CAIR CALIFORNIA

FAMILY PREPAREDNESS WORKBOOK

For California Families in the face of Mass Deportation Threats

CREATED BY CAIR-SV/CC
UPDATED FEBRUARY 2026

Family Preparedness Workbook

For California Families in the face of Mass Deportation

During times of uncertainty, the best tools are education and preparation.

Undocumented and mixed status immigrant families are living in constant fear of forced separation due to the mass immigration raids that are occurring all over the United States. This fear has increased with the violent nature and escalation of these events. This workbook seeks to help our community settle this fear by providing information, resources, and creating a general action plan for families in the case of a loved one's apprehension.

Included in this workbook you will find general information that aims to help individuals build a family preparedness plan. The goal is to help guide an individual determine what immigration options are available to them, their rights if confronted by Immigration authorities, options for building a Child Care Plan, basic financial planning, a list of important documents to have, and the first few steps to take after an Immigration apprehension.

It is also important to note that while the laws, policies, and forms included in this workbook are current at the time of release, they may change. It is recommended that you contact a legal representative for the most up to date information available.

Disclaimer:

This workbook provides general information tailored to individuals residing in the state of California. For state specific legal information outside of California please reach out to your local State Bar for referrals.

This workbook was created to serve as a guide and should not substitute legal counsel. This workbook does not intend to create an attorney-client relationship. For individual legal advice please review the included list of trusted legal organizations in California.

This Workbook belongs to: _____

Full Legal Name: _____
AKAs: _____
_____
_____
_____
A number(s): _____
_____
Cellphone: _____ Home phone: _____
Work phone: _____
email address(es): _____
Physical Address: _____
_____
_____
Mailing Address: _____
_____
_____
Date(s) entered the United States: _____

Emergency Contacts:

Name: _____ Number: _____
Address: _____
_____
_____

Name: _____ Number: _____
Address: _____
_____
_____

Name: _____ Number: _____
Address: _____
_____
_____

Name: _____ Number: _____
Address: _____
_____
_____

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Chapter 1: How to find Immigration Options

In order to best prepare your family for the ongoing Immigration raids, one of the most important decisions you'll want to make is what you want to do if you, or any non-U.S. Citizens in your family, are apprehended.

You can either choose to fight your case to remain in the United States, or you can choose to return to your home country as soon as possible. However, before making this important decision, you should seek a consultation with an experienced immigration attorney as soon as possible.

The reason an immigration consultation, before an apprehension, is so important is so that you may go over your individual situation with a knowledgeable immigration attorney and inform yourself on what immigration options are available to you before and after an apprehension based on your specific situation.

Simply knowing someone with a similar case to yours, does not mean that your options are the exact same. Immigration cases should be evaluated on a case-by-case basis by a knowledgeable immigration attorney.

During your consultation appointment, you must be ***completely honest*** about your immigration history, so that the attorney can adequately assess your immigration options. If you are not sure what to discuss with the attorney, we have listed a few questions, topics, and discussion starters that you can discuss with your attorney:

- Discuss any and all entries to the United States.
- Discuss any previous applications submitted by you or on your behalf.
- Discuss any arrests and/or convictions; even if you were previously told that they have been erased/ expunged from your record
- Discuss any previous immigration arrests, detentions, encounters.
- Discuss any special circumstances that may apply to your case.
- What immigration option are available to me at this current time? If any.
- What immigration options are available to me if I am detained by ICE?
- What immigration options are available to me if I leave the United States voluntarily or am deported. (especially if you have immediate U.S. Citizen or Permanent Resident family members)
- Are there any documents, based on my specific situation that I should begin gathering.
- What are the complications in my case, and are there any actions I can begin to take to overcome them?
- Should you request a Freedom of Information Act (FOIA) in your situation

In the Name of God, The Compassionate, The Merciful

Council on American-Islamic Relations
Sacramento Valley Central California Office

CAIR CALIFORNIA

Tel. 916.441.6269 I Fax: 916.441.6271 I ca.cair.com

We have included the following, non-exhaustive, list of Non-Profits that may offer free or low-cost immigration consultations and/or other related resources:

Organization/ Office	Address	Contact
California Human Development CHD	Santa Rosa Headquarters (SRHQ) 3510 Unocal Place Suite 200 Santa Rosa, CA 95403	(707) 523-1155
California Rural Legal Assistance Foundation, Inc (CRLAF)	Sacramento: 2210 K Street, Suite 201 Sacramento, CA 95816 Fresno:	(916) 446-7904 (559) 486-6278
CalHope	https://www.calhope.org/pages/resources.aspx	Email: calhope@dhcs.ca.gov
Catholic Charities of California	1107 9th St, #707, Sacramento, CA 95814	916-706-1539 www.scd.org
Catholic Legal Immigration Network	564 Market St, San Francisco, CA 94104	(415) 394-8073
NorCal Resist	Sacramento, CA	(916) 382-0256 norcalresist@gmail.com
Opening Doors, Inc.	1111 Howe Avenue, Suite 125 Sacramento, CA 95825	(916) 492-2591
Sacramento Food Bank and Family Services	1951 Bell Avenue Sacramento, CA 95838	(916) 456-1980
No One Left Behind	Info@nooneleft.org	
Bet Tzedek Legal Services	3250 Wilshire Blvd., 13th floor, Los Angeles, CA 90010	(323) 939-0506

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International Rescue Committee (IRC)	Sacramento: 2020 Hurley Way Suite 420 Sacramento, CA95825 Turlock: 3446 N Golden State Blvd, Turlock, CA 95382 Oakland: 440 Grand Avenue Suite 500 Oakland, CA94610 Los Angeles: 625 N. Maryland Ave Glendale, CA91206	(916) 482-0120 (209) 667-2378 (510) 452-8222 (818_550-6220
MAS Social Services Foundation	3820 Auburn Blvd, Suite 83 Sacramento, CA 95821	Messages: (916) 486-8626 general questions: info@mas-ssf.org counseling requests: counseling@mas-ssf.org
World Relief	Sacramento: 2233 Watt Ave Ste 110, Sacramento, CA 95825 Garden Grove: 13121 Brookhurst Street, #H Garden Grove, CA 92843 San Diego: 6555 Balboa Ave, San Diego, CA 92111	(916) 978-2650 714) 210-4730 socalsandiego@wr.org
Community Legal Services McGeorge School of Law	3455 5th Ave, Sacramento, CA 95817	(916) 340-6080
UC Davis Law School Immigration Clinic	One Shields Ave., TB 30 Davis, CA 95616	(530) 752-6942

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Community Justice Alliance	1722 J Street Suite 300 Sacramento CA 95811	(888) 585 -4917
La Familia Counseling Center, Inc.	5523 34thSt, Sacramento, CA 95820 La Familia Maple Neighborhood Center: 3301 37thAve Sacramento, CA95824	(916) 452-3601
Saint Vincent de Paul ESAVN	Sacramento, CA	916-241-3026 For services in Spanish 530-720-3012
AfriPeace Development Foundation	Sacramento, CA	916-490-7079
Mercy Housing	2512 River Plaza Drive, Suite 200 Sacramento, California 95833	(916) 414-4400
CARECEN SF	3101 Mission Street, Suite 101 San Francisco, CA 94110	Tel: (415) 642-4400
Centro Legal De La Raza	3400 East 12th Street Oakland, CA 94601	(510) 437-1554 info@centrolegal.org
Community Legal Services of East Palo Alto (CLESPA)	1861 Bay Road East Palo Alto, CA 94303	(650) 326-6440
Dolores Street Community Services	938 Valencia Street San Francisco, CA 94110	(415) 282-6209
Immigrant Legal Defense (ILD)	1322 Webster Street Suite 401 Oakland, CA 94612	(213) 833-8283 info@ild.org.
Oasis Legal Services	1900 Addison St Ste 100, Berkeley, CA 94704	(510) 666-6687
Pangea Legal Services	350 Sansome Street, Suite 650 San Francisco, CA 94104	(415) 254-0475 welcome@pangealegal.org

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Central California Legal Services (CCLS)	Fresno: 2115 Kern St., Ste. 200, Fresno, CA 93721 Merced: 1640 N St Ste 200, Merced, CA 95340 Visalia: 2025 W Feemster Ave, Visalia, CA 93277	800-675-8001
Centro Binacional para el Desarrollo Indígena Oaxaqueno	Fresno: 744 P Street, Suite 307 Fresno, CA 93721 San Francisco: 1007 General Kennedy Avenue, Suite 211 San Francisco, 94129 Los Angeles: 1000 N. Alameda Street, Suite 240 Los Angeles, CA 90012	(559) 237 – 9812 (415) 346-5200 (213) 346-3285
El Concilio California	Stockton: 445 N. San Joaquin St. Stockton, CA 95202 Modesto: 1314 H St. Modesto, CA 95356 Lodi: 1330 South Ham Lane Lodi, CA 95242 Manteca: 1215 W. Center St., Suite 105 Manteca, CA 95337 Tracy: 95 West 11th St., Suite 104 Tracy, CA 95376	(209) 644-2600 (209) 523-2860 (209) 370-6300 (209) 249-2100 (209) 820-5900

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Education and Leadership Foundation	4290 E. Ashlan Ave, Fresno, CA 93726	559-291-54-28 info@education-leadership.org
Fresno Immigrant and Refugee Ministries (FIRM)	1940 N Fresno St, Fresno, CA 93703	(559) 487-1500
Centro La Familia Advocacy Services, Inc.	302 Fresno St Ste 102, Fresno, CA 93706	(559) 237-2961
New American Legal Clinic San Joaquin College of Law (NALC)	901 5th St, Clovis, CA 93612	(559) 326-1553
Kids in Need of Defense (KIND)	Fresno: 550 E Shaw Ave Ste 210, Fresno, CA 93710 Los Angeles: 801 S Grand Ave Ste 550, Los Angeles, CA 90017 San Francisco: infosanfrancisco@supportkind.org	(559) 240-4184 (213) 274-0176 (415) 694-7389
SIREN – Services Immigrant Rights & Education Network	Fresno: 2904 N Blackstone Ave, Fresno, CA 93703 San Jose: 1769 Park Ave Ste 108, San Jose, CA 95126	(559) 840-0005 (408) 453-3003
The Fresno Center	4879 E Kings Canyon Rd, Fresno, CA 93727	(559) 255-8395
Youth 2 Leaders Education Foundation	1701 Westwind Drive, Ste. 116, Bakersfield, CA 93301	(661) 374-8817

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UFW Foundation	Fresno: 732 North Van Ness Ave, Fresno, CA 93728 Bakersfield: 917 H St., Bakersfield, CA 93304 Madera: 450 S. Madera Ave. Suite H Madera, CA 93637 Santa Rosa: 1700-D Corby Ave. Santa Rosa, CA 95407 Salinas: 118 E Gabilan St Salinas, CA 93901	877-881-8281 (661) 324-2500 (559) 496-0700 (559) 674-4525 (707) 528-3039 (831) 757-6700
ABA Immigration Justice Project of San Diego	2727 Camino del Rio South, Suite 320, San Diego, CA 92108	(619) 255-8810
Access California Services	300 W. Carl Karcher Way, Anaheim, CA 92801	(714) 917-0440 request@accesscal.org
Advancing Justice - Asian Law Caucus	55 Columbus Ave, San Francisco, CA 94111	(415) 896-1701
Ahri for Justice	3727 W 6th Street, Suite 512, Los Angeles, CA 90020	(323) 565-1101 info@ah-ri.org
AIDS Legal Referral Panel - Immigrant HIV Pro Bono assistance	1663 Mission St, Suite 500, San Francisco, CA 94103	(415) 701-1200 ext. 313
Aiming Higher	1035 E Vista Way Suite 214, Vista, CA 92084	(760) 842-5551 admin@aiminghigherimmigration.org
Alliance for African Assistance	5952 El Cajon Blvd, San Diego, CA 92115	(619) 286-9052 ext. 229 gm@alliance-for-africa.org

