



# Iowa Planificación familiar de emergencia Kit de herramientas para familias en riesgo de separación V3.0

Este kit se proporciona sin costo alguno y las organizaciones enumeradas sugieren consultar con un abogado autorizado.

Este kit incluye lo siguiente:

- Lista de verificación de planificación familiar de emergencia
- Tarjetas de derechos constitucionales
- Hoja de información de contacto de afiliados y Forward Latino
- Poder notarial del estado de Wisconsin para finanzas y propiedades
- Poder notarial del estado de Wisconsin para delegar la potestad parental

Este kit de herramientas es proporcionado por Forward Latino y sus afiliados:





# Lista de tareas pendientes de planificación familiar de emergencia para familias de estatus mixto V3.0

Forward Latino ha desarrollado este conjunto de herramientas para personas que corren el riesgo de ser detenidas o deportadas por funcionarios de inmigración de los EE. UU. Es importante completar estas tareas con la ayuda de un abogado de inmigración antes de ser detenido. Para las personas que tienen un estatus migratorio legal, les recomendamos que lleven consigo su tarjeta de residencia, permiso de trabajo u otra evidencia de su estatus en todo momento. Si tiene alguna pregunta, llámenos al (833)LAT-INO1.

## 1. Consulte y establezca una relación con un abogado de inmigración con anticipación

- o Revise su situación migratoria para determinar si existe un camino hacia la legalización.
- o Establezca una relación en caso de ser detenido y necesitar representación legal.
- o Revise sus derechos legales.
- o Mantenga consigo en todo momento el número de teléfono de su abogado de inmigración y compártalo con sus familiares.

## 2. Organiza todos sus documentos relacionados con la inmigración

- o Organiza todos sus documentos, incluyendo su visa, pasaporte, tarjeta de residencia, acta de nacimiento, permisos de trabajo y cualquier otro documento relacionado con su estatus migratorio.
- o Guarde copias de todos sus documentos en un lugar seguro y entregue copias a su abogado.

## 3. Establezca un poder notarial para gestionar sus asuntos personales en caso de ser necesario

- o Asigna a una persona de confianza para que actúe como su apoderado en los EEUU en caso de que lo detengan o lo deporten. Esto le permitirá tomar decisiones legales y actuar de su parte.
- o Asegúrese de que el documento de poder notarial sea legalmente vinculante e incluya instrucciones específicas sobre sus finanzas, propiedades y otros activos, y el cuidado de sus hijos y otros dependientes.

## 4. Evite la actividad delictiva

- o Cumpla con todas las leyes para evitar cualquier acción que pueda llevarse a la deportación. Incluso las infracciones menores pueden afectar su estatus migratorio.
- o Si es arrestado por un delito, consulte con un abogado antes de aceptar cualquier acuerdo de culpabilidad o firmar cualquier acuerdo legal, ya que podría afectar su estatus migratorio.

## 5. Planifique financieramente

- o Asegúrese de tener acceso a fondos para cubrir los honorarios legales, multas y otros gastos relacionados con su caso. Considere abrir una cuenta de ahorros separada para estos gastos.

## 6. Si es detenido

- o Mantenga la calma y siga las instrucciones, pero no firme documentos legales sin que los revise su abogado.
- o Llame a su abogado de inmigración inmediatamente. Los funcionarios de inmigración están obligados a permitirle llamar a su abogado. También tiene derecho a permanecer en silencio hasta que su abogado esté presente.
- o Anote el nombre y el número de teléfono del oficial a cargo de su caso, así como su número A (número de registro de extranjero). Si aún no tiene un número A, se le asignará uno. Comparta esta información con su abogado y su familia. Les ayudará a localizarlo en caso de que lo trasladen a otro centro de detención.
- o Familiares pueden visitar <https://locator.ice.gov/odls/#/search> o llamar al (888)351-4024 para saber dónde se encuentra detenido.

**“Avanzando juntos”**



# Tarjetas de derechos constitucionales

## V3.0



### DERECHOS CONSTITUCIONALES

**NO LE ABRA LA PUERTA** a un agente de inmigración a menos que tenga una orden firmada por un juez. Si no es así, no abra la puerta.

**NO CONTESTE NINGUNA PREGUNTA** de un agente de inmigración si el trata de hablar con usted. Tiene derecho a permanecer en silencio o hablar con su abogado.

**NO FIRME NADA** sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.

**SI ESTÁ CONDUCIENDO Y LO DETIENEN**, el oficial puede exigirle que muestre su licencia, el registro del vehículo y un comprobante de seguro, pero no tiene que responder preguntas sobre su estado migratorio.

**SI USTED ESTÁ AFUERA DE SU CASA**, pregunte al agente si es libre para irse y si dice que sí, váyase con tranquilidad.

**Números de teléfono:**

**Abogado:** \_\_\_\_\_ **Consulado:** \_\_\_\_\_

[www.forwardlatinoespanol.org](http://www.forwardlatinoespanol.org) (833)LAT-INO1



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### CONSTITUTIONAL RIGHTS

**DO NOT OPEN THE DOOR** if an immigration agent is knocking on the door unless they have a warrant signed by a judge. If they do not, do not open the door.

