



# **Minnesota Emergency Family Planning Toolkit for families at risk of Separation V3.0**

This kit is being provided at no charge and the listed organizations suggest consulting with a licensed attorney when completing the attached forms.

This kit includes the following:

- Emergency Family Planning Checklist
- Constitutional Rights Cards
- Forward Latino & Affiliate Contact Information Sheet
- State of Minnesota Power-of-Attorney for Finances & Property
- State of Minnesota Power-of-Attorney for Delegating Parental Authority

This toolkit is provided by





# Emergency Family Planning To Do List For Mixed-Status Families V3.0

Forward Latino has developed this toolkit for individuals at risk of detention or deportation by U.S. immigration officials. It is important to complete these tasks with the assistance of a licensed immigration attorney prior to being detained. For individuals who do have lawful immigration status, we encourage you to carry your green card, work permit, or other evidence of status with you at all times. If you have any questions, please visit Forward Latino at [www.forwardlatino.org](http://www.forwardlatino.org) or call (833)LAT-INO1.

- 1. Consult with and establish a relationship with an immigration attorney in advance**
  - Review your immigration situation to determine if there is a pathway to legalization.
  - Establish a relationship should you be detained and need legal representation.
  - Review your legal rights.
  - Keep your immigration attorney's phone number with you at all times and share it with your family.
- 2. Organize all your immigration-related documents**
  - Organize all of your documents, including your visa, passport, green card, birth certificate, work permits, and any other immigration related papers.
  - Keep copies of all your documents in a safe place and give copies to your attorney.
- 3. Establish a Power of Attorney to manage your personal affairs if needed**
  - Designate a trusted person to act as your Power of Attorney in the United States should you be detained or deported. This will allow them to make legal decisions and act on your behalf.
  - Ensure the power of attorney document is legally binding and includes specific instructions regarding your finances, property and other assets, and the care of your children and other dependents.
- 4. Avoid Criminal Activity**
  - Adhere to all laws to avoid any actions that could lead to deportation. Even minor offenses can impact your immigration status.
  - If arrested for a crime, consult with an attorney before accepting any plea deals or signing any legal agreements as it might impact your immigration status.
- 5. Plan Financially**
  - Ensure you have access to funds to cover legal fees, fines, and other expenses related to your case. Consider setting up a separate savings account for these purposes.
- 6. If Detained**
  - Stay calm and follow instructions but do not sign legal documents without having them reviewed by your attorney.
  - Call your immigration attorney immediately. Immigration officials are required to allow you to call your attorney. You also have the right to remain silent until your attorney is present.
  - Write down the name and phone number of your case officer as well as you're A-number (Alien Registration Number). If you do not already have an A-number, you will be assigned one. Share this information with your attorney and family. It will assist them in locating you should you be moved to a different detention facility.
  - Family members can go to <https://locator.ice.gov/odls/#/search> or call (888)351-4024 to find where you are being detained.



# Constitutional Rights Cards

## 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 Contact Information V3.0

## Forward Latino, Inc.

Office Location: Franklin, WI

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

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

**STATUTORY SHORT FORM POWER OF ATTORNEY  
MINNESOTA STATUTES, SECTION 523.23**

Before completing and signing this form, the principal must read and initial the IMPORTANT NOTICE TO PRINCIPAL that appears after the signature lines in this form. Before acting on behalf of the principal, the attorney(s)-in-fact must sign this form acknowledging having read and understood the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT that appears after the notice to the principal.

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**PRINCIPAL** (Name and Address of Person Granting the Power)

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

**ATTORNEY(S)-IN-FACT**  
(Name and Address)

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

**SUCCESSOR ATTORNEY(S)-IN-FACT**

(Optional) To act if any named attorney-in-fact dies, resigns, or is otherwise unable to serve.

(Name and Address)

First Successor \_\_\_\_\_  
\_\_\_\_\_  
Second Successor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE: If more than one attorney-in-fact is designated to act at the same time, make a check or "x" on the line in front of one of the following statements:

- Each attorney-in-fact may independently exercise the powers granted.  
 All attorneys-in-fact must jointly exercise the powers granted.

**EXPIRATION DATE (Optional)**

\_\_\_\_\_, \_\_\_\_\_  
Use Specific Month    Day    Year Only

I, (the above-named Principal) hereby appoint the above named Attorney(s)-in-Fact to act as my attorney(s)-in-fact:

FIRST: To act for me in any way that I could act with respect to the following matters, as each of them is defined in Minnesota Statutes, section 523.24:

(To grant to the attorney-in-fact any of the following powers, make a check or "x" on the line in front of each power being granted. You may, but need not, cross out each power not granted. Failure to make a check or "x" on the line in front of the power will have the effect of deleting the power unless the line in front of the power of (N) is checked or "x-ed".)

\_\_\_ (A) real property transactions;

I choose to limit this power to real property in \_\_\_\_\_ County, Minnesota, described as follows:

(Use legal description. Do not use street address.)

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(If more space is needed, continue on the back or on an attachment.)