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Arab Resource and Organizing Center	522 Valencia St, San Francisco, CA 94110	(415) 861-7444 info@araborganizing.org
Asian Americans Advancing Justice-LA	1145 Wilshire Blvd, 2nd Floor, Los Angeles, CA 90017	(213) 977-7500 info@advancingjustice-la.org
Asian Law Alliance	991 W. Hedding St, Suite 202, San Jose, CA 95126	(408) 287-9710
Asian Pacific Islander Legal Outreach	Oakland: 1305 Franklin St, Suite 410, Oakland, CA 94612 San Francisco: 1121 Mission St, San Francisco, CA 94103	(510) 251-2846 (415) 567-6255
Bay Area Legal Aid	Napa: 1250 Main St, Suite 210, Box 18, Napa, CA 94559 Oakland: 1735 Telegraph Ave, Oakland, CA 94612 Redwood City: 1048 El Camino Real, Suite A, Redwood City, CA 94063 Richmond: 1025 Macdonald Ave, Richmond, CA 94801 San Francisco: 1800 Market Street, 3rd Floor, San Francisco, CA 94102 San Jose: 4 North Second St., Suite 600, San Jose, CA 95113	(707) 259-0579 1-800- 551-5554 (650) 358-0745 (510) 233-9954 (415) 982-1300 (408) 283-3700

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Mil Mujeres Legal Services	Sacramento: 2390 Maritime Drive, Suites 220 & 210 Elk Grove, CA 95758 Los Angeles: 643 S Olive Street, Office 420 Fourth floor, Los Angeles 90014 San Bernardino: 255 North D Street, Suite 200 XII, San Bernardino, CA, 92401 San Diego: 770 First Ave., Suite 250, Office 2086 San Diego, CA 92101	(916) 256-4290 (213) 568-4720 (909) 259-0395 (408) 217-6785
Coalition for Human Immigrant Rights – CHIRLA	Sacramento: 1225 Eight St., Ste. 120, Sacramento,CA 95814 Porterville: 130 E Mill Ave, Porterville, CA 93257 Los Angeles: 4255 South Olive St. Los Angeles CA 90037 2533 W. 3rd St., #101 Los Angeles, CA 90057 Compton: 700 N Bullis Road #1A Compton, CA 90221 Santa Ana: 2020 N Broadway Suite 101 Santa Ana, CA 92706 San Bernardino: 330 North D Street Suite 424 San Bernardino, CA 92401	916-403-7823 559-854-9590 (213)395-9566 (213) 353-1333 (323) 647-3932 (213) 201-8736 (909)475-0687

After your consultation fill out the following information.

I have had an immigration consultation with: _____
_____
_____
_____

During the consultation we discussed: _____
_____
_____
_____
_____
_____
_____
_____

☐ I have ☐ I have not, signed a contract for Representation.

☐ If so, I have included a copy of the contract with my important documents.

If I am detained, please contact:

_____
_____
_____
_____

☐ I have been informed of my existing immigration options which are:

_____
_____
_____
_____

☐ If I am detained, I would like to pursue my immigration options and try to remain in the United States.

or

☐ If I am detained, I would not like to pursue my immigration options and want to be released to: _____

WHAT IS AN ICE STAY OF REMOVAL AND HOW DO I REQUEST IT?

An ICE Stay of Removal or Form I-246 is an application submitted to request a temporary postponement of a deportation order issued by Immigration and Customs Enforcement (ICE). If accepted, this Stay permits an individual, facing removal from the United States, to remain in the United States for a specific amount of time (most commonly about 6 months) while they explore their legal options, and or resolve other issues (i.e. humanitarian reasons, medical treatment, etc.). However, it is important to note that under this administration, the agency might be more inclined to deny this application.

To apply for the stay of removal you must have the following:

- a completed Form I-246, Application for a Stay of Deportation or Removal
- A copy of Passport or proof of application for one.
- Medical Documentation if applicable
- Police reports and records of past convictions if applicable
- A summary of reasons for the request
- any additional relevant documentation
- non-refundable $155 processing fee

The completed Application, attached evidence, and fee must be submitted to the corresponding Enforcement and Removal Operations (ERO) Field Office.
http://www.ice.gov/contact/ero/index.htm

Please keep in mind that a stay is not guaranteed to be granted simply because it is accepted. ICE will evaluate the application and weigh several factors before approving or denying an application on a case-by-case basis. Some of these factors to be evaluated include, but are not limited to the applicant's:

- Time of residence in the United States
- Community ties in the United States
- Family ties to the United States (Especially U.S. Citizen and Permanent Resident Spouses and children)
- Medical Issues and, or ongoing medical treatments
- Humanitarian Concerns
- Criminal record, if any
- possible gang ties, if any
- Flight risk
- National security threat
- Risk to public safety

DEPARTMENT OF HOMELAND SECURITY

U.S.ImmigrationandCustomsEnforcement

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

A decision in a stay of deportation or removal application is within the sole discretion of the Secretary of Homeland Security or his or her designee, including the Field Office Director. You may not appeal his or her decision.

1.Who may file this application?

Anyone ordered deported or removed from the United States may apply for a stay of deportation or removal under 8 C.F.R. 241.6. Fill out a separate application with required documentation (see item 3) for each family member and others who will also seek a stay of deportation or removal.

2.Where should I submit this application?

Submit this application in person* to your local Enforcement and Removal Operations (ERO) Field Office. You can locate your nearest ERO Field Office at: http://www.ice.gov/contact/ero/index.htm

- **If you are detained**, file this application with the ERO Field Office that has jurisdiction over your custody.
- **If you are not detained,** file this application with the ERO Field Office closest to your residence. ***If you have a problem delivering the application in person, contact your local ERO Field Office to see if delivery would be permitted by general mail or another delivery service.***

3. What identity documents do you require from me?

Provide documentation from category A, B, or C below. All documents submitted will be retained by ERO pending final disposition in your case.

(A) **Original passport** - Valid for 6 months past the time period being requested **OR**

(B) **Copy of passport** - Valid for 6 months past the time period being requested **AND** a copy of birth certificate or other identity documents **OR**

(C) **If you have no valid passport** - If your country of citizenship requires a passport for entry and you do not have a valid passport or a passport that is valid for 6 months past the time period you requested, you must provide proof that you applied for a passport or similar travel document. A copy of your application, proof of fee being paid and a copy of all documentation you submitted is required. If you receive a response that your application has been received, include a copy of that correspondence.

4. What evidence or documentation should I submit with this application?

- **Medical** - If the basis of your request is due to a medical condition, you must obtain documentation from your doctor regarding your medical condition, treatment, prognosis, and any assistance you need relating to your condition
- **Arrests** - Submit police reports and disposition of all arrests
- **Convictions** – Submit judgment, conviction and sentencing documents for all convictions
- **Summary** - Submit your reasons why you are requesting a stay of deportation or removal. Provide any additional documentation or evidence that would support your basis for a stay.

5.What fees should I submit with this application?

The fee for processing this application is $155.00. Include the fee with the application. There is no refund, regardless of the action taken. Payments must be made out to, “Department of Homeland Security” or “Immigration and Customs Enforcement”. **Accepted methods of payment:*U.S. Cash, Money Order, or Cashier’s Check.***

6. Why could ICE reject this application?

- Incorrect fee (erroneous fee amounts will not be refunded)
- Application filed at incorrect ERO Field Office Multiple
- applicants listed on same application Failure to sign your
- application Failure to submit application in person Failure to
- submit required identity documents. (see item 3) Incorrect
- home (physical) address listed on application You are
- currently categorized as an ICE fugitive or you have
- made other attempts to hinder your deportation or removal

When applicable, failure to completely and clearly fill out the section listed as, “Information if form prepared by other than applicant”

7. Why could ICE deny this application?

- Failure to submit medical documentation that supports your reason for this request, if applicable
- Failure to submit your statement or summary that explains why you submitted this request
- Record of criminal activity
- Threat to self or others
- Inaccurate, incomplete or untruthful information
- Not currently under a final order of deportation or removal
- Discretion of the Field Office Director or designee

8. What will happen when I submit this application?

- You may be fingerprinted (if 14 years or older)
- You may be photographed
- Your criminal history (if any) will be reviewed
- Your information will be entered into Department of Homeland Security databases.

9. What if this application is approved?

- You will be issued an Order of Supervision (OSUP) and be required to comply with the conditions listed in the OSUP
- You may have other conditions to comply with set by the Field Office Director or designee
- You may be required to post an OSUP bond (minimum bond amount: $1,500.00)

10. Why could ICE revoke my stay of deportation or removalafterit isapproved?

- Arrest by any law enforcement officer
- Conviction of any crime(s)
- A violation of the OSUP
- A violation of the terms of an OSUP bond
- For any reason(s) at the discretion of the Field Office Director or designee

11.What can happen if I submit false information?

All statements made in response to questions in this application are declared to be true and correct under penalty of perjury pursuant to 18 U.S.C. 1546. The knowing placement of false information on the application may subject you, or the preparer of the application, to criminal penalties under 18 U.S.C. 1546, and you and the preparer to civil and criminal penalties pursuant to the Immigration and Nationality Act 274C and 8 U.S.C. 1324c.

DEPARTMENT OF HOMELAND SECURITY

U.S.ImmigrationandCustomsEnforcement

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

PRIVACY NOTICE

Authority: The collection of this information is authorized by 8 U.S.C. § 1231 and 8 CFR § 241.6. **Purpose:** The information requested is being collected to enable U.S. Immigration and Customs Enforcement (ICE) to determine your eligibility under the Immigration and Nationality Act for a stay of deportation or removal from the United States.

Agency Disclosure of Information: For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the DHS/USCIS-ICE-CBP-001 Alien File (A-File), Index, and National File Tracking Systems of Records Notice (SORN), which can be viewed at **www.dhs.gov/privacy**.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within the U.S. Department of Homeland Security (DHS), as well as federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for collection, enforcement, investigatory, litigation, or other purposes. **Providing Information to DHS:** Furnishing this information is voluntary. However, requests for stays of deportation or removal will not be considered unless this form is completed.

PUBLIC REPORTING BURDEN

U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed and completing and reviewing this collection of information is 30 minutes (0.50 hours) per response. Responses to this collection of information are voluntary for anyone ordered deported or removed from the United States. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Office of the Chief Information Officer/Forms Management Officer
U.S. Immigration and Customs Enforcement 500 12th Street, SW,
Washington, DC 20536-5202

(Donotmailyour completed application to this address.)

