				Fotocopia el anverso y el reverso.
Otro documento de identidad con fotografía				Fotocopia el anverso y el reverso.
Partida(s) de nacimiento/documentos de adopción de cada hijo menor de 18 años				Puede obtener copias de los certificados de nacimiento, adopción, defunción, matrimonio y divorcio en la oficina de salud o de administración de servicios sociales de su estado por un módico precio. Los Centros para el Control y la Prevención de Enfermedades (CDC) mantienen una lista de contactos estado por estado en: <a href="http://www.cdc.gov/nchs/w2w/">www.cdc.gov/nchs/w2w/</a> .
Licencia matrimonial				
Sentencia de divorcio				
Tarjeta(s) de la Seguridad Social				Si necesita una nueva tarjeta o una tarjeta de sustitución, llame a su oficina local de la Administración de la Seguridad Social (SSA) para solicitar ayuda al <b>(800) 772-1213</b> e indique a la operadora dónde vive. Para localizar una oficina cercana, visite: <a href="https://secure.ssa.gov/ICON/main.jsp">https://secure.ssa.gov/ICON/main.jsp</a> .
Prueba del ITIN				Una copia de su declaración de la renta.
Pasaporte (estadounidense o extranjero)				Fotocopie las dos primeras páginas de su pasaporte o el anverso y reverso de su tarjeta verde.
Documentos de naturalización				Encontrará información sobre los Servicios de Ciudadanía e Inmigración de los EE.UU. en:

Tarjeta verde/ Trabajo Autorización				Incluya una copia
Documentos de inmigración				Asilo, aviso de comparecencia, trámites del TPS, DACA...
Prueba de residencia en EE.UU. y n° de años residiendo aquí				Estados de cuenta, contrato de alquiler, recibos de sueldo, carta de empleo...
Otros documentos jurídicos (por ejemplo, órdenes de alejamiento)				Incluya una copia

### Lista de documentos importantes: Documentación para hijos menores (menores de 18 años)

Tipo de documento	Visite	N/A	Fecha de adición/ actualización	Consejos y enlaces
Declaración jurada de autorización del cuidador para cada niño				Una declaración jurada de autorización de cuidador es un documento legal que otorga a un adulto la autoridad para tomar decisiones por un hijo menor cuando el padre o la madre del niño tutor legal no está presente. El formulario se utiliza para informar a los médicos, a la escuela y los asistentes sociales que alguien que no sea el padre o la madre del niño o tutor se ocupe de ellos.
Nombramiento de agente temporal, para cada hijo menor de edad				El nombramiento de un agente temporal permite a un padre o a otra persona la autoridad legal para cuidar de ella y tomar decisiones por un menor o una persona incapacitada durante un máximo de 60 días. Puede ser útil si el progenitor o tutor no puede ocuparse temporalmente del niño por enfermedad, trabajo o viaje.
Inscripción del nacimiento del niño con consulado extranjero				Si alguno de los progenitores no es ciudadano de EE.UU., es posible que desee registrar la nacimiento con su consulado. Si su hijo quiere viajar a su país, podría ser más fácil si su nacimiento está registrado en el consulado.
Carta de viaje, para cada niño menor de edad				Si su hijo tiene que viajar fuera de EE.UU., es posible que necesite un carta certificado notarial que les autoriza a viajar con un adulto de confianza, o la otra padre. Es posible que desee ponerse en contacto con una compañía aérea o con su consulado para obtener información exacta instrucciones.
Custodia de menores documentos, para cada niño menor de edad				Esto sólo es necesario en los casos de tutela no tradicional, como cuando una tía se hace cargo de su sobrino.

