



Ohio 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 al completar los formularios adjuntos.

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 en Ohio:





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 ESTÀ 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 ESTÀ 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 (833)LAT-INO1



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 ESTÀ 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 ESTÀ 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 (833)LAT-INO1



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 ESTÀ 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 ESTÀ 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 (833)LAT-INO1



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 ESTÀ 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 ESTÀ 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 (833)LAT-INO1



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:** _____

www.forwardlatino.org (833)LAT-INO1



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:** _____

www.forwardlatino.org (833)LAT-INO1



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:** _____

www.forwardlatino.org (833)LAT-INO1



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:** _____

www.forwardlatino.org (833)LAT-INO1



Forward Latino y Afiliados

Información del contacto

V3.0

Forward Latino, Inc.

Ubicación de la oficina: Franklin, WI

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

www.forwardlatino.org & www.forwardlatinoespanol.org

Afiliada de Ohio:

LULAC Ohio

Ubicación de la oficinas: Cincinnati, Columbus, Dayton & Cleveland, OH

Teléfono: (937)276-4007

www.ohio.lulacohio.com

www.renaceusa.org

OHIO STATUTORY FORM POWER OF ATTORNEY

IMPORTANT INFORMATION

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 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 Uniform Power of Attorney Act (sections 1337.21 to 1337.64 of the Revised Code).

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. Unless you specify otherwise, 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 entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one agent. If you wish to name more than one agent you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

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 unless you state otherwise in the Special Instructions.

ACTIONS REQUIRING EXPRESS AUTHORITY

Unless expressly authorized and initialed by me in the Special Instructions, this power of attorney does not grant authority to my agent to do any of the following:

- (1) Create a trust;
- (2) Amend, revoke, or terminate an inter vivos trust, even if specific authority to do so is granted to the agent in the trust agreement;
- (3) Make a gift;
- (4) Create or change rights of survivorship;
- (5) Create or change a beneficiary designation;
- (6) Delegate authority granted under the power of attorney;
- (7) Waive the principal's right to be a beneficiary of a joint and survivor annuity including a survivor benefit under a retirement plan;
- (8) Exercise fiduciary powers that the principal has authority to delegate.

CAUTION: Granting any of the above eight powers will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death.

If you have questions about the 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 _____ (Name of Principal) name the following person as my agent:

Name of Agent

Agent's Address

Agent's Telephone Number

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

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

Name of Successor Agent

Successor Agent's Address

Successor Agent's Telephone Number

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

Name of Second Successor Agent

Second Successor Agent's Address

Second 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 Uniform Power of Attorney Act (sections 1337.21 to 1337.64 of the Revised Code):

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- (____) 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
- (____) Digital Assets
- (____) All Preceding Subjects
- (____) My agent shall have access to the content of electronic communications sent or received by me.

LIMITATION ON AGENT’S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY 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 Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or my person, I nominate the following person(s) for appointment:

Name of Nominee for Guardian of my Estate

Nominee’s Address

Nominee’s Telephone Number

Name of Nominee for Guardian of my Person

Nominee's Address

Nominee's Telephone Number

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 Ohio

County of _____

This document was acknowledged before me on _____, _____
(Date), by _____ (Name of Principal).

Notary

My commission expires: _____

This document prepared by: _____

IMPORTANT INFORMATION FOR AGENT

Agent's Duties

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

- (1) 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;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney;
- (4) 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;
- (5) 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 Name) by (Agent's Name) as Agent

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

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence, and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) 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.

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:

- (1) The death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished;
- (5) 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 Uniform Power of Attorney Act (sections 1337.21 to 1337.64 of the Revised Code). If you violate the Uniform Power of Attorney Act 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.

LIMITED POWER OF ATTORNEY

INSTRUCTIONS

The parent or legal guardian (Principal) should fill out the form on pages 11-12 to give a third party (Attorney-in-Fact) general power to make the majority of decisions and to do the majority of things that a parent would do for their child.

1. You should make copies of this form once it is signed. Use the copies whenever possible in order to protect the original.
2. The form should be signed by the parent or parents with legal custody or the legal guardian. Both parents should sign if the child is living with both parents.
3. A different Limited Power of Attorney form should be completed for each child in the family.
4. Due to travel problems of taking a child to another country, the parents may want to sign a Limited Power of Attorney making the other parent the Attorney-in-Fact, along with a Limited Power of Attorney making another trusted family member or friend an Attorney-in-Fact.
5. The parent or parents must sign the form in front of a notary public. If you did not sign the Limited Power of Attorney form prior to being arrested or detained, you can ask jail staff to help find a notary in the jail. Every bank has a notary public. You should not have to pay a high fee.
6. This form may not be honored or recognized by all persons, governmental organizations, or businesses.
7. If you sign the Limited Power of Attorney form in advance, you will have to re-sign it if you place an expiration date on it.
8. The Limited Power of Attorney form is only a short-term solution to a parent or parents being arrested and detained by the government. The Attorney-in-Fact will need to consult with an attorney regarding child custody if the child's parent or legal guardian is detained.