**DO NOT ANSWER ANY QUESTIONS** from an immigration agent if he tries to talk to you. You have the right to remain silent or talk to your attorney.

**DO NOT SIGN ANYTHING** without first talking to an attorney. You have the right to talk to an attorney.

**IF YOU ARE DRIVING AND ARE STOPPED**, the officer may require you to show your license, vehicle registration, and proof of insurance, but you do not have to answer questions about your immigration status.

**IF YOU ARE OUTSIDE YOUR HOME**, ask the agent if you are free to leave and if he or she says yes, leave quietly.

**Phone Numbers:**

**Attorney:** \_\_\_\_\_ **Consulate:** \_\_\_\_\_

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# Forward Latino y Afiliados

## Información del contacto

### V3.0

#### **Forward Latino, Inc.**

Ubicación de la oficina: Franklin, WI

[www.forwardlatino.org](http://www.forwardlatino.org) & [www.forwardlatinoespanol.org](http://www.forwardlatinoespanol.org)

Teléfono: (833)LAT-INO1 or (833)528-4661

#### **Afiliadas de Iowa:**

##### **Latinx Immigrants of Iowa**

Ubicación de la oficina: Des Moines, IA

[www.latinximmigrantsofiowa.org](http://www.latinximmigrantsofiowa.org)

Teléfono: 515-421-6773

##### **LULAC of Iowa**

Ubicación de la oficinas: Columbus Junction, Davenport, Denison, Des Moines, Dubuque,  
Fort Madison, Muscatine, Osceola & West Liberty, IA

[www.latinosiowa.org](http://www.latinosiowa.org)

Teléfono: (319)331-0713

## IOWA STATUTORY POWER OF ATTORNEY

### POWER OF ATTORNEY - Introduction

- This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including but not limited to your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B.
- This power of attorney does not authorize the agent to make health care decisions for you.
- You should select someone you trust to serve as your agent. Generally, the agent's authority will continue until you die or revoke the power of attorney or the agent resigns or is unable to act for you.
- Your agent is not entitled to compensation unless you state otherwise.
- If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.
- This power of attorney becomes effective immediately upon signature and acknowledgment.

**If you have questions about this power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.**

### (DESIGNATION OF AGENT)

I, (Your Name) \_\_\_\_\_, name the following person as my agent:

**Full Name of Agent:** \_\_\_\_\_

**Agent's Address:** \_\_\_\_\_

**Agent's Telephone Number:** \_\_\_\_\_

### DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If the agent named above is unable or unwilling to act for me, I name as my successor agent:

**Full Name of Successor Agent:** \_\_\_\_\_

**Successor Agent's Address:** \_\_\_\_\_

**Successor Agent's Telephone Number:** \_\_\_\_\_

**GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects, as defined in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B. **Initial** each subject you want to include in the agent’s general authority, or initial indicating all subjects listed.

**All of the following subjects**

- Real Property
- Tangible Personal Property
- Stocks and Bonds
- Commodities and Options
- Banks and Other Financial Institutions
- Operation of Entity or Business
- Insurance and Annuities
- Estates, Trusts, and Other Beneficial Interests
- Claims and Litigation
- Personal and Family Maintenance
- Benefits from Governmental Programs or Civil or Military Service
- Retirement Plans
- Taxes

**LIMITATION ON AGENT’S AUTHORITY**

An agent that is not my ancestor, spouse, or descendant shall not use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the optional Special Instructions.

**SPECIAL INSTRUCTIONS (OPTIONAL)**

The following are special instructions for my agent:

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\_\_\_\_\_ shall have the authority to request an accounting of any agent.

**EFFECTIVE DATE**

This power of attorney is effective immediately upon signature and acknowledgment unless I have stated otherwise in the optional Special Instructions provided, however, that this Power may be revoked by me at any time by written notice to my agent.

**RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

**SIGNATURE AND ACKNOWLEDGMENT**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
Your Telephone Number

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_, by .

\_\_\_\_\_  
Signature of Notary Public

This document prepared by: \_\_\_\_\_

## **Important Information for Agent Under Iowa Uniform Power of Attorney Act, Iowa Code Chapter 633B**

When you accept the authority granted under this power of attorney, a special legal relationship is created between the principal and you. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked. You must do all of the following:

- Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
- Act in good faith.
- Do nothing beyond the authority granted in this power of attorney.
- Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as agent in the following manner:  
\_\_\_\_\_ (principal's name) by \_\_\_\_\_ (your signature) as Agent

Unless the Special Instructions in this power of attorney state otherwise, you must also do all the following:

- Act loyally for the principal's benefit.
- Avoid conflicts that would impair your ability to act in the principal's best interest.
- Act with care, competence, and diligence.
- Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

### **Termination of Agent's Authority**

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include any of the following:

- Death of the principal.
- The principal's revocation of the power of attorney or your authority.
- The occurrence of a termination event stated in the power of attorney.
- The purpose of the power of attorney is fully accomplished.
- If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

### **Liability of Agent**

The meaning of the authority granted to you is defined in the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B. If you violate the Iowa Uniform Power of Attorney Act, Iowa Code chapter 633B, or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.