### B. Documentos jurídicos

#### Lista de documentos importantes: Documentos legales

Tipo de documento	Visite	N/A	Fecha de adición/ actualización	Consejos y enlaces
Testamento/Fideicomiso				Un testamento es un documento legal que especifica quién recibirá sus bienes tras su fallecimiento. Un fideicomiso guarda los bienes que se le transfieren y puedes dárselos a un ser querido de confianza antes de tu muerte.
Poder(es) notarial(es) (personal/propiedad)				Otorgar a alguien un "poder notarial" permite a otra persona actuar en su nombre. No es necesario que esa persona sea abogado para otorgarle un poder. Usted puede otorgar a alguien autoridad total o autoridad limitada a ciertos actos y/o ciertos períodos de tiempo. Se trata de un documento legal que debe redactar y revisar un abogado.

### C. Otros Documentos Familiares que Pueden ser útiles

Lista de otros documentos que pueden ser útiles				
Tipo de documento	Visite	N/A	Fecha de adición/actualización	Consejos y enlaces
Prueba de educación en EE.UU.				Diploma o certificado de estudios universitarios y/o de secundaria, GED, Certificado de Realización de un programa de formación (útil para las personas estatuto legal en EE.UU.)
Copia firmada del G28 (si tiene abogado)				Esto permite a su abogado hablar en su nombre. (útil para personas sin estatuto legal en EE.UU.)
Exención del DHS				Esto da permiso al Departamento de Seguridad Nacional para dar información sobre usted a terceros. (útil para personas sin estatuto legal en EE.UU.)
Prueba de participación comunitaria				Puede ser un premio, una carta o una fotografía. (útil para personas sin estatuto legal en EE.UU.)

### D. Documentos sobre bienes y activos

En esta sección reunirá, y hará copias de, los documentos que necesitará tener en caso de emergencia. Esto incluye cosas como el pasaporte, el permiso de matrimonio, la matrícula del vehículo, los recibos de sueldo, etc.

**¿POR QUÉ ES IMPORTANTE?** Esta información es importante porque le permitirá acceder a sus fondos, seguir pagando préstamos y vender la propiedad cuando sea necesario.

→ **Recordatorios Importantes:** Llame a su banco local o a cualquier institución con la que tenga un préstamo. Concierte una reunión para elaborar un plan sobre lo que ocurriría si tuviera que abandonar el país.

#### *Información sobre Arrendamiento/Alquiler/Hipoteca*

Nombre de la empresa arrendadora/hipotecaria:		
Nombre de la persona de contacto:		
Nombre de la persona de contacto:		Número de póliza de préstamo:
Dirección:		Suite:
Ciudad:	Estado:	ZIP:
Teléfono:		Correo electrónico:
Pago: <input type="checkbox"/> cheque mensual <input type="checkbox"/> retiro bancario automático <input type="checkbox"/> otro		
Información adicional:		

### Información sobre servicios públicos

Los servicios públicos podrían incluir calefacción, electricidad, gas, teléfono móvil, teléfono de casa, WIFI y agua.

Tipo de utilidad:	Proveedor de servicios públicos:
Número de cuenta:	Número de teléfono de la empresa:
Pago: <input type="checkbox"/> cheque mensual <input type="checkbox"/> retiro bancario automático <input type="checkbox"/> otro	
Información adicional:	

Tipo de utilidad:	Proveedor de servicios públicos:
Número de cuenta:	Número de teléfono de la empresa:
Pago: <input type="checkbox"/> cheque mensual <input type="checkbox"/> retiro bancario automático <input type="checkbox"/> otro	
Información adicional:	

Tipo de utilidad:	Proveedor de servicios públicos:
Número de cuenta:	Número de teléfono de la empresa:
Pago: <input type="checkbox"/> cheque mensual <input type="checkbox"/> retiro bancario automático <input type="checkbox"/> otro	
Información adicional:	

Tipo de utilidad:	Proveedor de servicios públicos:
Número de cuenta:	Número de teléfono de la empresa:
Pago: <input type="checkbox"/> cheque mensual <input type="checkbox"/> retiro bancario automático <input type="checkbox"/> otro	
Información adicional:	

Tipo de utilidad:	Proveedor de servicios públicos:
Número de cuenta:	Número de teléfono de la empresa:
Pago: <input type="checkbox"/> cheque mensual <input type="checkbox"/> retiro bancario automático <input type="checkbox"/> otro	
Información adicional:	