- \_\_\_ (B) tangible personal property transactions;
- \_\_\_ (C) bond, share, and commodity transactions;
- \_\_\_ (D) banking transactions;
- \_\_\_ (E) business operating transactions;
- \_\_\_ (F) insurance transactions;
- \_\_\_ (G) beneficiary transactions;
- \_\_\_ (H) gift transactions;
- \_\_\_ (I) fiduciary transactions;
- \_\_\_ (J) claims and litigation;
- \_\_\_ (K) family maintenance;
- \_\_\_ (L) benefits from military service;
- \_\_\_ (M) records, reports, and statements;
- \_\_\_ (N) all of the powers listed in (A) through (M) above and all other matters, other than health care decisions under a health care directive that complies with Minnesota Statutes, chapter 145C.

SECOND: (You must indicate below whether or not this power of attorney will be effective if you become incapacitated or incompetent. Make a check or "x" on the line in front of the statement that expresses your intent.)

\_\_\_ This power of attorney shall continue to be effective if I become incapacitated or incompetent.

\_\_\_ This power of attorney shall not be effective if I become incapacitated or incompetent.

THIRD: My attorney(s)-in-fact MAY NOT make gifts to the attorney(s)-in-fact, or anyone the attorney(s)-in-fact are legally obligated to support, UNLESS I have made a check or an "x" on the line in front of the second statement below and I have written in the name(s) of the attorney(s)-in-fact. The second option allows you to limit the gifting power to only the attorney(s)-in-fact you name in the statement.

Minnesota Statutes, section 523.24, subdivision 8, clause (2), limits the annual gift(s) made to my attorney(s)-in-fact, or to anyone the attorney(s)-in-fact are legally obligated to support, to an amount, in the aggregate, that does not exceed the federal annual gift tax exclusion amount in the year of the gift.

\_\_\_\_ I do not authorize any of my attorney(s)-in-fact to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

\_\_\_\_ I authorize \_\_\_\_\_ (write in name(s)), as my attorney(s)-in-fact, to make gifts to themselves or to anyone the attorney(s)-in-fact have a legal obligation to support.

FOURTH: (You may indicate below whether or not the attorney-in-fact is required to make an accounting. Make a check or "x" on the line in front of the statement that expresses your intent.)

\_\_\_\_ My attorney-in-fact need not render an accounting unless I request it or the accounting is otherwise required by Minnesota Statutes, section 523.21.

\_\_\_\_ My attorney-in-fact must render \_\_\_\_\_  
(Monthly, Quarterly, Annual)

accountings to me or \_\_\_\_\_  
(Name and Address)

during my lifetime, and a final accounting to the personal representative of my estate, if any is appointed, after my death.

In Witness Whereof I have hereunto signed my name this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Principal)

(Acknowledgment of Principal)

STATE OF MINNESOTA )

) ss.

COUNTY OF )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_

(Insert Name of Principal)

\_\_\_\_\_  
(Signature of Notary Public or other Official)

Acknowledgement of notice to attorney(s)-in-fact and specimen signature of attorney(s)-in-fact.

By signing below, I acknowledge I have read and understand the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT required by Minnesota Statutes, section 523.23, and understand and accept the scope of any limitations to the powers and duties delegated to me by this instrument.

(Notarization not required)

\_\_\_\_\_

\_\_\_\_\_

This instrument was drafted by:

Specimen Signature of Attorney (s)-in-Fact  
(Notarization not required)

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

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

**IMPORTANT NOTICE TO THE PRINCIPAL**

**READ THIS NOTICE CAREFULLY.** The power of attorney form that you will be signing is a legal document. It is governed by Minnesota Statutes, chapter 523. If there is anything about this form that you do not understand, you should seek legal advice.

**PURPOSE:** The purpose of the power of attorney is for you, the principal, to give broad and sweeping powers to your attorney(s)-in-fact, who is the person you designate to handle your affairs. Any action taken by your attorney(s)-in-fact pursuant to the powers you designate in this power of attorney form binds you, your heirs, and assigns, and the representative of your estate in the same manner as though you took the action yourself.

**POWERS GIVEN:** You will be granting the attorney(s)-in-fact power to enter into transactions relating to any of your real or personal property, even without your consent or any advance notice to you. The powers granted to the attorney(s)-in-fact are broad and not supervised. **THIS POWER OF ATTORNEY DOES NOT GRANT ANY POWERS TO MAKE HEALTH CARE DECISIONS FOR YOU. TO GIVE SOMEONE THOSE POWERS, YOU MUST USE A HEALTH CARE DIRECTIVE THAT COMPLIES WITH MINNESOTA STATUTES, CHAPTER 145C.**

**DUTIES OF YOUR ATTORNEY(S)-IN-FACT:** Your attorney(s)-in-fact must keep complete records of all transactions entered into on your behalf. You may request that your attorney(s)-in-fact provide you or someone else that you designate a periodic accounting, which is a written statement that gives reasonable notice of all transactions entered into on your behalf. Your attorney(s)-in-fact must also render an accounting if the attorney-in-fact reimburses himself or herself for any expenditure they made on behalf of you.