NOTICE - A pending application does not preclude the executionof a final order of deportation or removal. The Field Office Director may at his or her discretion revoke the approval of thisapplication and execute the order of removal at a date and time of his or her choosing. No advance notice is required for the execution of a final order of removal. Additionally, provision of false information could result in the denial of your application.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

OMB No. 1653-0021
Expires: 10/31/2027

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

Action Block - For ICE Use Only	Fee/Date Stamp
☐ **GRANTED** ☐ One Year ☐ Six Months ☐ Three Months ☐ Other: _____ ☐ **DENIED** ☐ Denial letter attached. ☐ **REJECTED** ☐ Incorrect Fee ☐ Application was not submitted in person ☐ Other: _____ ☐ Additional information attached. Date: _____ Decision made by: _____ ***(Printed Name/Title)*** Deciding Official Signature ***(Sign in ink):*** _____ Office: _____	

A-File Number:	Date:	If you are currently detained by ICE, provide the name of the detention facility:
Last Name:	First Name:	Middle Name:

Address (***Number and Street***):	Country of Citizenship:	Passport No:	Expiration Date:
Apartment Number:	Length of stay requested: ☐ One year ☐ Six months ☐ Three months ☐ Other:		
Town/City: / State: / Zip Code:	Arrested by police or other law enforcement agency (other than for immigration reasons) ☐ Yes - Documents attached ☐ No		
Telephone Number: / Cell Telephone Number:			

REASON(S) FOR REQUESTING A STAY OF DEPORTATION OR REMOVAL:

EVIDENCE SUBMITTED (attached):

☐ Medical ☐ Brief ☐ Other ***(specify)***:

I certify under penalty of perjury that the information provided and contained herein is true and correct to the best of my knowledge and belief:

(Printed Name) ***(Signature) (Sign in ink)***

INFORMATION IF FORM PREPARED BY OTHER THAN APPLICANT:

I declare under penalty of law that this document was prepared by me at the request of the applicant and is based on all information of which I have knowledge. I understand that providing false information on behalf of the applicant could result in criminal prosecution and, upon conviction, a fine or imprisonment or both.

(Printed Name) ***(Signature) (Sign in ink)***

(Telephone Number) ***(Street Address)*** ***(City)*** ***(State)*** ***(Zip Code)***

Chapter 2: Know Your Rights!

Every individual present in the United States has rights, regardless of their Citizenship status. One of the best ways to protect yourself and your family is to know your rights so that you can identify when they are being violated and know how to respond when this occurs. Below are a few senarios and the rights you have in each situation.

<u>What to do when ICE is at your door:</u>

- Never open your door without verifying who is knocking.
- If ICE is at your door, begin filming your interaction and remain calm.
- Do not open the door and ask if they have a warrant. Opening your door may give them authorization to enter your home even if they do not have a proper warrant.
    - If they have a warrant, ask that they slide the warrant under the door or display it through a window.
        - Inspect the warrant presented. In order for the warrant to be valid, it must be a judicial warrant, and it must be signed by a judge. Administrative warrants signed by ICE agents or Department of Homeland Security (DHS) do not allow for home entry.
        - If they have a valid arrest warrant, ensure that the correct name, date and/or address is listed. ICE does not have authorization to search or inspect areas not listed on the warrant.
        - Do not resist any arrest but make sure to invoke your right to speak to an attorney and remain silent. Silence will be one of your biggest tools. ICE will use any information you provide to their advantage.
            - Do not be intimidated into signing any form without speaking to your attorney first. ICE may lie in order to trick you into signing a deportation order or waiving your rights to speak to a judge.
        - If you fear that your life will be in danger if you are deported, let the agents know of this fear and ask for a credible fear interview (CFI).
    - If they do not have an arrest warrant, you are under no obligation to open the door for them.
- If they force their way into your home without a legal warrant, remain calm, do not attempt to run away, and do not resist. Record everything.
    - Make sure to state that you do not consent to their entry, to a search of your person, or to a search of your property. Assert your right to an attorney and to remain silent.
- Have the person recording ask for the officers to identify their department, their name, and their badge number.

What to do when ICE is at your Workplace:

- ICE is allowed to enter Public Spaces without authorization (dining areas, parking lots, waiting rooms, etc.). However, this does not give ICE the authority to detain, question, or arrest just anyone.
- Businesses are also allowed to have private/restricted access areas that are only available to employees.
  - ICE is not allowed to enter Employee only areas without a judicial warrant.
  - It is vital that workplaces have visible signs indicating the separation of Public and Private Employee-only areas.
- If ICE is at your workplace remain calm. Do not run away or encourage anyone to escape or hide.
  - If you run away, ICE can use that as a reason to arrest you.
- The supervisor on duty, preferably a U.S. citizen, should advise the workers of their right to remain silent and head over to speak to the ICE officers and ask them to identify their department, provide their names, and show their badge numbers.
- Another individual, preferably a U.S. Citizen should film the interaction, remain calm, and not interfere.
- The supervisor should also ask ICE to present the proper judicial warrant that lists what areas they are to be given access to, if any.
- If ICE does not have a warrant, the supervisor should state they do not consent to a search and calmly ask the officer to leave the premises.
- If ICE has a valid Judicial warrant signed by a judge, the supervisor should inspect the warrant to ensure the correct address is listed and what areas ICE is authorized to search. ICE is not authorized to search or inspect areas not described in the warrant.
- California law does not allow for employers to provide employee records or voluntarily allow ICE agents to enter non-public areas of the workplace without a judicial warrant.
- Record any and all violations or escalations committed by ICE.

What to do when ICE stops you in your car:

- If ICE stops you while you are driving, stay calm, do not resist, and do not become combative.
- If possible, record the interaction with your phone or ask someone else to record for you.
- In California, you must stop for law enforcement, so if ICE is stopping you in an unmarked car and in plain clothing, ask them to identify the agency they represent and to give their name and badge number.
- Always ask the reason you are being stopped and if you are being detained or if you are free to go.

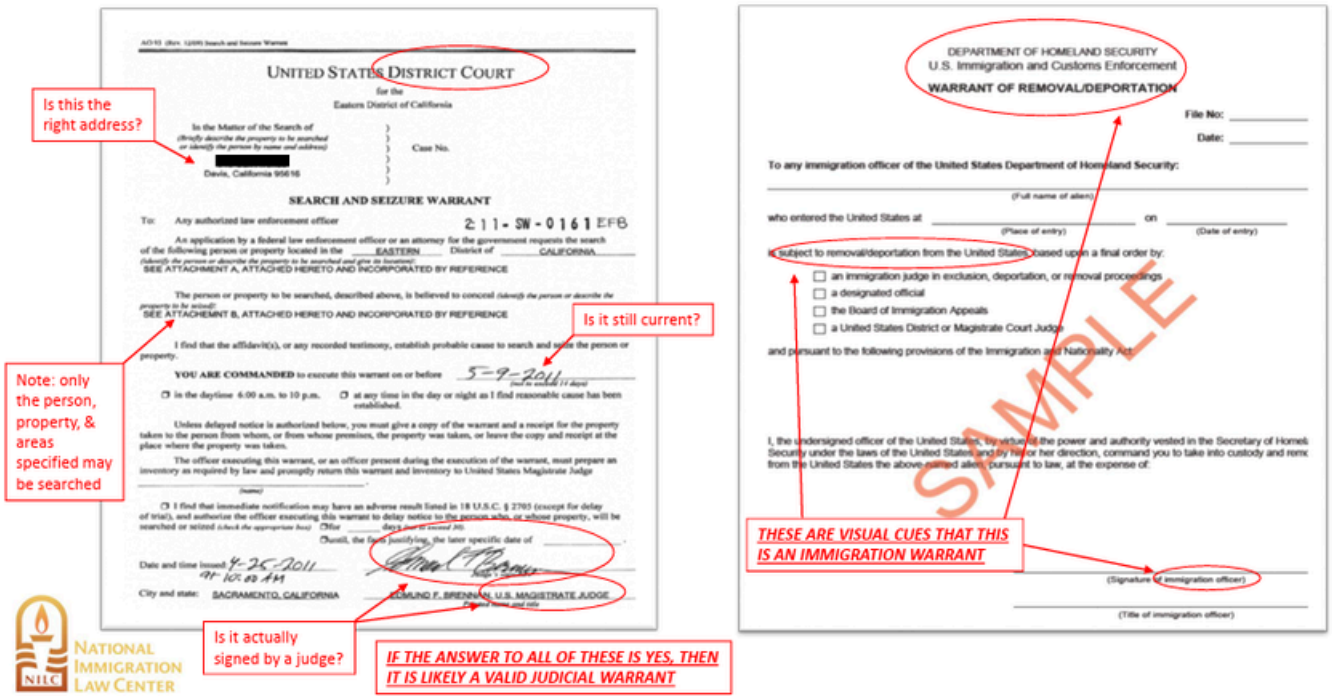
- The driver must show their license and registration when asked, but passengers are not required to show ID or provide any information unless the officer has a reasonable suspicion that they have committed a crime.
- Do not present any foreign or fraudulent documents.
- Passengers do not have to answer questions about nationality or legal status in the United States.
- If asked, you may roll your windows down just enough to communicate with officers and pass identification. If you fully open the window, it may allow immigration agents to reach inside your car, open your door, and force you out of the vehicle.
- The fourth amendment of the U.S Constitution protects you from unreasonable search and seizure. ICE officers must have probable cause, your consent, or a judicial warrant signed by a judge to search your vehicle or require you to exit the car.
- For a legal arrest, ICE must present a **judicial warrant signed by a judge**.
    - Always be respectful when asserting your rights to ICE because they may use this to escalate the situation further.
    - If you chose to remain silent, ICE may extend the traffic stop, lie, or try to pressure you into providing the information they are requesting.
    - If you refuse to answer their questions or exit your vehicle, ICE may forcibly remove you from your vehicle, please know that this is **not** a lawful action. Do not resist, as to not escalate the situation further, but do continue to assert your rights.
- Ensure the person recording captures any and all unlawful actions committed by ICE on video.

Your Safety and the safety of those witnessing ICE encounters carries the highest priority in these senarios. Any time ICE violates your rights and others have witnessed these violations, be sure to get their contact information; especially if they recorded the unlawful actions. If you have been harmed, take photos of any injuries and seek medical attention immediately. You may file internal complaints with ICE/OIG or your local ACLU, NILC or IDP.

Although the actions you may take to report these violations are limited, it is important to keep record of these instances and consult with a Civil Rights attorney about your legal options. The ACLU and other organizations are currently gathering evidence of ICE's unlawful actions for current and future lawsuits.

We recommend that you attend in person or virtual Know Your Rights (KYR) Presentations in your community and encourage others to do so as well. Familiarize yourself with organizations in your community and the resources they offer. Next you will find a simple explanation of what a Judicial warrant vs. an immigration Warrant look like.

JUDICIAL WARRANTS v. IMMIGRATION WARRANTS



It is important that you learn to identify the difference between a Judicial Warrant and an Administrative Warrant. A properly served Judicial warrant gives ICE the authority to access, inspect, and detain any place or person explicitly stated in the warrant. An administrative warrant does not grant ICE the same authority due to the much lower burden of proof and lack of impartial oversight required to obtain one.

Identify a properly executed judicial warrant using the following key features:

- A lawful warrant must be issued by a U.S. District Court not the Department of Homeland Security. If not, you may refuse the search.
- The correct address for the intended execution of the search warrant must be listed and accurate, otherwise it is invalid. If invalid, you may refuse the search.
- The persons, property, and areas intended to be searched or seized must be explicitly listed in the adequate fields. If not, you may refuse the search.
- The correct execution date for the Warrant must be listed and current. If the date is not current or not listed, you may refuse the search
- The warrant must be signed and dated by a judge, not an ICE, or administrative, officer. The title of the person who signed the warrant must be listed. If the warrant is not properly endorsed, you may refuse the search.

Make sure you always carefully inspect any warrant before giving ICE access to your home, vehicle, workplace, etc. ICE has lied, presented invalid warrants, and forced their way without proper warrants. However, those actions are unlawful and violate your rights under the U.S. constitution. If ICE violates your rights and forcibly executes improper warrants or refuses to show a proper warrant, record, assert your denial of the unlawful search and or detainment, and do not sign any document they hand you without speaking to an attorney.

