

Minnesota Emergency Family Planning Toolkit
rau cov tsev neeg uas muaj kev pheej hmoo yuav
raug cais tawm
v4.0



www.forwardlatino.org
(833)LAT-INO1

FORWARD
LATINO




Tsab Ntawv Txhawb Nqa & Kev Qhia Txog Toolkit



Nyob zoo tus Tswvcuab Hauv Zej Zog,

Forward Latino zoo siab tshaj tawm thiab faib cov **Family Planning Toolkit** no rau koj thaum lub sij hawm nyuaj no rau peb lub zej zog. Forward Latino nyob ntawm no los pab txhawb koj thiab koj tsev neeg.

Raws li ib lub koom haum thoob teb chaws uas muaj cov tswvcuab thiab cov koom tes nyob thoob 29 lub xeev, peb tau pom kiag ntawm qhov muag tias muaj ntau tsev neeg tab tom ntsib kev ntxhov siab thiab kev tsis paub tseeb. Cov toolkit no raug tsim los pab tsev neeg npaj rau qhov muaj peev xwm raug kaw (detention) lossis raug cais tawm (separation), thiab pab kom txhua tus nkag siab thiab siv tau lawv cov cai lij choj raws li Txoj Cai Lij Choj (constitutional rights).

Cov toolkit no muaj xws li:

Family Planning To-Do List

Ib daim ntawv txheeb xyuas cov kauj ruam tseem ceeb uas cov tsev neeg uas muaj kev pheej hmoo yuav tsum ua kom tiav ua ntej yog tias muaj kev cais tawm lossis raug kaw.

Yuav Ua Li Cas Yog Raug Kaw & Yuav Nrhiav Tau Ib Tus Neeg Uas Koj Hlub Hauv Chaw Kaw Li Cas

Cov lus qhia siv tau tiag los pab koj khaws cia koj cov cai, tiv thaiv koj cov neeg uas koj hlub, thiab nrhiav tau cov neeg hauv tsev neeg yog tias muaj kev kaw, yam tsis ua rau koj lossis lwm tus muaj kev pheej hmoo ntxiv.

Removal/Deportation Defense Attorney Referral List

Ib daim ntawv teev npe ntawm cov kws lij choj kev tsiv teb tsaws chaw uas muaj kev tsim nyog thiab coj ncajes, uas Forward Latino tau ua hauj lwm nrog, thiab uas muab kev pab tiv thaiv rooj plaub removal/deportation.

Constitutional Rights Cards (English/Spanish)

Daim npav ob hom lus (Askiiv/Mev) uas muab kauj/tais ua hnab nyiaj tau, piav qhia koj cov cai thiab qhia tau rau cov neeg lis kev tsiv teb tsaws chaw kom pab koj tshaj tawm koj cov kev tiv thaiv raws li U.S. Constitution.

Power of Attorney (PoA) rau Nyiaj Txiag & Vaj Tse

Ib daim ntawv lij choj uas tso cai rau koj xaiv ib tus neeg uas koj ntseeg siab ua koj tus neeg sawv cev los tswj koj cov nyiaj txiag thiab vaj tse yog tias koj tsis muaj peev xwm ua tau.

Power of Attorney rau Kev Tso Cai Saib Xyuas Menyuam (Delegating Parental Power)

Ib daim ntawv lij choj uas tso cai rau koj xaiv ib tus neeg laus uas koj ntseeg siab ua koj tus neeg sawv cev ib ntus los saib xyuas thiab txiav txim siab txog koj tus menyuam txoj kev noj qab nyob zoo thiab kev cai lij choj yog tias neb raug cais tawm ntev.

Peb txhawb kom txhua tsev neeg uas muaj kev pheej hmoo yuav raug cais tawm nyeem cov toolkit no kom zoo thiab ua raws li cov kauj ruam uas pom zoo kom sai li sai tau. Thov nco ntsoov: cov toolkit no yog los pab koj npaj, tab sis nws tsis hloov tau kev pab tswv yim lij choj. Peb tseem pom zoo kom koj tham nrog ib tus kws lij choj kev tsiv teb tsaws chaw thiab/lossis kws lij choj family planning txog koj qhov xwm txheej tshwj xeeb.

Yog koj muaj lus nug lossis xav tau kev pab, thov hu rau Forward Latino ntawm (833) LAT-INO1 lossis mus saib www.forwardlatino.org.

Ua tsaug, thiab Vajtsvw foom koob hmoov.