An attorney-in-fact is personally liable to any person, including you, who is injured by an action taken by an attorney-in-fact in bad faith under the power of attorney or by an attorney-in-fact's failure to account when the attorney-in-fact has a duty to account under this section. The attorney(s)-in-fact must act with your interests utmost in mind.



**TERMINATION:** If you choose, your attorney(s)-in-fact may exercise these powers throughout your lifetime, both before and after you become incapacitated. However, a court can take away the powers of your attorney(s)-in-fact because of improper acts. You may also revoke this power of attorney if you wish. This power of attorney is automatically terminated if the power is granted to your spouse and proceedings are commenced for dissolution, legal separation, or annulment of your marriage.

This power of attorney authorizes, but does not require the attorney(s)-in-fact to act for you. You are not required to sign this power of attorney, but it will not take effect without your signature. You should not sign this power of attorney if you do not understand everything in it, and what your attorney(s)-in-fact will be able to do if you do sign it.

Please place your initials on the following line indicating you have read this **IMPORTANT NOTICE TO THE PRINCIPAL:** \_\_\_\_\_

#### IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT

You have been nominated by the principal to act as an attorney-in-fact. You are under no duty to exercise the authority granted by the power of attorney. However, when you do exercise any power conferred by the power of attorney, you must:

- (1) act with the interests of the principal utmost in mind;
- (2) exercise the power in the same manner as an ordinarily prudent person of discretion and intelligence would exercise in the management of the person's own affairs;
- (3) render accountings as directed by the principal or whenever you reimburse yourself for expenditures made on behalf of the principal;
- (4) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (5) cease acting on behalf of the principal if you learn of any event that terminates this power of attorney or terminates your authority under this power of attorney, such as revocation by the principal of the power of attorney, the death of the principal, or the commencement of proceedings for dissolution, separation, or annulment of your marriage to the principal;
- (6) disclose your identity as an attorney-in-fact whenever you act for the principal by signing in substantially the following manner:  
Signature by a person as "attorney-in-fact for (name of the principal)" or "(name of the principal) by (name of the attorney-in-fact) the principal's attorney-in-fact";
- (7) acknowledge you have read and understood this **IMPORTANT NOTICE TO THE ATTORNEY(S)-IN-FACT** by signing the power of attorney form.

You are personally liable to any person, including the principal, who is injured by an action taken by you in bad faith under the power of attorney or by your failure to account when the duty to account had arisen.

The meaning of the powers granted to you is contained in Minnesota Statutes, chapter 523. If there is anything about this document or your duties that you do not understand, you should seek legal advice.

The Delegation of Parental Authority (DOPA) form is on the next 2 pages.  
After you fill out your form:

- **DO NOT sign or date the form right away.**

You need to sign and date your DOPA in front of a notary public. Bring your photo ID because the notary public will need to check it.

Your attorney-in-fact does NOT need to sign it in front of a notary. They do need to sign it before using it though.

- **Make copies AFTER the form is signed.**

Make copies of your form after the notary signs and stamps it. Keep one copy for your records and give the original to your Attorney-in-Fact.

- **For more information:**

Read the Delegation of Parental Authority (DOPA) fact sheet at <http://bit.ly/2mxfa47>.

**DELEGATION OF PARENTAL AUTHORITY (DOPA)**  
Delegation of Powers by Parent Minn. Stat. § 524.5-211

STATE OF MINNESOTA )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

1. My name is \_\_\_\_\_.  
(your name)  
I am the parent of \_\_\_\_\_.  
(your child's name)  
My child's birthdate is \_\_\_\_\_.  
(your child's birthday)

2. I appoint \_\_\_\_\_, to be my legal Attorney-in-Fact to have parental authority over my child, \_\_\_\_\_.

**Note:** Attorney-in-Fact is what the person you name to care for your child is called. That person does not have to be an attorney.

This DOPA lasts: *(check one)*

- For one year from the date of my signature  
OR  
 until \_\_\_\_\_, *(fill in date)* which is less than one year following the date of my signature.

3. This DOPA gives my Attorney-in-Fact permission to care for and make decisions about my child named above. These decisions include, but are not limited to:
- a. Getting medical treatment for my child
  - b. Enrolling my child in school
  - c. Providing a home, care, and supervision of my child
4. This DOPA does not give my Attorney-in-Fact permission to consent to the marriage or adoption of my child.
5. I understand that by law I have to give or mail a copy of this document to any other parent within 30 days of signing it unless:
- a. The other parent does not have parenting time rights or has supervised parenting time rights  
OR
  - b. There is an existing Order for Protection in effect against the other parent to protect me or my child.

[SIGNATURES ON FOLLOWING PAGE – Page 2]

**SIGNATURES**

**I swear that everything I have stated in this document is true and correct.**

**Parent or Guardian:**

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

\_\_\_\_\_ *(sign your name)*

\_\_\_\_\_ *(print your name)*

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**Attorney-in-Fact:** *(the Attorney-in-Fact does not have to sign in front of a notary)*

I accept the responsibilities of Attorney-in-Fact for \_\_\_\_\_.  
*(child's name)*

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

\_\_\_\_\_ *(Attorney-in-Fact signature)*

\_\_\_\_\_ *(Attorney-in-Fact printed name)*