**POWER OF ATTORNEY  
RE: TEMPORARY DELEGATION OF CUSTODY**

TO WHOM IT MAY CONCERN:

We, \_\_\_\_\_,  
residing and domiciled at \_\_\_\_\_,  
in \_\_\_\_\_ County, Iowa, the legal and physical custodians of the minor child(ren):  
\_\_\_\_\_  
by this instrument hereby consent, grant, and authorize (Delegee), residing at  
\_\_\_\_\_, in \_\_\_\_\_ County,  
Iowa, to have the care, custody, and control of our said child(ren), and that Delegee's said residence shall be the residence of our said child(ren) until this authorization terminates by the terms of this instrument or until it is revoked.

Said Delegee shall have full authority to do all things necessary in caring for our said child(ren), the same as we might do ourselves, and have all, necessary, and reasonable disciplinary power and control of our said child(ren) during the period of custody and care provided by this instrument.

We shall provide all financial support necessary for the welfare of the child(ren) at all times.

We hereby consent, authorize, and fully empower Delegee to do any and all things, whatsoever, in Delegee's judgment is necessary and required to obtain any and all medical attention and services, of any kind or nature, for and on behalf of the above-named child(ren); and the same with full consent, authority, and power to sign any and all instruments, documents, and papers necessary in the name of the undersigned or otherwise, the same as the undersigned would or could do.

This instrument also authorizes any doctor, hospital, institution, clinic, or firm, or medical facility of any kind, or agent thereof, to charge the undersigned for the services and supplies so rendered, making the same a binding and legal debt of the undersigned, as though the undersigned had contracted therefore: nevertheless utilizing any medical insurance carried by the undersigned on behalf of and covering the said child(ren).

The undersigned does appoint said Delegee, as the true and lawful attorney of the undersigned with the full right, power, and authority, in the name and stead of the undersigned, giving and granting unto said attorney-in-fact, for the purposes herein granted, the full power and authority to do and perform all, each, and every act, matter and thing whatsoever requisite, necessary, or proper to be done in the matters herein set forth, as fully as the undersigned might or could do if personally present.

**AUTHORIZATION TO RELEASE INFORMATION:**

The undersigned authorizes any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to the child(ren) or that has paid for or is seeking payment for the child(ren) for such services, to give, disclose, and release to Delegee identifiable health information and medical records of my said child(ren) regarding any past, present or future medical or mental health condition

(including all specially protected health information relating to each of the following conditions specifically authorized by me to be disclosed by marking the box with an "X" or a check mark:

- sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), and human immunodeficiency virus (HIV)
- behavioral and mental health; and
- alcohol, drug and other substance abuse; and
- genetic-related information);

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

\_\_\_\_\_  
Signature of Parent

relating to the child(ren)s ability to make health care decisions. The purpose of this request is to assist in determining whether Delegee should act as the child(ren)'s agent. This authorization expires when I die or when revoked by me by a written revocation signed by me and delivered to the entity from which information is being requested prior to the time information is being requested.

I understand I can revoke this authorization by delivering a written statement of revocation to any entity I have authorized to give, disclose and release information. The revocation is effective only as to those entities to whom the written statement revocation is given and only after the time of delivery. I also understand that I have the right to inspect the disclosed information at any time. I know that once the information I have authorized to be released is released it is subject to re-disclosure by the recipient and is no longer protected by the Health Insurance Portability and Accountability Act of 1996 and regulations promulgated pursuant thereto, as amended from time to time.

**THE AUTHORITY TO ACT AS PERSONAL REPRESENTATIVE**

I grant to Delegee the power and authority to serve as the personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations (HIPAA) during any time that my agent (hereinafter referred to in subsequent clauses of this paragraph as my "HIPAA personal representative") is exercising authority under this document.

Pursuant to HIPAA, I specifically authorize said HIPAA personal representative to request, receive and review any information regarding my physical or mental health, including without limitation all HIPAA-protected health information, medical and hospital records; to execute on behalf of my said child(ren) any authorizations, releases, or other documents that may be required

in order to obtain this information and to consent to the disclosure of this information. I further authorize my HIPAA personal representative to execute on behalf of my said child(ren) any documents necessary or desirable to implement the health care decisions that said HIPAA personal representative is authorized to make under this instrument.

This Power-Of-Attorney shall be effective from 12:01 A.M. on \_\_\_\_\_, to, and shall expire at, midnight of \_\_\_\_\_.

Singular or plural shall be construed according to the context of the sentences and paragraphs, including the acknowledgment below.

Dated: \_\_\_\_\_.

\_\_\_\_\_

STATE OF IOWA, COUNTY OF \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public