Darryl D. Morin

Thawj Tswj Hwm Hauv Tebchaws



Daim Ntawv Teev Yam Yuav Tsum Ua Rau

Kev Npaj Tsev Neeg

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Cov nram qab no yog daim ntawv teev cov dej num uas txhua tus neeg uas muaj kev pheej hmoo yuav raug cais tawm ntawm lawv tsev neeg yuav tsum ua kom tiav tam sim ntawd.

1. Tsim koj tus neeg hu thaum muaj xwm txheej ceev thiab teeb ib txoj kev npaj rau tsev neeg

- Koj tus Neeg Hu Thaum Muaj Xwm Ceev yuav tsum yog ib tus neeg uas nyob raug cai hauv Tebchaws Meskas yog tias ua tau, muaj xov tooj txawb thiab npaj txhij pab tau 24 teev ib hnub.
- Koj txoj kev npaj rau tsev neeg yuav tsum qhia meej txog yam uas koj tsev neeg yuav tsum ua yog tias muaj kev cais tawm.

2. Teem thiab khaws koj cov ntaub ntawv kev tsiv teb tsaws chaw kom zoo

- Teem thiab khaws tag nrho koj cov ntaub ntawv, xws li koj daim visa, passport, green card, daim ntawv yug, daim ntawv tso cai ua hauj lwm, thiab lwm yam ntaub ntawv kev tsiv teb tsaws chaw.
- Khaws cov ntawv luam (copies) ntawm tag nrho koj cov ntaub ntawv rau qhov chaw nyab xeeb thiab muab cov ntawv luam rau koj tus kws lij choj kev tsiv teb tsaws chaw thiab.

3. Tsim kev sib raug zoo nrog ib tus kws lij choj kev tsiv teb tsaws chaw uas muaj ntawv tso cai thiab pab tiv thaiv rooj plaub removal

- Saib xyuas koj qhov xwm txheej kev tsiv teb tsaws chaw seb puas muaj txoj hauv kev mus ua neeg raug cai.
- Saib xyuas txoj kev hu tau tus kws lij choj yog tias muaj kev cais tawm tom qab sijhawm ua hauj lwm.
- Saib xyuas koj cov cai lij choj.
- Muab cov ntawv luam ntawm koj cov ntaub ntawv kev tsiv teb tsaws chaw
- Cim nco koj tus kws lij choj kev tsiv teb tsaws chaw tus xov tooj, vim tias xov tooj txawb feem ntawv muab tshem tawm ntawm cov neeg nyob hauv chaw kaw.

4. Tsim Power of Attorney(s) los tswj koj tej haujlwm ntiag tug

- Ib daim Power of Attorney rau Nyiaj Txiag & Vaj Tse yuav tso cai rau koj tus neeg sawv cev txiav txim siab rau koj raws li tau teev tseg hauv daim foos. Daim Minnesota PoA rau Nyiaj Txiag & Vaj Tse muaj nyob hauv toolkit no.
- Ib daim Power of Attorney rau Kev Tso Cai Saib Xyuas Menyuam (Delegating Parental Power) yuav tso cai rau koj tus neeg sawv cev txiav txim siab rau koj cov menyuam raws li tau teev tseg hauv daim foos. Daim Minnesota PoA rau Kev Tso Cai Saib Xyuas Menyuam (Delegating Parental Power) muaj nyob hauv toolkit no.
- Cov neeg sawv cev (agents) yuav tsum muaj hnub nyooog 18 xyoo lossis tshaj, thiab muaj peev xwm txiav txim siab tau. Pom zoo kom lawv nyob raug cai hauv Tebchaws Meskas.
- Txawm tias daim foos Power of Attorney tsis tas yuav mus notarize, peb pom zoo kom ua li ntawd yog tias ua tau.



Daim Ntawv Teev Yam Yuav Tsum Ua Rau

Kev Npaj Tsev Neeg

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Cov nram qab no yog daim ntawv teev cov dej num uas txhua tus neeg uas muaj kev pheej hmoo yuav raug cais tawm ntawm lawv tsev neeg yuav tsum ua kom tiav tam sim ntawd.

5. Zam kev ua txhaum cai thiab zam kev cuam tshuam nrog cov neeg uas koom nrog kev ua txhaum cai.

- Ua raws txhua txoj cai thiab zam tej yam kev ua lossis cov neeg koom nrog tej yam kev ua ntawd uas yuav ua rau muaj kev sib cuag nrog tub ceev xwm. Vim muaj kev hloov tshiab, txawm yog kev ua txhaum me me los kuj cuam tshuam tau koj qhov xwm txheej kev tsiv teb tsaws chaw.
- Yog tias raug ntes vim kev ua txhaum cai, tham nrog koj tus kws lij choj kev ua txhaum cai thiab koj tus kws lij choj kev tsiv teb tsaws chaw ua ntej yuav txais tej kev pom zoo (plea deals) lossis kos npe rau tej ntawv cog lus raws cai, vim tej ntawd yuav cuam tshuam tau koj qhov xwm txheej kev tsiv teb tsaws chaw.