Chapter 3: Social Media Hygiene

For a few years now, Immigration agencies have begun monitoring the different social media platforms of individuals applying for certain immigration benefits. It used to be that only under specific immigration processes, the applicant would voluntarily provide their social media handles. However, with technological advances and the enhanced scrutiny under the current administration, it is believed that ICE will now begin monitoring everyone's social media platforms more closely; this includes US Citizens.

Due to the enhanced online monitoring and scrutiny by the US Government, it is recommended, especially for non-US Citizens, that they review all of their social media accounts closely. We have provided some suggested steps that non-US Citizens may take to protect their online presence:

- The first step that should be taken is to make any personal social media accounts private. Although this will not prevent the government from fully accessing social media accounts, it will mean they will have to put in more effort to access those accounts and in certain occasions, will need lawful warrants.
- The next step will be to purge any posts that are, or may be, construed as unlawful activity. (This includes, but is not limited to, the consumption of substances that although legal in California, are not yet legal federally.)
    - Although Alcohol is not an illegal substance, it is best to keep posts that depict the consumption of alcohol to a minimum.
- Additionally, it is a good idea to do a quick review of your current followers. Ideally you would want to remove any accounts of people you do not know to minimize the chance of fake accounts.
- Finally, although this step may be controversial, it is recommended that Non-US Citizens try to minimize political posts. This is especially true for those who are currently in the mist of any immigration process where everything they say or do may be highly scrutinized.

Social Medial has become an important part of our daily lives. It is where many of us obtain news and information, connect with friends and family, use as a creative outlet, and sometimes simply use to escape from daily stresses. However, due to recent actions by the current administration, it is important that we are safe with our online activities as not affect a current or future immigration process.

If you are unsure about how or whether your online activity may affect your immigration case, speak to a knowledgeable attorney first.

Chapter 4: Building a Child Care Plan

The possibility of being detained or deported becomes scarier if you have dependent children, elderly parents, or other family members that require specialized care. For this reason, it is recommended that you begin creating an action plan and designate trusted individuals to assist your family members in these situations. It is especially important to start having this conversation with your dependent(s)/ family members so that they are aware of who their safe people are.

In California there are a few different ways to designate an individual as a temporary caretaker or guardian for your loved ones without relinquishing your rights. These options may range from most informal and least enforceable to legally binding. In this workbook we will go over a few different options that currently exist in California. Although the sample forms provided are meant for minor children, some may be personalized further to include elderly parents or adult family members that require additional support.

1.Caregiver's Authorization Affidavit

The first option is a Caregiver's Authorization Affidavit (CAA) in which you allow for a specific named person to have the ability to enroll children in school and make limited medical decisions according to California Law.

This option does not require you to go through the California court system but will only offer limited protections and limited custodial powers to your designated Caregiver. Additionally, the relationship between the caregiver and the child may impact the extent of the decisions they are allowed to make. Direct relatives may be able to make more decisions than non-relatives. However, it is important to note that this is only meant to be a temporary arrangement and is not ideal for a long-term or permanent arrangement. For more permanent options or more extensive custodial rights it is recommended that you consult with a Family Law attorney.

This first option is ideal for those whose minor child does not require any special care, and who, if detained, would like to either return to their home country as soon as possible and would like their children to join them soon after, or, for those who, if detained, are planning to fight their immigration case and want someone to temporarily serve as a caregiver to their minor children until they are released.

Attached you will find a blank Caregiver's Authorization Affidavit. It is recommended that you and the designated caregiver complete the document and store it with your other important documents. It is recommended that the pre-completed document not be signed until a detention takes place, as to not risk it expiring.

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1–4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5–8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home, and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name (adult giving authorization): _____
4. My home address: _____

   _____
5. I am a relative of the child (see back of this form for a definition of "relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):

   ☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

   ☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California driver's license or identification card or government-issued consular card number:

_____

Warning to Caregiver: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

Warning to Local Educational Agencies and Health Care Service Providers: A seal or signature from a court is not required. This form is not required to be notarized.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ _____

Signature

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.

2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

Additional Information:

TO CAREGIVERS:

1. "Relative," for purposes of item 5, means an adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great," "great-great," or "grand," or the spouse of any of these persons even if the marriage was terminated by death or dissolution.

2. The law may require you, if you are not a relative, or a currently licensed, certified, or approved foster parent, to obtain resource family approval pursuant to Section 1517 of the Health and Safety Code or Section 16519.5 of the Welfare and Institutions Code in order to care for a minor. If you have any questions, please contact your local department of social services.

3. If the minor stops living with you, the affidavit is no longer valid. You are required to notify any school, health care provider, or health care service plan to which you have given this affidavit that the minor is no longer living with you and that, as a result, the affidavit is no longer valid.

4. If you do not have the information requested in item 8 (California driver's license or I.D., or government-issued consular card), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.

2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

3. A seal or signature of the court is not required. This form is not required to be notarized.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. When signed by a relative, this affidavit shall confer the same rights to authorize medical care and dental care for the minor that are given to guardians under Section 2353 of the Probate Code. The medical care authorized by a relative caregiver may include mental health treatment subject to the limitations of Section 2356 of the Probate Code.

2. A health care service provider who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for that reliance if the applicable portions of the form are completed. A seal or signature of the court is not required. This form is not required to be notarized.

3.This affidavit does not confer dependency for health care coverage purposes.

2. Notarized Temporary Custody Agreement

The second option we will cover is the Notarized Temporary Custody Agreement. This option is the most informal written option in which you allow for a specific named person to have the ability to enroll children in school, make limited medical decisions, travel with the minor and a few other specified services.

It is incredibly important to note that this option is not legally binding for purposes of establishing child custody. Although other states may allow for a notarized custody agreement to be considered legally binding, California does not. This notarized agreement may, however, serve as evidence of parental intent to designate the named individual as a caregiver since it requires both the signature of the parent and caregiver.

Unlike the Caregiver Authorization Affidavit (CAA), a Notarized Temporary Custody Agreement as well as a consent for minor child to live with a non-parent may require a fee due to the requirement for Notarization. This detail is important to consider in your financial planning.

Attached you will find a blank temporary custody agreement and a consent for a minor to live with a non-parent. The consent for minor child to live with a non-parent document includes the option for authorization for travel to be granted. This will be incredibly important for the caregiver to be able to travel with the child if you chose for the children to be taken abroad to reunite with you at a later time.

However, it is important to note that additional forms may be needed for a non-parent to be able to help obtain a passport for the child such as the form DS-3053 or DS-5525 for the single parents who are unable to locate the second parent. If possible, it is best that the minor's passport be obtained by the parents of the child and be kept with other important documents.

If you have any special concerns regarding the care of your child such as specialized medical or educational care or concerns regarding the aging out of a special needs child, you should consider speaking with a family law attorney to discuss what the best child custody option is for your family. This is especially true when considering long term custody agreements. The CAA and temporary custody agreements are not ideal for prolonged child custody.

CONSENT FOR MINOR CHILD TO LIVE WITH NON-PARENT

We are the parents of these minor children *(name all the children covered by this form):*

_____

_____.

We give permission for our minor children named above to live with *(name each):*

_____ and _____

(the Caregiver(s)), effective _____ (*date this consent starts*), until

_____ (*date this consent ends*), or until we the parents decide it is no longer in our children's best interest.

We give the Caregiver(s) our permission to do the following for or with the children on our behalf *[Check all the boxes that apply, and CROSS OUT anything that does not apply, with your initials by the crossed-out text]:*

☐ Consent to all medical, vision, and dental care, whether emergency or routine, and ~~to~~ obtain Medi-Cal or other health insurance coverage for the children.

☐ Enroll the children in school and make all school-related decisions for them, including, but not limited to: Choosing curriculum, attending parent-teacher conferences, participating in IEP or Student Success Team meetings, signing permission slips, and enrolling in sports or other extracurricular activities.

☐ Sign consent forms needed to obtain a California Learner's Permit and/or Driver's License as each child becomes old enough.

☐ Travel outside the State of California with the children.

☐ Obtain a passport for each child and travel outside the United States of America with the children. *(**Both** parents must initial):* (_____) Parent 1 (_____) Parent 2

☐ Consent to ear piercing.

☐ Receive Social Security and other benefits and use them on behalf of the children.

☐ Do anything else for or with the children that we, as their parents, would have the legal right to do.

[*Parent or parents signature(s) must be notarized*]

Date:

_____ _____

Print Parent 1 Name Signature Parent 1

Parent 1 Mailing address: Phone number: _____

_____ Email: _____

_____

Date:

_____ _____

Print Parent 2 Name Signature Parent 2

Parent 2 Mailing address: Phone number: _____

_____ Email: _____

_____

I am/We are the Caregivers authorized by the parents above, and I/we consent to act as authorized by the parents. [*Caregiver(s) signatures do NOT need to be notarized*]
Date:

_____ _____

Print Caregiver 1 Name Signature Caregiver 1

Caregiver 1 Mailing address: Phone number: _____

_____ Email: _____

_____

_____ _____

Print Caregiver 2 Name Signature Caregiver 2

Caregiver 2 Mailing address: Phone number: _____

_____ Email: _____

_____

Instructions:

- ☑ **Notarize parent(s) signatures**.
- ☑ Make sure you check all the boxes that apply to your case.
- ☑ Initial where needed.
- ☑ Attach a copy of each child's birth certificate.
- ☑ Give a copy of this document to your children's emergency caregiver(s).

ACKNOWLEDGMENT / NOTARIZATON

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ **(Seal)**

Clear Form Print Form

3. Power of Attorney (Temporary Custody)

The third option is to draft and notarize a Power of Attorney (POA). In California a POA does not replace a court ordered guardianship, nor does it have the same legal standing as a CAA. the POA lacks the legal permanency and enforceability of a court ordered custody order. However, a POA can help you delegate your child's care to a trusted adult (agent or attorney-in-fact) during a temporary period of time, especially when dealing things like complex medical issues, without forfeiting your parental rights. The Power of Attorney can be revoked at any time without initiating a court process. It important to note that since this is only a temporary option, a POA does not transfer legal custody to the chosen custodian, nor does it override any court-issued custody order. A POA is simply a private agreement that delegates the specified decision-making powers to a trusted individual.

It is important to note that a POA can be personalized to grant an agent/ attorney-in-fact certain, specified, decision-making abilities for elderly parents or other adult family members that may require additional support and are not covered by a CAA. However, the adults must still retain the mental capacity to fully understand the implications of the powers they are granting by signing the POA. The adult dependent must willingly sign the Power of Attorney without intimidation or coercion for the POA to be valid. Please note that some agencies that are commonly encountered in these specific situations (Social Security, Unemployment Insurance, Disability Insurance, Etc.) may have specific forms required for granting POA related benefits not covered in the attached POA sample.

The most common types of POAs in the cases of adult dependents (principals) are:

- General Power of Attorney: Meant to grant broad powers such as managing legal, financial, and business affairs as specified in the POA document while the principal is still cognizant. However, this type of POA loses validity once the principal becomes incapacitated.
- Durable Power of Attorney: Although it can also be used as a temporary option that grants similar powers as a General POA, this option will not be terminated automatically if the principal becomes incapacitated or passes away. It is meant as a more long-term option
- Healthcare/ Medical Power of Attorney: Allows the designated agent to make healthcare decisions if/when the principal can no longer make those decisions including, but not limited to, treatment options, surgical decisions, and end-of-life care, etc.
- Limited (or Special) Power of Attorney: Allows the designated agent to act in limited, specific matters and or time frames specified in the POA. Common examples are selling the principal's home or executing a specified financial transaction.
- Springing Power of Attorney: Similar to a Durable POA in the powers granted but differs in that a Springing POA remains inactive until a specified event or condition is triggered, such as an ICE Apprehension or incapacitation.