## Lista de documentos importantes: Arrendamiento/Inquilino/Hipoteca/Servicios públicos

Tipo de documento	Visite	N/A	Fecha de adición/actualización	Consejos y enlaces
Contrato de alquiler				Si necesitas una copia de tu contrato de alquiler, pídelo al propietario.
Escrituras de fideicomiso hipotecarias o inmobiliarias				Si necesita una copia de su hipoteca o escritura de fideicomiso, póngase en contacto con su entidad crediticia. <i>Nota: Debe seguir pagando su hipoteca incluso en caso de emergencia. Si no paga su hipoteca, su préstamo podría entrar en mora, lo que podría dar lugar a una ejecución hipotecaria.</i>
Segunda hipoteca/seguro hipotecario privado				Incluya documentación de todas las hipotecas sobre su vivienda.
Línea de crédito hipotecario				Incluya copias de otros préstamos o responsabilidades financieras vinculadas a su vivienda.
Propiedad/propietarios/seguro de alquiler (incluido jinetes)				Incluya copias de las pólizas de seguros de propietarios/alquileres
Facturas de servicios públicos (por ejemplo, electricidad, agua, gas)				Si no dispone de una copia de su contrato de alquiler, es muy importante tener un justificante de los pagos de los servicios públicos para demostrar su residencia.

### Información del vehículo

Vehículo nº 1 Marca/Modelo/Año:	
Matrícula del vehículo:	Color del vehículo:
<input type="checkbox"/> En propiedad (sin pagos) <input type="checkbox"/> Préstamo (pagos mensuales) <input type="checkbox"/> Arrendamiento	
Compañía aseguradora del vehículo:	Seguro del vehículo Persona de contacto:
Teléfono:	Correo electrónico:
Número de póliza de seguro del vehículo:	

Vehículo #2 Marca/Modelo/Año:	
Matrícula del vehículo:	Color del vehículo:
<input type="checkbox"/> En propiedad (sin pagos) <input type="checkbox"/> Préstamo (pagos mensuales) <input type="checkbox"/> Arrendamiento	
Compañía aseguradora del vehículo:	Seguro del vehículo Persona de contacto:
Teléfono:	Correo electrónico:
Número de póliza de seguro del vehículo:	

### Lista de documentos importantes: Información del vehículo

Tipo de documento	Visite	N/A	Fecha de adición/ actualización	Consejos y enlaces
Documentación del vehículo				Si no tiene los papeles de propiedad de su coche, debería poder obtener un nuevo título o matrícula del vehículo en el Registro de Vehículos de Motor de su localidad.
Seguro de automóvil				Incluya una copia de la póliza
Plan de pago del vehículo Información				Incluir una declaración del prestamista

### E. Otros pagos y obligaciones financieras

#### Lista de documentos importantes: Obligaciones financieras

Tipo de documento	Visite	N/A	Fecha de adición/ actualización	Consejos y enlaces
Tarjeta de crédito nº 1				Incluya el número de cuenta, el número de ruta, los códigos de verificación y el teléfono para denunciar la pérdida o el robo de tarjetas.
Tarjeta de crédito nº 2				
Tarjeta de crédito nº 3				
Préstamo de estudios				Incluya una copia del contrato de préstamo.
Pensiones alimenticias				Incluya una copia del acuerdo de pago.
Pensiones alimenticias				Incluya una copia del acuerdo de pago y cualquier talón de cheque o recibo de pago.
Pagos automáticos (por ejemplo, cuotas de gimnasios)				Incluya una copia del acuerdo de pago.

