



Michigan 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 Michigan para finanzas y propiedades
- Poder notarial del estado de Michigan para la tutela de menores de edad

Este kit de herramientas es proporcionado por Forward Latino





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



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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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www.forwardlatino.org (833)LAT-INO1



Forward Latino

Información del contacto

V3.0

Forward Latino, Inc.

Office Location: Franklin, WI

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

www.forwardlatino.org & www.forwardlatinoespanol.org

**MICHIGAN
GENERAL POWER OF ATTORNEY FORM**

I. NOTICE - This legal document grants you (Hereinafter referred to as the “Principal”) the right to transfer unlimited financial powers to someone else (Hereinafter referred to as the “Attorney-in-Fact”), unlimited financial powers are described as: **all financial decision making power legal under law**. The Principal’s transfer of financial powers to the Attorney-in-Fact are granted upon authorization of this agreement, and **DO NOT** stay in effect in the event of incapacitation by the Principal (incapacitation is described in Paragraph II). This agreement does not authorize the Attorney-in-Fact to make medical decisions for the Principal. The Principal continues to retain every right to all their financial decision making power and may revoke this General Power of Attorney Form at anytime. The Principal may include restrictions or requests pertaining to the financial decision making power of the Attorney-in-Fact. It is the intent of the Attorney-in-Fact to act in the Principal’s wishes put forth, or, to make financial decisions that fit the Principal’s best interest. All parties authorizing this agreement must be at least 18 years of age and acting under no false pressures or outside influences. Upon authorization of this General Power of Attorney Form, it will revoke any previously valid General Power of Attorney Form.

II. INCAPACITATION - The powers granted to the Attorney-in-Fact by the Principal in this General Power of Attorney Form **DO NOT** stay in effect upon incapacitation by the Principal, incapacitation is describes as: **A medical physician stating verbally or in writing that the Principal can no longer make decisions for them self.**

III. REVOCATION - The Principal has the right to revoke this General Power of Attorney Form at anytime. Any revocation will be effective if the Principal either:

- A. Authorizes a new General Power of Attorney Form.
- B. Authorizes a Power of Attorney Revocation Form.

IV. WITNESS & NOTARY - This document is not valid as a General Power of Attorney unless it is acknowledged before a notary public or is signed by at least two adult witnesses who are present when the Principal signs or acknowledges the Principal’s signature. **It is recommended to have this General Power of Attorney Form notarized.**

V. PRINCIPAL - I, _____, residing at
Name of Principal

Street Address of Principal

City of _____, State of _____, appoint
City of Principal *State of Principal*
the following as my Attorney-in-Fact, whom I trust with any and all my financial decision making power immediately upon the authorization of this form:

VI. ATTORNEY-IN-FACT - _____, residing at
Name of Attorney-in-Fact

Street Address of Attorney-in-Fact

City of _____, State of _____ grant
City of Attorney-in-Fact *State of Attorney-in-Fact*
the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of

State

VII. SUCCESSOR ATTORNEY-IN-FACT (Optional) - If the Attorney-in-Fact named above cannot or is unwilling to serve, then I appoint _____,
Name of Successor Attorney-in-Fact
residing at

Street Address of Successor Attorney-in-Fact

City of _____, State of _____ grant
City of Successor Attorney-in-Fact *State of Successor Attorney-in-Fact*

the Attorney-in-Fact the legal authority to act on my behalf for any power legal under law in regard to my financial decisions under the State of

State

VIII. TERMS & CONDITIONS - Upon authorization by all parties, the Attorney-in-Fact accepts their designation to act in the Principal's best interests for all financial decisions legal under law.

IX. THIRD PARTIES - I, the Principal, agree that any third party receiving a copy via: physical copy, email, or fax that I, the Principal, will indemnify and hold harmless any and all claims that may be put forth in reference to this Durable Power of Attorney Form.

X. COMPENSATION - The Attorney-in-Fact agrees not to be compensated for acting in the presence of the Principal. The Attorney-in-Fact may be, but not entitled to, reimbursement for all: food, travel, and lodging expenses for acting in the presence of the Principal.