If your adult dependent does not have the mental capacity to fully understand the implications of granting a power of attorney, it may be best to consider a court-issued guardianship or conservatorship. Due to the complexities involved in these types of cases, it is advised that you consult with an Attorney to help guide your final decision.

APPOINTMENT OF
SHORT-TERM GUARDIAN FOR MINOR CHILD(REN) AND
DURABLE HEALTHCARE POWER OF ATTORNEY

I/We, _____ and

_____,

constituting the sole or all of the custodial ☐ parent(s) or ☐ court-appointed guardian(s) of the

child(ren) named below, and residing at _____

_____ hereby appoint

(1) _____, residing at

_____, with

telephone number(s) _____ and

having the following relationship(s) to ☐ me ☐ us ☐ the minor(s):_____

_____; and

(optional) (2) _____, residing at

_____, with

telephone number(s) _____ and

having the following relationship(s) to ☐ me ☐ us ☐ the minor(s):_____

_____,

to serve as the short-term guardian(s) over, and health care agents for, the following minor child(ren) (If more space is needed here or elsewhere, attach additional sheets):

Full name:_____ DOB:_____

Full name:_____ DOB:_____

Full name:_____ DOB:_____

and will become effective (check one):

☐ immediately;
☐ on _____, _____, 201__;
☐ upon the deaths, incapacity, or absence of all parents/guardians listed above; or
☐ the occurrence of the following triggering event(s):_____
_____
_____,

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and will terminate upon the earlier to occur of (a) the revocation in writing of any parent/guardian, (b) as required by applicable law, or (c) (check one):

☐ 60 days;
☐ on the _____ day of , _____, 201__; or
☐ the occurrence of the following triggering event(s):_____
_____
_____..

Additionally it is my/our intention that, if a court-appointed guardian is required for the child(ren), this document shall additionally serve as a nomination of the above listed short-term guardians under Probate Code Section 1502 et seq., who I/we believe will act in the child(ren)'s best interest. If these nominations are inconsistent with any will I/we have executed, it is my/our intention that these documents be read together if possible and otherwise that this document control unless it has terminated prior to my/our death. Until such legal guardianship is established, this short-term guardianship and power of attorney is intended to be of the person of the child(ren) only, not of their estate(s). It is my/our express intention that the child(ren) not be taken into government child protective custody or foster care, unless all other short-term guardian(s) are exhausted and even then I prefer that other relatives assume custody of the child(ren) unless this box is checked: ☐.

It is my/our intention that this document also qualify as a caregiver authorization affidavit under Section 6550 et seq. of the California Family Code, unless I/we have also attached or simultaneously executed a statutory Caregiver's Authorization Affidavit, in which case that/those document(s) shall instead control with regard to caregiver authorization issues and the documents shall be read together as a harmonious whole wherever possible.

To the maximum extent permissible under applicable law, the short-term guardian(s) will have the same authority as I/we would have with respect to the custody and care of the minor child(ren), except as I/we have specified below, including the right to perform the following acts and make the following decisions, unless I/we have crossed out and initialed the particular power or otherwise specifically excluded it in writing in this document or allowing such a power would invalidate this document, in which case only the offending provisions shall be deemed stricken and ineffective:

To make all emergency and non-emergency healthcare decisions and execute all related documents including insurance and waiver claims and forms, including the right to approve or decline medical, dental, eye care, or psychiatric treatment, diagnostic tests, hospitalization, health care, and personal care, in any situation in which, as the result of illness, disease, absence, injury, or death I/we are incapable of making or communicating a decision with regard to my/our child(ren)'s medical or dental care, provided that such decisions are made following consultation with one or more licensed physicians or other licensed medical practitioners. I/we further delegate the power to our short-term guardian(s) to select, employ, and discharge health care personnel, including dentists and eye care professionals, for our child(ren)'s benefit and to contract in my/our name and on my/our behalf for all health care services, including emergency and non-emergency medical, dental, vision, and psychiatric care services and related goods. The short-term guardian(s) should refer to any Additional Information we have attached to this document or left with the guardian(s).

To make all decisions, execute all documents, and grant permission regarding the child(ren)'s education, including but not limited to school enrollment, school and extracurricular activities, school trips, and school conferences.

To generally do and perform all matters and to execute all documents with respect to the custody and care of the child(ren) named herein.

To travel with the child(ren) without limitations unless stated below:

☐ within a _____-mile radius of ;
☐ within the ☐ city ☐ county/parish ☐ state lines of _____ only; or
☐ other (e.g., to/from the following places only):_____
_____
_____.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") (Pub. L. 104-191), 45 CFR §§ 160-162, I/we are the Personal Representative of the minor child(ren) named above, and I/we appoint and designate the above named short-term guardian(s)/health care agents as their Personal Representative(s) for all purposes as provided in HIPPA, with the following limits, special conditions, or instructions: **None** or ☐ _____
_____
_____. I/we further appoint the short-term guardian(s) named herein as Authorized Recipients under HIPPA and the California Confidentiality of Medical Information Act ("CMIA"), entitled to request, receive, and review any information concerning the child(ren)'s physical or mental health, including all HIPPA and CMIA protected information and medical and hospital records from covered healthcare providers and to execute any releases or consents and pay any fees in connection therewith.

It is my/our intention that the short-terms guardian(s) serve without bond or compensation other than reimbursement of expenses incurred on the child(ren)'s behalf. I/we shall remain personally liable for the payment of all healthcare and education related expenses for the child(ren) to the same extent as if I/we had personally contracted for such services. No third party shall have any liability to me/us for reasonably relying on this document in good faith. If I/we have named two or more short-term guardians above, either may act in the absence of the other(s).

I/We have executed this appointment and power of attorney in front of a notary public. Those of the child(ren) named above who are 14 years of age or older may optionally also sign below to indicate their seconding of the nomination of court-appointed guardians.

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

(OPTIONAL) NOMINATION OF PERSONS ABOVE AS GUARDIANS BY MINORS 14+:

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

CONSENT OF SHORT-TERM GUARDIANS:

I/We have read the foregoing and with full knowledge and awareness of the gravity of the duties delegated and assumed hereunder, I/we agree to assume full responsibility and to make decisions

necessary for the well being of the minor child(ren) named above who will be living with me/us during the short-term guardianship period in accordance with the best interests of the child and agree to surrender the child(ren) to the parent(s)/guardian(s) upon request at any time or as specified herein.

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

State of California)

County of _____)

On _____ before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

REVOCATION OF SHORT-TERM GUARDIANSHIP

I/We, _____ hereby

revoke

☐ the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare

Power of Attorney dated the _____ day of _____, 201__; or

☐ any and all Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney forms

with regard to

☐ all minor child(ren) listed therein, or

☐ the following named minor child(ren) only:_____

previously executed by me/us, effective as of

☐ immediately;

☐ the _____ day of _____, 201__; or

☐ the occurrence of the following event(s) or condition(s), which were not previously specified in the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney dated the _____ day of _____, 201__

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

After signing, provide copies of this Revocation to the short-term guardian(s) whose power are being terminated and to any third parties known to be relying on the short-term guardian(s)'s powers immediately.

AILA Doc. No. 24122036. (Posted 12/20/24)

ADDITIONAL INFORMATION

Child:_____ Nickname(s):_____

Date of birth ___/___/___ and last Tetanus Booster ___/___/___ for the above named child.

The following is a list of known allergies and allergies to medications of the above named child:

_____

_____

The above named child has the following known medical conditions or problems:

_____

_____

The above named child is currently prescribed the following prescriptions medications at the following frequencies and other instructions:_____

_____

Family Physician:_____ Phone Number:_____

Names of Parents/Guardians:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Person Responsible for charges:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Other Person to notify if parent/guardian is unavailable:_____

Phone: (H)_____; (W)_____; (Other)_____

Insurance Company:_____ Policy or Group Number:_____

Signature of Financial Guarantor (required if different from parent/guardian):_____

Date:_____ Print and complete one sheet per child

AILA Doc. No. 24122036. (Posted 12/20/24)

ADDITIONAL INFORMATION

Child:_____ Nickname(s):_____

Date of birth ___/___/___ and last Tetanus Booster ___/___/___ for the above named child.

The following is a list of known allergies and allergies to medications of the above named child:

_____

_____

The above named child has the following known medical conditions or problems:

_____

_____

The above named child is currently prescribed the following prescriptions medications at the following frequencies and other instructions:_____

_____

Family Physician:_____ Phone Number:_____

Names of Parents/Guardians:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Person Responsible for charges:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Other Person to notify if parent/guardian is unavailable:_____

Phone: (H)_____; (W)_____; (Other)_____

Insurance Company:_____ Policy or Group Number:_____

Signature of Financial Guarantor (required if different from parent/guardian):_____

Date:_____ Print and complete one sheet per child

AILA Doc. No. 24122036. (Posted 12/20/24)

4. Court-Issued Guardianship

The fourth option is to file a Petition for Guardianship with your local California Court allowing for a more complete guardianship to be in place. A court ordered guardianship is legally binding and enforceable. This option will provide a state recognized guardianship and allow the guardian more custodial abilities ideal for adult dependents that are unable to sign a power of attorney due to being disables or incapacitated or minors with more complex needs. There are currently two options for guardianship with Ca courts: Traditional and Joint Guardianship. However, it is important to know that this option will require a separate legal process with the court to dissolve the guardianship. Additionally, it is advised that you seek legal counsel from an experienced family law attorney before choosing this option in order to best understand the exact process you are entering before filing with the court.

This process also requires fees. Although there is a fee waiver, it is important to note that if the fee waiver is denied you must pay the fees upon filing the guardianship forms.

How to file forms with your local court:

1. Complete the forms you intend to file with your local court:
    a. Ensure the forms you are filing correspond with the court you will be filing with. Make sure the information being provided to the court is correct and the most current information available. Providing false information to the court in a legal proceeding is against the law and may have criminal implications.
    b. Make two copies of the completed forms
2. File your forms to the court clerk:
    a. Go to the courthouse you listed on your forms and verify with the court clerk which department handles guardianship cases in that courthouse. Some courts may process guardianship cases in the probate department while others may process them in the family division.
    b. Once you confirm the correct department to file, you will provide the clerk with your original forms and two copies. The clerk will provide you with a case number, a court date, and return an endorsed copy. (bring any endorsed documents given to you by the court clerk to your court hearing)
    c. If you are unable to file in person, you may be able to file by mail or online. If you are interested in one of these options, be sure to confirm with your local courthouse that they offer these options
3. Pay the filing fee
    a. The filing fee can vary by county. ($225 in most counties) Contact your local courthouse to verify the correct fee and accepted payment methods.
    b. If you are not able to pay the required fee, ask for a fee waiver.

If you decide you would like to use the Court-Issued Guardianship option but are not ready to move forward with the Guardianship process yet, you can prepare a Nomination form.

GC-211

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
GUARDIANSHIP OF THE ☐ PERSON ☐ ESTATE OF *(Name):*	
☐ **CONSENT OF PROPOSED GUARDIAN** ☐ **NOMINATION OF GUARDIAN** ☐ **CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE**	CASE NUMBER:

CONSENT OF PROPOSED GUARDIAN

1. I consent to serve as guardian of the ☐ person ☐ estate of the minor.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PROPOSED GUARDIAN)

NOMINATION OF GUARDIAN

2. I am ☐ a parent of the minor ☐ a donor of a gift to the minor. Inominate *(name and address):*

as guardian of the ☐ person ☐ estate of the minor.