### F. Activos financieros y cuentas

#### Lista de documentos importantes: Activos financieros/Cuentas

Tipo de documento	Visite	N/A	Fecha de adición/ actualización	Consejos y enlaces
Recibos de sueldo recientes de todas las fuentes de ingresos				Considere la posibilidad de incluir uno o dos recibos de sueldo recientes como referencia. Tener pruebas de sus fuentes de ingresos podría ser importante en algunas situaciones.
Cuenta bancaria nº 1				Incluir una declaración
Cuenta bancaria nº 2				Incluir una declaración
Cuenta bancaria nº 3				Incluir una declaración
Otros				

## G. Declaraciones fiscales

<b>Lista de documentos importantes: Declaraciones fiscales</b>				
<b>Tipo de documento</b>	<b>Visite</b>	<b>N/A</b>	<b>Fecha de adición/ actualización</b>	<b>Consejos y enlaces</b>
Declaraciones de la renta del año anterior (federal, estatal y/o local)				Hasta cinco años de declaraciones de la renta, si están disponibles.
Declaración del impuesto sobre bienes inmuebles				Disponible en su ayuntamiento
Impuesto sobre bienes personales (por ejemplo, impuesto sobre automóviles)				Disponible en su ayuntamiento



## AGRADECIMIENTOS Y CONSIDERACIONES ADICIONALES

### *Agradecimientos*

La información de este paquete se ha elaborado modificando diversos recursos gratuitos de la comunidad, entre los que se incluyen:

- El Botiquín de Primeros Auxilios Financieros de Emergencia de la Agencia Federal para la Gestión de Emergencias (FEMA). Llame al **(800) 480-2520** y pregunte por el número de publicación P-1075. También se puede descargar gratuitamente en línea en: [www.ready.gov/financialpreparedness](http://www.ready.gov/financialpreparedness) y en [www.operationhope.org](http://www.operationhope.org).
- El Centro de Recursos Legales para Inmigrantes "Know Your Rights Spanish Training Curriculum". El plan de estudios completo para capacitar a los formadores para formar a los miembros de la comunidad sobre sus derechos en caso de contacto con el ICE se puede encontrar en línea en [Know Your Rights Spanish Training Curriculum \(https://www.ilrc.org/sites/default/files/resources/2017.11.05\\_kyr\\_skits-eng.pdf\)](https://www.ilrc.org/sites/default/files/resources/2017.11.05_kyr_skits-eng.pdf).
- El documento Conozca sus derechos y plan de preparación familiar de la Coalición de Inmigración y Refugiados de Massachusetts (MIRA). Su lista completa de recursos se puede encontrar en su página web de recursos Conozca sus derechos. (<https://miracoalition.org/news/know-your-rights/>)

### *Consideraciones adicionales*

**Si tiene una empresa**, considere la posibilidad de documentar y organizar toda la información financiera relacionada con ella. También puede desarrollar un plan de continuidad empresarial y un plan de comunicación. Para obtener ideas sobre cómo hacerlo, visite [FEMA Ready Business Emergency Plans \(https://www.ready.gov/business/emergency-plans\)](https://www.ready.gov/business/emergency-plans) y el sitio web [de la Small Business Administration Prepare for Emergencies \(https://www.sba.gov/business-guide/manage-your-business/prepare-emergencies\)](https://www.sba.gov/business-guide/manage-your-business/prepare-emergencies).

## APÉNDICE A: DRAMATIZACIONES

### *Primer ejercicio*

Narrador: Hoy es el día anterior al taller "Conoce tus derechos" (KYR) y estás en casa. Aún no conoces tus derechos.

ICE: ¡Toc Toc! ¡Abre! ¡Abran la puerta! ¡Toc Toc!

Naomi: ¿Quién es?

ICE: Es la policía de ICE. ¡Abran la puerta!

Naomi: ¡Oh, no! ¡Es la policía! ¿Qué debo hacer?

ICE: ¡Toc Toc! ¡Abre! ¡Abran la puerta! Sólo queremos hacerle un par de preguntas.

Naomi: Abre la puerta.

ICE: ¿Tienes papeles?

Naomi: Bueno, no lo sé.

ICE: Usted está bajo arresto por estar en este país ilegalmente.

La mujer es detenida y llevada a un centro de detención.