LIMITED POWER OF ATTORNEY FOR CHILD AND MEDICAL CARE, ACCESS TO EDUCATIONAL RECORDS, AND AUTHORITY TO MAKE EDUCATION DECISIONS

Principal / Parent

Name: _____

Date of Birth: _____

ID Type: _____

ID Number: _____

Principal / Parent

Name: _____

Date of Birth: _____

ID Type: _____

ID Number: _____

Child

Name: _____

Date of Birth: _____

SSN: _____

Passport Number: _____

Attorney-in-Fact

Name: _____

Date of Birth: _____

Address: _____

I/We, _____ and _____, presently residing at _____, as the parent(s) and/or custodian(s) of _____,

hereinafter referred to as the **child**, hereby delegate to _____, hereinafter referred to as my/our **Attorney-in-Fact**, the authority to act in my/our place and stead with respect to each of the following powers pursuant to Ohio Revised Code Chapter 1337:

1. To consent to any necessary medical treatment, surgery, medication, therapy, hospitalization or other such care of or for the child;
2. To employ, retain or discharge any person who may care for, counsel, treat or in any manner assist the child;
3. To receive Protected Health Information under the Health Insurance Portability and Accountability Act (HIPAA) about my/our child, including release of records;
4. To obtain copies of my/our child's educational records kept in any of my/our child's educational files. I/we waive and release educational institutions from any restrictions imposed by law in disclosing or revealing any educational record, including, but not limited to, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and Ohio Revised Code Section 3319.321;
5. To participate in any educational decisions about my/our child as if the designated Attorney-in-Fact herein was a parent or guardian of the child. I/we waive and release educational institutions from any restrictions imposed by law in determining who may make educational decisions for my/our child, including, but not limited to, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and Ohio Revised Code Chapter 3319;
6. To drop off or pick up my/our child from school or approve travel that is part of my/our child's education. I/we waive and release educational institutions from any restrictions imposed by law in determining who may pick up or drop off my/our child at school or approve travel for educational activities;

7. To exercise the same parental rights I/we may exercise with respect to the care, custody and control of the child and the discretion to exercise the same rights in my/our Attorney-in-Fact's home or any other place selected by my/our Attorney-in-Fact in his/her discretion;
8. To authorize and consent to travel with child to and from the United States of America, and within _____; and,
9. To perform all other acts necessary, or incidental to the execution of the powers enumerated herein.

I/We also recommend and consent to the appointment by the Juvenile Court of my Attorney-in-Fact as legal custodian in the event that I/we are out-of-state for 30 days or more.

Any lawful act performed by my/our agent shall be binding upon myself/ourselves, my/our heirs, beneficiaries, personal representatives and assigns. I/We reserve the right to amend or revoke this Limited Power of Attorney at any time hereafter; provided, however, any institution or other party dealing with my agent may rely upon this Limited Power of Attorney until receipt by it of a duly executed copy of my/our revocation thereof.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Limited Power of Attorney. This Limited Power of Attorney shall not be affected by any legal incapacity during my/our lifetime, except as provided by statute.

This Limited Power of Attorney shall remain in effect from the date of signing and terminate upon a subsequent written revocation or on _____, whichever shall occur first.

Dated: _____

Signature(s): _____

STATE OF OHIO)

COUNTY OF _____)

On this _____ day of _____, 20____, before me, a Notary Public in and for said County and State, personally came _____ and acknowledged the signing of the foregoing instrument, and that the same is his/her/their voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year first above written.

Notary Public

My Commission Expires: _____

(SEAL)



Advocates for Basic
Legal Equality, Inc.

IMPORTANT TELEPHONE NUMBERS & INFORMATION

IN CASE OF EMERGENCY, CALL 911

Police:

Fire:

Consulate of my Country:

FAMILY/IMPORTANT CONTACTS IN THE U.S.