3. I am ☐ a parent of the minor ☐ a donor of a gift to the minor. Inominate *(name and address):*

as guardian of the ☐ person ☐ estate of the minor.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE)

NOTICE: The guardian of the person of a minor child has full legal and physical custody until the child becomes an adult or is adopted, the court changes guardians, or the court terminates the guardianship. Parents or other interested persons must petition the court to terminate the guardianship. The court will not do so unless the judge decides that termination would be in the child's best interest.

CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE

4. I consent to appointment of the guardian as requested in the Petition for *Appointment of Guardian of Minor*, filed on *(date):* _____. I am entitled to notice in this proceeding, but I waive notice of hearing of the petition, including notice of any request for independent powers contained in it. I waive timely receipt of a copy of the petition.

DATE	(TYPE OR PRINT NAME)	▶ (SIGNATURE)	RELATIONSHIP TO MINOR
DATE	(TYPE OR PRINT NAME)	▶ (SIGNATURE)	RELATIONSHIP TO MINOR
DATE	(TYPE OR PRINT NAME)	▶ (SIGNATURE)	RELATIONSHIP TO MINOR

☐ Continued on Attachment 4.

Form Adopted for Mandatory Use
Judicial Council of California
GC-211 [Rev. January 1, 2004]

CONSENT OF PROPOSED GUARDIAN, NOMINATION OF GUARDIAN, AND CONSENT TO APPOINTMENT OF GUARDIAN AND WAIVER OF NOTICE

Probate Code, §§ 1204, 1500–1502

For your protection andprivacy,pleasepress theClearThisForm button after you have printed the form.

Save this form | Print this form | Clear this form

Chapter 5: Financial Planning During Times of Uncertainty

With Possible ICE Apprehensions, Detentions, and Deportations looming over our communities' heads, one of the best ways we can prepare our families for an unexpected or sudden separation is to create a Savings Plan. Although this can seem overwhelming in our current economy, especially if you are already living paycheck-to-paycheck, you can start with as little as $5.00 per paycheck by following the Steps below:

1. Either designate one of your current savings accounts to hold the Emergency fund or open a separate, preferably high-yields, savings account. The money you put into this account should, ideally, only be touched in the case of family separation and should be kept separate from your accounts for normal use. This will help ensure that you are able to build your emergency fund even if only contributing a small amount each month. For detailed advice on which type of account would best benefit your personal goals please consult with a professional.
2. Identify the 5 categories you see as a priority according to your goals in the case of ICE Apprehension. Some of the categories we encourage you to consider are ICE Stay of Removal ($155), ICE Bond ($1,500+), Attorney/Legal Fees ($5,000- $15,000+), Monthly Expense Budget ($3,000+), Emergency Fund ($2,500+), Flights ($150+ depending on the country and the amount of tickets), and/or any other expense you may want to prepare for.
3. Begin building a monthly expense budget tracker so that you are able to identify what your monthly expenses look like and determine how much you are able to set aside each paycheck. Aim for at least $1 per category each paycheck and increase the amount according to your financial capabilities. As you reach the goals you set, you can either increase the amount you pay into the remaining categories or increase the goal amount for the completed categories. Keeping track of your monetary goals and your savings progress, will help the person you designate to manage your finances know how and where the money in your account should be spent.
4. As you work on your savings goals, you should identify who you would like to designate the responsibility to manage your finances in your absence. Once you have decided who your trusted individual(s) is/are, you may decide to either add them to your account as a trusted user or create a financial POA that allows them access to your accounts for specified reasons.

EXPENSES TRACKER
SAMPLE

FIXED EXPENSES	AMOUNT
RENT/MORTGAGE	
ELECTRICITY	
WATER	
GAS	
INTERNET	
PHONE	

FOOD	AMOUNT
GROCERIES	
COFFEE	
SNACKS	

TRANSPORTATION	AMOUNT
FUEL	
MAINTENANCE	
PARKING FEES	
INSURANCE	
PUBLIC TRANSPORT	

ENTERTAINMENT	AMOUNT
MOVIES	
CONCERTS/EVENTS	
HOBBIES	
RESTAURANTS	
PARTIES	
LEISURE TRAVEL	

SHOPPING	AMOUNT
CLOTHES	
ELECTRONICS	
BEAUTY	
HOME GOODS	
GIFTS	

MEDICAL	AMOUNT
DOCTOR VISITS	
MEDICATIONS	
HEALTH INSURANCE	

FITNESS	AMOUNT
GYM MEMBERSHIPS	
SPORTS	
EQUIPMENT	
WELLNESS	
PRODUCTS	

FAMILY & EDUCATION	AMOUNT
CHILDCARE	
TUITION FEES	
BOOKS	
MATERIALS	
COURSES	

SUMMARY	

EXPENSES TRACKER

FIXED EXPENSES	AMOUNT

FOOD	AMOUNT

TRANSPORTATION	AMOUNT

ENTERTAINMENT	AMOUNT

SHOPPING	AMOUNT

MEDICAL	AMOUNT

FITNESS	AMOUNT

FAMILY & EDUCATION	AMOUNT

SUMMARY	

MONTHLY SAVINGS TRACKER

MONTH: _____

DATE	DESCRIPTION	DEPOSIT	WITHDRAWAL	BALANCE
			TOTAL	

SAVINGS TRACKER

GOAL:

DATE	DESCRIPTION	AMOUNT

END

90%

80%

70%

60%

50%

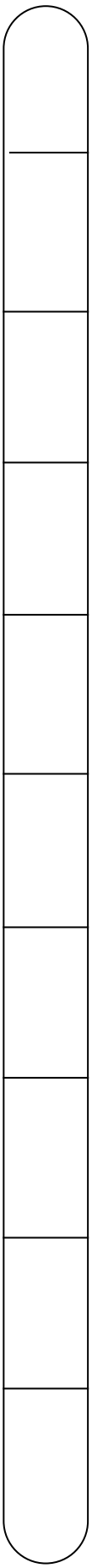
40%

30%

20%

10%

START



Chapter 6: Important Documents

Although it is always important to have your personal documents in order, this is especially true for situations where you or a family is at risk for Immigration apprehension or deportation. Whether you want to fight a deportation or you would prefer to be removed from the country it is ideal to have the following original documents and at least one copy of the same document accesible for your trusted person to access:

- Emergency Contact List
- A signed G-28 for each person who is not a U.S. Citizen (ensure the version is up to date)
- Copies of any and all Immigration documents submitted by you or on your behalf regardless of the previous outcome.
- Copy of your NTA, i-213 record, Order of Supervision (OSUP), form I-220A Order of Release on Recognizance
- copies of criminal & court documents
- proof of completion of probation and/or proof of classes taken
- proof of community ties (church member verification letter, certificates of volunteer work, school records, etc.)
- copies of tax records
- bank statements (Copy of corresponding Card)
- Proof of time in U.S. (proof that shows you've been here for over two years)
- Passport(s)
- Copy of ID(s)/ Driver's license
- Birth Certificate(s)
- Marriage Certificate(s)
- Divorce Decrees
- Child Custody Agreements
- Power of Attorneys
- Child Guardianship/ Custody Forms
- Medical Records
- Immunization Records
- List of Allergies
- List of Current Medical Prescriptions and directions/ information
- Copy of health Insurance Card(s)
- Social security card(s)

In addition to keeping physical copies of these documents, it is recommended that you scan the same documents into a USB and Hard Drive. If possible, obtain a lockable fire and waterproof safe box where you can keep your documents stored. Another option is to rent a safe box at your local bank for your important documents and other valuables. This will not only help your trusted person ensure your documents are safe and accesible but also it will give your future attorney important tools to advocate for you in the case you chose to fight your immigration case.

Chapter 7: Apprehension plan in Action

If I am detained and want to fight my immigration case, follow the next Steps:

1. Use my A#_____ and my county of birth: _____ or my full name: _____ _____, country of birth: _____, and date of birth: _____ to locate me on the ICE Locator Website. (https://locator.ice.gov/odls/#/search)
2. If you can't find me, please contact National Immigrant Justice Center (NIJC) at (773) 672-6599 on Tuesdays from 11:00 a.m. to 2:00 p.m. immigrantjustice.org/contact-us or my immigration attorney_____.
3. Once I have been located, please contact my attorney to begin the Bond Request and Immigration plan process.
4. During my detention, I would like my children to be under the guardianship/custody of _____.
5. Special instructions: _____

_____

_____

_____

_____

_____

_____

If I am detained and do not want to fight my immigration case, follow the next Steps:

1. Use the ICE locator to find my location.
2. Please contact my attorney to help request my voluntary departure
3. If I have children:
    a. I would like them to be brought to me ASAP in_____ by _____.
    b. I would like my children to finish their current school year and be brought to me in _____ by _____.
    c. I would like my children to remain in the United States under the guardianship/ custody of _____ until further notice.
4. Special instructions: _____

_____

_____

_____

_____

_____

_____

Online Detainee Locator System

Search Page

Select a different language

English

Use this page to locate a detainee who is currently in ICE custody or who has been in U.S. Customs and Border Protection's custody for more than 48 hours. **Online Detainee Locator System cannot search for records of persons under the age of 18.**

Search by A-Number

If you know the detainee's A-Number, ICE recommends you use the A-Number search. The A-Number must be exactly nine digits long. If the A-Number has fewer than nine digits, please add zeros at the beginning. You are also required to select the detainee's correct Country of Birth. (* Required Field)

A-Number: *

A-Number

Country of Birth: *

-- Select a Country --

Search by A-Number

Search by Biographical Information

When searching by name, a detainee's first and last names are required and must be an exact match (e.g., John Doe will not find Jon Doe or John Doe-Smith). When inputting a hyphenated last name into the Online Detainee Locator System, please include hyphen in order for the locator to find the individual (e.g., Doe-Smith). You are also required to select the detainee's Country of Birth. (* Required Field)

First Name: *

Last Name: *

Country of Birth: *

-- Select a Country --

Month: Day: Year:

Search by Biographical Information

Chapter 8: Common Q&A

1. What documents should i carry on me at all times?
    - Ideally, regardless of your current legal status, it is recommended that you carry a form of identification (an id card, Driver's License, passport card for example, etc.).
    - It is always a good idea to carry a red card to remind you of your rights, and a business card of an Immigration Attorney (if not a US Citizen) and/ or a Civil Rights Attorney (If a US citizen).
    - if you have legal permanent residency (LPR), also carry either your LPR card or a copy of the front and back of your card.
    - If you are work authorized, also carry your Employment Authorization Card or a copy of the front and back of your card.
    - if you have a pending application with USCIS, also carry a copy of the receipt notice(s) related to your case.
    - if you have a pending court case, also carry a copy of your upcoming hearing notice.
    - If you are undocumented or simply not a US Citizen, also carry something that proves you have been present in the United States for two years or more.
    - Most importantly, do not carry any false documents. Possessing false documents can negatively affect your case.
2. Why Should I Schedule an immigration consultation If I am not detained?
    - It is important for non-US Citizens, especially those who are currently undocumented, to schedule an immigration consultation before any apprehension happens. The reason this is encouraged is so that you may discuss not only what, if any, immigration relief you are eligible for currently, but also if you would become eligible for anything else once detained.
    - If you already know what you are or will be eligible if are detained by ICE this will help you make an informed decision when deciding if you want to try and fight an immigration case.
3. Should I Still schedule a consultation if I have already been told I don't have a case?
    - Yes, Immigration laws change constantly. Even small changes in the law may open the doors for some individuals who did not previously qualify for certain immigration benefits to now be eligible.
    - Yes, getting a second opinion will help ensure that you have been correctly informed of your options. Additionally, a new consultation at this time can focus on what happens to you and your existing case if you are detained and help you decide what you should do if detained by ICE, based on your own case details.
4. If I am undocumented, do i still have rights if an ICE officer stops me?
    - Yes, as the law currently stands, the constitution has granted rights to every individual present in the United States and/or its territories.