6. Npaj nyiaj txiag

Xyuas kom koj muaj peev nyiaj siv them tus nqi kws lij choj, nyiaj tso tawm (bonds) thiab nyiaj nplua, thiab lwm yam nuj nqis uas cuam tshuam nrog koj rooj plaub. Xav txog kev qhib ib lub savings account tshiab cais rau cov hom phiaj no.

Yam yuav ua yog tias koj raug kaw:

1. Nyob tus yees thiab ua raws li cov lus qhia, tab sis tsis txhob kos npe rau tej ntaub ntawv lij choj yam tsis tau kom koj tus kws lij choj tshuaj xyuas.
2. Yog tias koj nyob raug cai hauv Tebchaws Meskas lossis yog pej xeem, qhia rau cov neeg sawv cev tam sim ntawd.
3. Siv koj txoj cai nyob twj ywm (tsis hais lus). Tab sis koj yuav tsum qhia koj lub npe thaum lawv nug.
4. Koj muaj txoj cai tsis kam kos npe rau ib daim foos twg kom txog thaum koj tus kws lij choj kev tsiv teb tsaws chaw tau tshuaj xyuas.
5. Qhia rau tus neeg lis kev tsiv teb tsaws chaw paub yog tias koj yog tus saib xyuas menyuam tseem ceeb, lossis muaj mob uas yuav tsum tau noj tshuaj lossis tau txais kev kho mob, lossis yog koj cev xeeb tub.
6. Thaum lub sijhawm ua txheej txheem thiab txais koj nkag chaw kaw, sau cia koj tus case officer lub npe thiab xov tooj thiab koj tus Alien Registration Number (A-Number). Yog tias koj tsis tau muaj A-number, lawv yuav muab ib tug rau koj. Qhia cov ntaub ntawv no rau koj tus Neeg Hu Thaum Muaj Xwm Ceev. Qhov no yuav pab lawv nrhiav tau koj yog tias lawv muab koj hloov mus rau lwm lub chaw kaw.
7. Tsis txhob dag lossis muab ntaub ntawv cuav vim tej ntawd yuav yog kev ua txhaum cai thiab/lossis ua rau koj qhov xwm txheej phem ntxiv.
8. Cov neeg lis haujlwm yuav tsum tso cai rau koj hu rau ib tus neeg hauv tsev neeg lossis kws lij choj. Yog tias lawv tsis muab qhov ntawd rau koj, koj muaj txoj cai thov kom koj tau hu. Thov nco ntsoov tias kev hu xov tooj ntawm koj thiab koj tus kws lij choj yog kev sib tham uas muaj kev tiv thaiv (privileged), tab sis kev hu rau tsev neeg lossis phooj ywg tsis yog, thiab tej ntaub ntawv hauv cov kev sib tham ntawd yuav siv tawm tsam koj tau.
9. Hu rau koj tus Neeg Hu Thaum Muaj Xwm Ceev thiab muab koj tus case officer lub npe thiab xov tooj thiab koj tus A-Number rau lawv.
10. Yog tias koj ntshai rov qab mus rau koj lub teb chaws, hais kom nrov thiab meej rau txhua tus neeg sawv cev uas koj pom. Yog tias koj tsis hais tias koj ntshai, lawv yuav xa koj rov qab (deport) yam tsis pub koj muaj sijhawm mus ntsib tus kws txiav txim plaub lossis thov asylum.

Yam yuav ua yog tias ib tus neeg hauv tsev neeg raug kaw:

1. Qhia rau tus neeg raug kaw tus kws lij choj kev tsiv teb tsaws chaw thiab consulate tam sim ntawd.
2. Ua raws li koj txoj kev npaj rau tsev neeg
3. Yog tias tus neeg raug kaw raug muab hloov mus lawm, muaj ob txoj kev tseem ceeb los nrhiav tau lawv.
 - Kev xaiv online: Mus rau <https://locator.ice.gov/odls/#/search>
 - Kev xaiv hu xov tooj (sijhawm txwv): Hu rau (888)351-4024
4. Yog xav nrhiav ntaub ntawv hais txog tsev hais plaub kev tsiv teb tsaws chaw, mus rau: <https://acis.eoir.justice.gov/en/> lossis hu 1-800-898-7180.
5. Koj tuaj yeem xyuas seb puas muaj removal orders uas tseem tshuav lossis tau raug deport yav dhau los los ntawm tus kws txiav txim plaub kev tsiv teb tsaws chaw ntawm:
<https://acis.eoir.justice.gov/en/>



Minnesota:

Daim Ntawv Teev Npe Qhia Mus Rau Kws Lij Choj Tiv Thaiv

Removal/Deportation Kev Tsiv Teb Tsaws Chaw

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Korean, Spanish

Practice Areas: Asylum (A), Consular (C), Criminal (CR), Deferred Action (DA), Deportation (D), Employment (E), Family (F), General (G), Litigation (L), Medical (M), Naturalization (N), Parole (P), SIJS (S), Student (ST), TPS, Trafficking (T), U-Visa (U), VAWA (V), Waiver (W).