Name:

Phone:

Cell:

Work:

Relationship:

Name:

Phone:

Cell:

Work:

Relationship:

FAMILY/IMPORTANT CONTACTS IN MY HOME COUNTRY

Name:

Phone:

Cell:

Work:

Relationship:

Name:

Phone:

Cell:

Work:

Relationship:

INSURANCE INFORMATION

Health Insurance

Company:

Phone:

Policy #:

Car Insurance

Company:

Phone:

Policy #:

Car 1:

VIN #/Plate #:

Car 2:

VIN #/Plate #:

Home Insurance

Company:

Phone:

Policy #:

MEDICAL INFORMATION

Doctor:

Phone:

Dentist:

Phone:

Pediatrician:

Phone:

Hospital:

Phone:

Pharmacy:

Phone:

IMPORTANT FAMILY RECORDS

Use this form in order to have all important information in the same place. Put originals of each document in a safe place (e.g. lock box).

WORK NUMBERS

Employer #1

Name:

Phone:

Supervisor:

Date Started:

Union Rep:

Phone:

Employer #2

Name:

Phone:

Supervisor:

Date Started:

Union Rep:

Phone:

INFORMATION ABOUT YOUR VEHICLES

Vehicle 1 Make/Model:

Plate #:

VIN/ID #:

Car Loan:

Insurance:

Vehicle 2 Make/Model:

Plate #:

VIN/ID #:

Car Loan:

Insurance:

Attach a copy of each vehicle's registration and insurance and a photograph of each vehicle.

SCHOOL/DAYCARE NUMBERS

School #1

Name of School:

School ID Number:

Phone:

Name of Child:

Name of Teacher:

Name of Child:

Name of Teacher:

School #2

Name of School:

School ID Number:

Phone:

Name of Child:

Name of Teacher:

Name of Child:

Name of Teacher:

SOCIAL SECURITY #/ITIN

Name:

Number:

Name:

Number:

Name:

Number:

Name:

Number:

Attach a copy of each social security card.

FAMILY MEDICAL INFORMATION & IDENTIFICATION

Attach a copy of birth certificate, record of vaccination, and photos of each family member.

FAMILY MEMBER #1

Name:

Date of Birth:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & Medical History:

FAMILY MEMBER #2

Name:

Date of Birth:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & Medical History:

FAMILY MEMBER #3

Name:

Date of Birth:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & Medical History:

FAMILY MEMBER #4

Name:

Date of Birth:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & Medical History:

FAMILY MEMBER #5

Name:

Date of Birth:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & Medical History:

FAMILY MEMBER #6

Name:

Date of Birth:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & Medical History:

FAMILY MEMBER #7

Name:

Date of Birth:

Organ Donor: Yes No

Allergies:

Medications:

Medical Conditions & Medical History:

PERSONS WHO CAN PICK UP MY CHILDREN FROM SCHOOL/DAY CARE

Name:

Name:

Date of Birth:

Date of Birth:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Relationship:

Relationship:

PERSONS WHO CANNOT PICK UP MY CHILDREN FROM SCHOOL/DAY CARE

Name:

Name:

Name:

Please inform personnel at your children’s school that the persons listed in these sections have permission to pick up your children or do not have permission. *If there is a restraining order, attach a copy of the order and file another copy with the school and/or daycare of your children.**

CONTACTS FOR LEGAL PROBLEMS, IDENTITY THEFT, & FRAUD

For your security **DO NOT** note the numbers of your credit cards or account numbers on this document.

CREDIT CARD COMPANIES

Card #1

Company:

Toll-Free Number:

Names on Card:

Card #2

Company:

Toll-Free Number:

Names on Card:

Card #3

Company:

Toll-Free Number:

Names on Card:

Report theft of credit cards IMMEDIATELY!

CIVIL LEGAL ASSISTANCE

Legal Aid:

Immigration Attorney:

Other Attorney:

CONTACTS FOR FINANCIAL AFFAIRS

Checking Account #1

Bank:

Toll-Free Number:

Persons with Access:

Checking Account #2

Bank:

Toll-Free Number:

Persons with Access:

Savings Account #1

Bank:

Toll-Free Number:

Persons with Access:

Savings Account #2

Bank:

Toll-Free Number:

Persons with Access:

PUBLIC AGENCY CONTACTS

Domestic Violence Help:

Public Prosecutor:

Report Child Abuse:

EMERGENCY CARE FOR PETS

PET #1

Name: _____

Date of Birth: _____

Breed: _____

Description: _____

Registration Number: _____

Medications: _____

Medical Problems: _____

PET #2

Name: _____

Date of Birth: _____

Breed: _____

Description: _____

Registration Number: _____

Medications: _____

Medical Problems: _____

VETERINARIAN

Name: _____

Phone: _____

Address: _____

Emergency Phone: _____

EMERGENCY HOUSING FOR PETS

Name: _____

Phone: _____

Address: _____

Attach a photograph of each pet.