Q&A Continued

5. What do I do If ICE apprehends my family member with Legal Status?
    - If ICE apprehends a US Citizen, you should contact a Civil Rights Attorney
    - If ICE apprehends a Permanent Resident or an individual with other Legal status/ permission to remain an in the United States, contact an immigration attorney
6. Can I only Choose one caregiver for my child(ren)?
    - No. With the child's best interest in mind, you can choose to appoint more than one caregiver.
    - You can also choose to appoint different caregivers for different purposes. Perhaps one caregiver will provide housing and day to day-to-day care for the child, while a second handles more complicated matters such as medical care, school enrollment, or travel. As long as the arrangements are made with the best interest in mind, even a Judge in the court custody case will consider this option.
7. Do I have to only pick one custody option for my child(ren)?
    - No, you may pick more than one option to be implemented concurrently. For example, you may choose to combine a CAA and a POA so that the caregiver may be allowed to travel with the child.
    - Childcare/Child Custody should be individualized according to each family's needs. speaking to an attorney will help you determine the best option for you today and in the future in case your situation or decision changes.
8. Can I change my mind on the length of the custody plan?
    - Yes, you may want to start with a temporary custody option like CAA but for various reasons may need to change to a more permanent option such as Court Appointed Guardianship.
9. Can I have a different person in charge of custody & financial things?
    - Yes, you can appoint a different person for each individual item. For example, you can appoint one person to care for your child, one person to manage medical decisions, and one person to manage your finances, etc. However, each matter may need its own process or paperwork. (CAA, Medical POA, Financial POA, etc.)
11. Are there affordable options to hire attorneys?
    - Yes, you can contact your local legal nonprofit to request services and ask for referrals. we have listed a few CA organizations in Chapter 1. Some private attorneys may also offer pro-bono or low-bono services if you ask to be considered.

Chapter 9: Blank Forms, documents, and additional materials

CONTACT LIST

Name
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MY NOTES

U.S. Department of State

OMB Control No. 1405-0129
Expiration Date: 10-31-2027
Estimated Burden: 20 Minutes

STATEMENT OF CONSENT: U.S. PASSPORT ISSUANCE TO A CHILD

Print legibly or type using black ink only. If you make an error, complete a new form. Do not correct.

USE OF THIS FORM

This form is used with a U.S. passport application (Form DS-11) when one or both legal parents and/or legal guardians cannot appear in person with their minor child to apply for their child's U.S. passport. Both legal parents/legal guardians may also use this form to authorize a third party to apply for a child's passport on the parents/guardians' behalf. A separate notarized written statement with all details in this form may be submitted in lieu of this form.

- **Children Under Age 16:** Both legal parents/legal guardians must appear in person with their minor child to apply for a U.S. passport. If one or both parent/guardian(s) cannot appear in person with their child, they must submit this form or a separate statement consenting to passport issuance which must be signed and sworn under oath before a passport authorizing officer or notary.
- **Children Ages 16 and 17:** Parental awareness is required by one legal parent/legal guardian to issue the child a U.S. passport. In many cases, the passport authorizing officer may be able to ascertain parental awareness of the passport application. However, the passport authorizing officer retains discretion to request the legal parent/legal guardian's written consent to passport issuance. Visit travel.state.gov for more details.
- **Institutions or Entities Granted Guardianship to Child:** Submit the documents below with this form or a separate statement and ensure the documents have no conditions placed on the passport's validity period and where the child may travel. If there are conditions in the consent, new consent is required.
  1. A certified court order granting guardianship to the institution/entity. Photocopies are not acceptable.
  2. A signed statement on the institution's/entity's letterhead authorizing a specific person to apply for the child's passport on the child's behalf. The statement must include the child's name and the name of the individual(s) authorized to apply for the passport.
  3. The authorized individual's photocopied employee photo identification verifying employment with the institution/entity.

NOTE: Consent may not be required if the legal parent/legal guardian submits evidence of sole authority to apply for the child's passport such as the other parent's death certificate (if said parent is deceased), court order granting sole legal custody, or birth certificate listing only one parent. The parent may also submit for consideration Form DS-5525 or written statement (made under penalty of perjury) explaining, in detail, why the second parent cannot be reached. Visit www.travel.state.gov for more details.

HOW TO COMPLETE THIS FORM

- ✓ **Sections 1, 2, and 3** are completed by the child's non-applying legal parent(s)/legal guardian(s) also known as the "affiant(s)". Consent is valid for both passport book and card unless specified by writing "issue passport book only" or "issue passport card only" in Section 3.
- ✓ **Stop at Section 4**. The affiant(s) must wait to sign in front of a passport authorizing officer or notary. The signed date of the affiant(s) and passport authorizing officer or notary must match. The passport authorizing officer or notary must not be related to the affiant(s).
- ✓ The affiant(s) must attach with this form a photocopy of the front and back of the valid government-issued photo identification presented and notated on this form or statement by the passport authorizing officer or notary.
- ✓ Consent is valid for 90 days from the passport authorizing officer or notary's signed date. If this consent expires before submitting the U.S. passport application for the said-named child, new consent is required.
- ✓ **Notaries Outside the United States**: In certain countries, this form or statement must be notarized at a U.S. embassy or consulate and cannot be notarized by a local notary public. Go to the U.S. embassy or consulate webpage for more information.

CONTACT INFORMATION FOR PASSPORT SERVICES AND INTERNATIONAL PARENTAL CHILD ABDUCTION

	Website	Email	Phone
Passport Services National Passport Information Center (NPIC)	travel.state.gov	NPIC@state.gov	1-877-487-2778 (TDD/TTY 1-888-874-7793)
International Parental Child Abduction Office of Children's Issues	travel.state.gov/childabduction	PreventAbduction1@state.gov	1-888-407-4747

WARNING

False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish two-parent consent for applicants under the age of 16, or one-parent consent when requested by the Department for applicants ages 16 or 17, consistent with Public Law 106-113, Section 236.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-26, Passport Records, and State-05, Overseas Citizen Services Records and Other Overseas Records.

DISCLOSURE: Providing information on this form is voluntary. Failure to provide the information requested on this form may cause delays in processing.

PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, Attn: Passport Forms Officer, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1199.

U.S. Department of State

OMB Control No. 1405-0129
Expiration Date: 10-31-2027
Estimated Burden: 20 Minutes

STATEMENT OF CONSENT: U.S. PASSPORT ISSUANCE TO A CHILD

Print legibly or type using black ink only. If you make an error, complete a new form. Do not correct.

Reset

SECTION 1. CHILD APPLYING FOR A U.S. PASSPORT

Print your child's name as it appears on the passport application (Form DS-11) and child's birthdate.

a.Child's Name (*LAST, FIRST MIDDLE*) *Example: SMITH, JOHN ROBERT*	b. Child's Birthdate *(MM-DD-YYYY)* ☐ *Check box if age 16 or 17*

SECTION 2. ADULT APPLYING IN PERSON WITH CHILD UNDER AGE 16

Print name of adult appearing in person to apply for a U.S. passport and relationship to the above-named child.

a. Applying Adult's Name *(LAST, FIRST MIDDLE)*	b. Applying Adult's Relationship to Child *(Check one)*		
	☐ Legal Parent	☐ Legal Guardian	☐ Third Party

SECTION 3. STATEMENT OF CONSENT FOR PASSPORT ISSUANCE TO THE CHILD

In blank space 1 (and blank space 2, if applicable) below, print the full name(s) of the legal parent/legal guardian(s) who cannot appear in-person with the minor child to apply for the passport. Then complete the address and contact details in the boxes below.

I/We, 1)_____ and 2)_____, consent to the issuance of a United States passport to the minor child. I/We consent for the adult named in Section 2 to accompany the minor child and to execute the passport application if the minor child is under age 16. This consent is unconditional regarding passport validity and travel. This consent is valid for the issuance of a U.S. passport book and card unless otherwise stated in writing here → _____

Example: "Issue passport book only" or "Issue passport card only"

1) Non-Applying Legal Parent/Guardian Address and Contact Details	2) Non-Applying Legal Parent/Guardian Address and Contact Details ☐ Check box if same as 1
Street Address: _____	Street Address: _____
City, State/Country, Zip Code: _____	City, State/Country, ZipCode: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

SECTION 4. OATH/AFFIRMATION. STOP HERE! Do not sign this form until requested to do so by a Passport Authorizing Officer or Notary. This section must be signed by the affiant(s) named in Section 3 of this form.

OATH: I solemnly swear (or affirm) that the above information given by me is true and correct to the best of my knowledge and belief.

_____	_____
1) Non-Applying Legal Parent/Legal Guardian Signature	*2) Non-Applying Legal Parent/Legal Guardian Signature*
_____	_____
Date	*Date*

1) Non-Applying Legal Parent/Guardian Identifying Documents:	2) Non-Applying Legal Parent/Guardian Identifying Documents:
☐ Driver's License ☐ Passport ☐ Military ☐ Other_____	☐ Driver's License ☐ Passport ☐ Military ☐ Other_____
Name: _____	Name: _____
ID Number: _____	ID Number: _____
Place of Issue: _____	Place of Issue: _____
Issue Date: _____ Expire Date: _____	Issue Date: _____ Expire Date: _____

On the date specified above and below, the affiant(s) listed above who is/are not related to me, personally appeared before me and executed this consent for the uses and purposes therein contained. I have properly verified the identity of the affiant(s) by personally viewing the above-notated identification document(s) and matching photocopy(ies).

_____	_____	_____
Passport Authorizing Officer or Notary Signature	Date	Location (Agency or City, State)

SEAL

Attach a clear photocopy of the front and back of the valid government-issued photo identification presented to the passport authorizing officer or notary. This consent is valid for 90 days from the passport authorizing officer or notary's signed date. If this consent expires before submitting the U.S. passport application for the above-named child, new consent is required.

U.S. Department of State

OMB Control No. 1405-0216
Expiration Date: 12/31/2028
Estimated Burden: 30 Minutes

STATEMENT OF EXIGENT/SPECIAL FAMILY CIRCUMSTANCES FOR ISSUANCE OF A U.S. PASSPORT TO A CHILD UNDER AGE 16

Please print legibly using black ink only. If you make an error, complete a new form. Do not correct.

WHEN TO USE THIS FORM

Passport applications for children under the age of 16 require both parents/legal guardians' signatures unless a notarized, written statement of consent from the non-applying parent/legal guardian is provided. **Use this form only if you cannot obtain the notarized, written consent of a parent or legal guardian with legal custody of the child applicant under 16.**

Your statement in this form must explain the reason why you cannot obtain the notarized statement of consent. You must demonstrate that there are exigent or special family circumstances that make two parent/guardian consent unobtainable.

- Exigent Circumstance: Your request may qualify as an exigent circumstance if there is a time-sensitive emergency, and the inability of the child to obtain a passport would jeopardize the child's health or welfare and safety or would result in the child being separated from the rest of the child's traveling party.

- Special Family Circumstance: Your request may qualify as a special family circumstance if the child's family situation makes it exceptionally difficult or impossible for one or both of the child's parents/legal guardians to provide the notarized, written statement of consent.