Área de Práctica: Asilo (A), Procesamiento consular (C), Penal (CR), Acción Diferida (DA), Deportación (D), Empleo (E), Familia (F), General (G), Litigo (L), Medical (M), Naturalización (N), Permisos de permanencia temporal (P), SIJS (S), Estudiante (ST), Estatus de Protección Temporal (TPS), Trata de personas (T), U-Visa (U), VAWA (V), Perdones (W).



Minnesota:

Daim Ntaww Teev Npe Qhia Mus Rau Kws Lij Choj Tiv Thaiv

Removal/Deportation Kev Tsiv Teb Tsaws Chaw

Justicia Law 3539 Hennepin Ave. Minneapolis, MN 55408 612-284-1484 A, C, CR, D, DA, F, N, S, T, U, V, W French, Spanish	Mengel Immigration Law 3109 Hennepin Ave. S. Minneapolis, MN 55408 612-977-3186 A, C, D, F, L Spanish	Paula Schwartzbauer Law 5601 Nicollet Ave. Minneapolis, MN 55419 612-822-2195 C, DA, F, G, N, P, TPS, U, V, W Spanish	Roberts Immigration Law Office 816 W. St. Germain St., Suite 607 St. Cloud, MN 56301 320-257-8472 A, C, D, E, F, G, N, ST, W
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Kivu Immigration Law 222 10th St. Worthington, MN 56187 507-295-4858 A, C, D, DA, E, F, G, L, N, S, T, U, V Spanish	Nexum Legal 7800 Metro Pkwy., #300 Bloomington, MN 55425 651-600-2263 A, C, D, E, F, G, N, P, ST, U, V, W Spanish	Prokosch Law 1700 S. Hwy. 36 Service Dr., Suite 570 Roseville, MN 55113 651-333-3039 A, C, D, F, G, L, S, T, TPS, U, V, W French, Hungarian, Spanish, Telugu	Tripiciano Immigration Law 505 2nd Ave. N. Sauk Rapids, MN 56379 320-224-6535 C, F, N
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Daim Npav Qhia Txog Cov Cai Lij Choj Raws Li Txoj Cai Teeb Cai rau Pej Xeem & Cov Neeg Tsiv Teb Tsaws Chaw

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COV CAI LIJ CHOJ RAWS LI TXOJ CAI TEEB CAI

TSIS TXHOB QHIB QHOV ROOJ yog tias ib tus neeg lis kev tsiv teb tsaws chaw tuaj khob qhov rooj, tshwj tsis yog lawv muaj daim ntaww tso cai (warrant) uas tus kws txiav txim plaub tau kos npe. Yog tias lawv tsis muaj, tsis txhob qhob qhov rooj.

TSIS TXHOB TEB IB LO LUS NUG twg los ntawm tus neeg lis kev tsiv teb tsaws chaw yog tias nws sim tham nrog koj. Koj muaj txoj cai nyob twj ywm lossis tham nrog koj tus kws lij choj.

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YOG TIAS KOJ TSAV TSHEB THIAB RAUG NRES, tus tub ceev xwm tej zaum yuav kom koj qhia koj daim ntaww tsav tsheb, daim ntaww sau npe tsheb, thiab daim ntaww pov hwm tsheb, tab sis koj tsis tas yuav teb cov lus nug txog koj qhov xwm txheej kev tsiv teb tsaws chaw.

YOG TIAS KOJ NYOB SAB NRAUD KOJ LUB TSEV, nug tus neeg sawv cev seb koj puas muaj cai mus tau. Yog tias nws hais tias muaj, tawm mus ntsiag to.



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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: _____
www.forwardlatino.org (833)LAT-INO1



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Daim Ntawv Tso Cai Sawv Cev (Power of Attorney) rau Nyiaj Txìag & Vaj Tse



**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.

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.)

(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 m u s t 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____.

(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 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.



Daim Ntawv Tso Cai Sawv Cev (Power of Attorney) rau Kev Tso Cai Saib Xyuas Menyuam



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/2mxf47>.

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*)