### *Segundo ejercicio*

Narrador: Hoy es el día después del taller KYR y, una vez más, estás en casa. Ahora conoces tus derechos.

ICE: ¡Toc Toc! ¡Abre! ¡Abran la puerta!

Silvia: ¿Quién es?

ICE: Es la policía de ICE. Abra la puerta.

Silvia: ¡Oh, no! ¡Es la policía! ¿Qué hago?

ICE: Toc Toc. ¡Abran! ¡Toc Toc! Abra la puerta. Sólo queremos hacerle un par de preguntas.

Silvia: ¿Preguntas sobre qué?

ICE: Aquí ICE. Abra la puerta.

Silvia: No, tengo derecho a no dejar entrar al ICE en mi casa. Le pasaré una tarjeta roja que explica los derechos que tengo ejerciendo actualmente. Por favor, devuélvame la tarjeta después de haberla leído.

ICE: (Después de leer la tarjeta) Sí, tenemos una orden judicial. Abra la puerta para que pueda enseñársela.

Silvia: Por favor, pasa la orden por debajo de la puerta o por la ventana para que pueda leerla.

ICE: No tenemos la orden y esto es ICE. ¡Abra la puerta ahora o tendrá problemas!

Narrador: ICE casi nunca tiene una orden y es por eso que no tiene que abrir la puerta.

Silvia: Tengo derecho a no abrir la puerta al ICE si no tiene una orden judicial o de arresto con nombre en ella y firmada por un juez federal.

mi

ICE: Si no abre la puerta, volveremos con una orden judicial...

Silvia: Está bien. Cuando traigas la orden, abriré la puerta y prepararé café y aperitivos.

ICE: Bueno, como desee, volveremos en un par de horas o mañana. *Hablando sarcásticamente.*

Silvia: Está bien, que tengas un buen día.

Narrador: ¿Cómo se protegió Silvia?

Silvia ejerció sus derechos y no abrió la puerta. El agente del ICE no podía detenerla aunque estuviera indocumentada o tuviera una orden de expulsión.

A veces el ICE muestra documentos que parecen órdenes judiciales pero no lo son. Esté alerta. Mire el papel y fíjese si tiene su nombre o dirección, si tiene la palabra "warrant" en él, Y si está firmado por un juez o un magistrado federal. Una orden judicial debe tener estas tres cosas.

Una de las tácticas que utiliza el ICE es hacerse pasar por la policía local. Tenga cuidado con esto y no se confunda. La Cuarta Enmienda se aplica a la policía local, pero si usted quiere permitir que la policía local entre, debe pedir algún tipo de identificación (por ejemplo, pídale que muestren su placa a través de la ventana) para asegurarse de que el oficial no es un agente del ICE. Si tiene un caso penal, hable con su abogado penalista para que le asesore sobre su situación y sobre lo que debe hacer si se trata de la policía local.

La Quinta Enmienda protege el derecho a no contestar preguntas. Esta enmienda le da derecho a no responder a preguntas sin importar quién se las haga, incluido el ICE, y no tiene por qué hablar con ellos.

¡Cállate! Es su derecho. El ICE debe presentar pruebas de que está aquí ilegalmente o de que es extranjero.

### *Tercer ejercicio*

Narrador: Hoy es el día después del taller KYR y vas caminando por la calle. Conoces tus derechos.

ICE: Buenos días.

Diego: Buenos días.

ICE: ¿Tienes papeles? ¿Papeles de inmigración? ¿Tiene papeles?

Diego: Tengo derecho a no responder a ninguna pregunta.

ICE: Sí, usted debe responder a mis preguntas. Debe responder a mis preguntas. Somos el gobierno. Soy un ICE agente. Soy del gobierno. *El agente se enfada.*

Diego: Tengo derecho a no responder a ninguna pregunta.

ICE: OK. Por tu forma de hablar, parece que eres de Michoacán. ¿Es eso cierto?

Diego: Tengo derecho a no responder a ninguna de sus preguntas.

ICE: Vas a tener grandes problemas si no respondes a mis preguntas.