XI. DISCLOSURE - I intend for my attorney-in-fact under this Power of Attorney to be treated, as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164

XII. PRINCIPAL'S SIGNATURE - I, _____, the Principal,
Printed Name of Principal

sign my name to this power of attorney this _____ day of
Day

_____ and, being first duly sworn, do declare to the
Month

undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of Principal

XIII. ATTORNEY-IN-FACT'S SIGNATURE - I, _____
Name of Attorney-in-Fact

have read the attached power of attorney and am the person identified as the attorney-in-fact for the principal. I hereby acknowledge and accept my appointment as Attorney-in-Fact and that when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts and disbursements on behalf of the principal.

Signature of Attorney-in-Fact

Date

SUCCESSOR ATTORNEY-IN-FACT'S SIGNATURE (Optional) -

I, _____ have read the attached power of
Name of successor Attorney-in-Fact
attorney and am the person identified as the successor attorney-in-fact for the principal. I hereby acknowledge that I accept my appointment as Successor Attorney-in-Fact and that, in the absence of a specific provision to the contrary in the power of attorney, when I act as agent I shall exercise the powers for the benefit of the principal; I shall keep the assets of the principal separate from my assets; I shall exercise reasonable caution and prudence; and I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

Signature of Successor Attorney-in-Fact

Date

Notary Acknowledgement (Must be completed by Notary)

State of _____ County of _____ Subscribed,
Sworn and acknowledged before me by _____, the
Principal, and subscribed and sworn to before me by _____,
witness, this _____ day of _____.

Notary Signature

Notary Public
In and for the County of _____
State of _____
My commission expires: _____ Seal

Acknowledgement and Acceptance of Appointment as Attorney-in-Fact

I, _____ have read the attached power of attorney
Name of Attorney-in-Fact
and am the person identified as the attorney-in-fact for the principal. I hereby
acknowledge that accept my appointment as Attorney-in-Fact and that when I
act as agent I shall exercise the powers for the benefit of the principal; I shall
keep the assets of the principal separate from my assets; I shall exercise
reasonable caution and prudence; and I shall keep a full and accurate of all
actions, receipts and disbursements on behalf of the principal.

Signature of Attorney-in-Fact _____
Date

Acceptance of Appointment as successor Attorney-in-Fact

I, _____ have read the attached power of
Name of successor Attorney-in-Fact
attorney and am the person identified as the successor attorney-in-fact for the
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from my assets; I shall exercise reasonable caution and prudence; and I shall
keep a full and accurate record of all actions, receipts, and disbursements on
behalf of the principal.

Signature of Successor Attorney-in-Fact _____
Date

Witness Attestation

I, _____, the first witness, and I _____
Printed Name of First Witness *Printed Name of Second Witness*

the second witness, sign my name to the foregoing power of attorney being first duly sworn and do not declare to the undersigned authority that the principal signs and executed this instrument as him or her, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

Signature of First Witness

Signature of Second Witness

HOW TO FILL OUT A PARENTAL POWER OF ATTORNEY FORM

Section 1: Fill in the county in which the minor child resides.

Section 2: Fill in the full name of the custodial parent or guardian who is giving the Power of Attorney to another person.

Section 3: Fill in the relationship of the person who is giving Power of Attorney to the minor child (for example: mother).

Section 4: Fill in the full name of the minor child.

Section 5: Fill in the date of the minor child's birth date.

Section 6: Fill in the full name of the person who you wish to have a parental power of attorney over the minor child.

Section 7: Fill in the full name of the minor child.

Section 7a: Fill in the full name of the person who you wish to have a parental power of attorney over the minor child.

Section 8: Fill in the date that you wish to have the parental power of attorney begin.

STOP

Section 9: The person who is giving the Parental Power of Attorney must sign their name in Section 9 in front of two (2) witnesses and a notary public. The witnesses will also sign in Section 9.

NOTARY PUBLIC WILL COMPLETE

Section 10: The notary will complete this section.