Diego: Tengo derecho a no responder a ninguna pregunta. Soy libre de marcharme ya?

Narrador: ¡Un aplauso para nuestros actores! Es muy importante que no respondan a ninguna pregunta.

Recuerda el viejo dicho: el pez muere por su propia boca. No le des al ICE la información que necesita para arrestarte. El ICE necesita tener pruebas de que eres extranjero. Por eso es muy importante que no respondas a su pregunta con "Sí, soy de Michoacán". Simplemente di "Tengo derecho a no contestar ninguna pregunta".

### *Cosas para recordar*

- Mantén la calma
- No huyas
- No responda a las preguntas
- No mostrar documentos falsos
- Lleve una fotocopia en color de todos los impresos de inmigración
- No firme nada
- Lleva tu tarjeta roja y úsala
- Pida hablar con un abogado
- Pida un intérprete si le detienen o interrogan

### *Si el ICE le detiene*

- NO responda a ninguna pregunta. No diga al ICE dónde nació ni cómo entró en Estados Unidos.
- NO muestres a ICE ningún documento, a menos que sea una carta de un abogado o una tarjeta roja. Sobre todo, ¡NO muestres documentos falsos!
- NO firme nada, especialmente una orden de "salida voluntaria", sin hablar con un abogado.
- Dígale al funcionario del ICE que desea una audiencia en el Tribunal de Inmigración.

## APÉNDICE B: TARJETAS "CONOZCA SUS DERECHOS" (TARJETAS ROJAS)

### Usted tiene derechos constitucionales:

- **NO ABRA LA PUERTA** si un agente de inmigración está tocando la puerta.
- **NO CONTESTE NINGUNA PREGUNTA** de un agente de inmigración si el trata de hablar con usted. Usted tiene el derecho de mantenerse callado.
- **NO FIRME NADA** sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.
- Si usted está afuera de su casa, pregunte al agente si es libre para irse y si dice que sí, váyase con tranquilidad.
- **ENTREGUE ESTA TARJETA AL AGENTE.** Si usted está dentro de su casa, muestre la tarjeta por la ventana o pásela debajo de la puerta.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*

You have constitutional rights:

- **DO NOT OPEN THE DOOR** if an immigration agent is knocking on the door.
- **DO NOT ANSWER ANY QUESTIONS** from an immigration agent if they try to talk to you. You have the right to remain silent.
- **DO NOT SIGN ANYTHING** without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- **GIVE THIS CARD TO THE AGENT.** If you are inside of your home, show the card through the window or slide it under the door.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*

Ou gen dwa konstitisyonèl:

- **PA LOUVRI PÒT** la si yon ajan imigrasyon frape pòt la.
- **PA REPONN OKENN KEKSYON** yon ofisyè imigrasyon si yo eseye pale avèk ou. Ou gen dwa pou rete an silans.
- **PA SIYEN ANYEN** san w' pa pale anvan avèk yon avoka. Ou gen dwa pale ak yon avoka.
- Si w' deyò lakay ou, mande ajan an si w' lib pou ale epi si yo di wi, ale avèk kalm.
- **BAY AJAN KAT SA.** Si ou anndan lakay ou, montre kat la nan fenèt la oswa glise li anba pòt la.<sup>1</sup>

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*

### Você tem direitos constitucionais.

- **NÃO ABRA A PORTA SE UM AGENTE DE IMIGRAÇÃO BATER.**
- **NÃO RESPONDA NENHUMA PERGUNTA DO AGENTE DE IMIGRAÇÃO SE ELE FALAR COM VOCÊ.** Você tem o direito de permanecer calado. Não tem que dar seu nome ao agente. Se você estiver no trabalho, pergunte ao agente se você está livre para sair e se o agente disser que sim, vá. Você tem o direito de falar com um advogado.
- **ENTREGUE ESTE CARTÃO AO AGENTE. NÃO ABRA A PORTA.**

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant, signed by a judge or magistrate with my name on it that you slide under the door. I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.*