IMPORTANT

1. **Completing this form does not guarantee the child applicant will be issued a U.S. passport.**
2. **Please answer all questions on this form to the best of your knowledge.** The more information you provide, the faster we may be able to process your child's U.S. passport application. For example, if you are unsure of an exact address, please provide the street name, city, or state if you can. We will consider all the information on the form in its entirety.
3. If you need more space to respond to a question, please use a separate sheet of paper.
4. If you have a current court order showing full/sole legal custody or granting permission to obtain a passport, you may not need to fill out this form. Submit court orders with the child's passport application.
5. If you are unable to get in contact with an incarcerated non-applying parent (e.g., non-applying parent is confined to solitary and not permitted to receive or send mail or have contact with a notary; or non-applying parent is incarcerated overseas where the prison does not have a notary or other amenities), use this form. Otherwise, consent (see Form DS-3053) or a court order is still required.

INFORMATION AND/OR QUESTIONS

For passport and travel information, please visit travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD/TTY 1-888-874-7793) or by email (general information only) at NPIC@state.gov. For information on International Parental Child Abduction, please visit childabduction.state.gov or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by email at PreventAbduction1@state.gov.

WARNING

False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting this information is to establish a possible exigent/special family circumstance exception to Public Law 106-113, Section 236, requiring two parent consent for a child's passport application.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

DISCLOSURE: Providing information on this form is voluntary. Failure to provide the information requested on this form may cause delays in processing.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. Responding to this collection of information is required to obtain a benefit. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1199.

U.S. Department of State

OMB Control No. 1405-0216
Expiration Date: 12/31/2028
Estimated Burden: 30 Minutes

STATEMENT OF EXIGENT/SPECIAL FAMILY CIRCUMSTANCES FOR ISSUANCE OF A U.S. PASSPORT TO A CHILD UNDER AGE 16

Please print legibly using black ink only. If you make an error, complete a new form. Do not correct.

1. Child's Name *(Last, First, Middle)*	**2. Child's Date of Birth** *(MM-DD-YYYY)*

3. Applying Parent/Legal Guardian's Name *(Last, First, Middle)*

4. Non-Applying Parent/Legal Guardian's Information *(Complete the information in fields "a" through "e" for the non-applying parent*

a) Name *(Last, First, Middle)*		**b) Date of Birth** *(MM-DD-YYYY)*	
c) Other Names Used			
d) Contact Information	*Telephone*	*Email*	
e) Address	*Street & Apartment Number*	*City*	*State/Country* / *Zip Code*

5. Has any court, either in the United States or abroad, ever issued an order/decree that references the custody or travel of the child in question? ***(Example: divorce decree, custody order, protection order, stay away order, restraining order, guardianship order, etc.)***

☐ Yes ☐ No — *If yes, submit a certified copy of the most recent court order(s)/decree(s) with this form.*

6. Is the non-applying parent/legal guardian currently incarcerated?

☐ Yes ☐ No — *If yes, submit evidence of incarceration with this form, such as a letter from the convicting criminal court, a copy of the incarceration court order, or a copy of the online inmate locator page.*

7. When and how was the last time you communicated with the non-applying parent/legal guardian?

8. Describe your attempts to contact the non-applying parent/legal guardian. *(If you need more space, continue on a separate sheet of paper.)*

a) Mail:	Number of times: _____	Approximate Dates: _____	Result: _____
b) Phone:	Number of times: _____	Approximate Dates: _____	Result: _____
c) Email:	Number of times: _____	Approximate Dates: _____	Result: _____
d) Social Media:	Number of times: _____	Approximate Dates: _____	Result: _____

e) Other: Have you tried to contact the non-applying parent/legal guardian through a relative or friend? If so, complete the information below.

Relative/Friend #1:

Name _____ Relationship to non-applying parent *(Ex: Works with non-applying parent)* _____

Address *Street* _____ *City* _____ *State/Country* _____

Phone _____ Approximate Dates _____ Result _____

Relative/Friend #2:

Name _____ Relationship to non-applying parent *(Ex: Works with non-applying parent)* _____

Address *Street* _____ *City* _____ *State/Country* _____

Phone _____ Approximate Dates _____ Result _____

9. In detail, explain how you have attempted to obtain consent from the non-applying parent/legal guardian and why you have not been able to. You may use the information provided in questions 5 - 8 to help complete your statement. If you need more space, continue on a separate sheet of paper.

NOTE: To avoid processing delays, please make sure you have provided all information requested on this form

10. OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.

Signature of Parent/Legal Guardian _____ Date *(MM/DD/YYYY)* _____

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code
(USPS ZIP Code Lookup)

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☐ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with _____, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

►

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

►

9. Client's Alien Registration Number (A-Number) (if any)

►**A-**

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town

13.d. State **13.e.** ZIP Code

13.f. Province

13.g. Postal Code

13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☐ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡

2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy)

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d.

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Completion of this document authorizes the disclosure and use of health information about you. Failure to provide all information requested may invalidate this authorization.

Name of patient: _____

USE AND DISCLOSURE OF HEALTH INFORMATION

I hereby authorize: _____ to release to:

_____

(Persons/Organizations authorized to receive the information)

_____

(Address — street, city, state, zip code)

The following information:

a. ❑ All health information pertaining to my medical history, mental or physical condition and treatment received; OR

   ❑ Only the following records or types of health information (including any dates):

   _____

   _____

b. I specifically authorize release of the following information (check as appropriate):

   ❑ Mental health treatment information _____ (initial)

   ❑ HIV test results _____ (initial)

   ❑ Alcohol/drug treatment information _____ (initial)

A separate authorization is required to authorize the disclosure or use of psychotherapy notes, as defined in the federal regulations implementing the Health Insurance Portability and Accountability Act.[1]

(over)

1 Health care providers that do not maintain psychotherapy notes as defined in HIPAA may wish to delete this sentence.

PURPOSE

Purpose of requested use or disclosure: ❑ Patient request; OR ❑ Other:

_____

_____

_____

Limitations, if any: _____

_____

_____

EXPIRATION

This authorization expires on *(date)*: _____

MY RIGHTS

- I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.[2]
- I may inspect or obtain a copy of the health information that I am being asked to allow the use or disclosure of.
- I may revoke this authorization at any time, but I must do so in writing[3] and submit it to the following address: _____

  _____.

My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon this authorization.

- I have a right to receive a copy of this authorization.[4]
- Information disclosed pursuant to this authorization could be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA). However, California law prohibits the person receiving my health information from making further disclosure of it unless

2 If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.

3 Patients of federally-assisted substance abuse programs and patients whose records are covered by LPS may revoke an authorization verbally.

4 Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures *(see 45 C.F.R. Section 164.508(c)(4))*.

another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

SIGNATURE

Date: _____ Time: _____ ❑AM - ❑PM

Signature: _____
(patient/legal representative)

If signed by a person other than the patient, indicate relationship: _____

Print name: _____
(legal representative)

NOTES FOR PROVIDERS THAT USE THIS FORM:

- If the purpose of the authorization is to use the information for marketing by a third party that remunerates the provider, a statement to this effect must be included in this authorization form.
- If the purpose of the authorization is for the sale of protected health information (PHI), this form must state whether the PHI can be further exchanged for remuneration by the initial recipient.
- A provider that discloses health information pursuant to an authorization must communicate any limitation contained in the authorization to the recipient [Civil Code Section 56.14]. The required notification may be accomplished by giving the recipient a copy of the authorization form.

AUTORIZACIÓN PARA UTILIZAR O DIVULGAR INFORMACIÓN MÉDICA

Al completar este documento autoriza la divulgación y el uso de su información médica. Esta autorización puede perder su validez si no proporciona toda la información solicitada.

Nombre del paciente: _____

USO Y DIVULGACIÓN DE INFORMACIÓN MÉDICA

Por medio del presente autorizo a: _____ a divulgar a:

_____

(Personas u organizaciones autorizadas a recibir la información)

_____

(Domicilio — calle, ciudad, estado, código postal)

la siguiente información:

a. ❑ Toda la información médica referente a mi historia médica, estado mental o físico y tratamiento recibido; O

   ❑ Sólo los siguientes expedientes o tipo de información (incluso las fechas):

   _____

b. Autorizo específicamente la divulgación de la siguiente información (marque donde corresponde):

   ❑ Información sobre tratamiento de salud mental _____ (inicial)

   ❑ Resultados de análisis de VIH _____ (inicial)

   ❑ Información sobre tratamiento de alcoholismo o drogadicción _____ (inicial)

Se requiere una autorización adicional para permitir la divulgación o el uso de notas de psicoterapia, según se define en las regulaciones federales de la Ley de Portabilidad y Responsabilidad de Seguros Médicos.[1]

(sobre)

1 Health care providers that do not maintain psychotherapy notes as defined in HIPAA may wish to delete this sentence.

OBJETIVO

Objetivo del uso o divulgación solicitados: ❑ Solicitud de paciente; O ❑ Otro:

Limitaciones, si existen:

VENCIMIENTO

Esta autorización vence el *(fecha)*:

MIS DERECHOS

- Puedo negarme a firmar esta autorización. Mi negativa no afectará mi calificación para obtener tratamiento o pago ni mi calificación para obtener beneficios.[2]
- Puedo inspeccionar u obtener una copia de la información médica cuyo uso o divulgación se me solicita que autorice.
- Puedo revocar esta autorización en cualquier momento, pero debo hacerlo por escrito[3] y presentar mi revocación en este domicilio: .

Mi revocación tendrá vigencia cuando se reciba, excepto en la medida en que otras personas hayan actuado basados en esta autorización.

- Tengo el derecho de recibir una copia de esta autorización.[4]
- El destinatario de la información divulgada en virtud de esta autorización puede volver a divulgarla. Dicha nueva divulgación en algunos casos no es +prohibido por la ley del Estado de California, y puede no estar protegida por la ley federal de confidencialidad

2 If any of the HIPAA recognized exceptions to this statement applies, then this statement must be changed to describe the consequences to the individual of a refusal to sign the authorization when that covered entity can condition treatment, health plan enrollment, or benefit eligibility on the failure to obtain such authorization. A covered entity is permitted to condition treatment, health plan enrollment or benefit eligibility on the provision of an authorization as follows: (i) to conduct research-related treatment, (ii) to obtain information in connection with a health plan's eligibility or enrollment determinations relating to the individual or for its underwriting or risk rating determinations, or (iii) to create health information to provide to a third party or for disclosure of the health information to such third party. Under no circumstances, however, may an individual be required to authorize the disclosure of psychotherapy notes.

3 Patients of federally-assisted substance abuse programs and patients whose records are covered by LPS may revoke an authorization verbally.

4 Under HIPAA, the individual must be provided with a copy of the authorization when it has been requested by a covered entity for its own uses and disclosures *(see 45 C.F.R. Section 164.508(c)(4))*.

(HIPAA). Sin embargo, la ley de California prohíbe que la persona que recibe la información sobre mi salud la revele, a menos que yo autorice dicha revelación o que ésta sea requerida por la ley o permitida por ésta.

FIRMA

Fecha: _____ Hora: _____ ❑AM / ❑PM

Firma: _____
(paciente o representante legal)

Si no lo firma el paciente, indique la relación con éste: _____

Nombre en letra de imprenta: _____
(representante legal)

NOTES FOR PROVIDERS THAT USE THIS FORM:

- If the purpose of the authorization is to use the information for marketing by a third party that remunerates the provider, a statement to this effect must be included in this authorization form.
- If the purpose of the authorization is for the sale of protected health information (PHI), this form must state whether the PHI can be further exchanged for remuneration by the initial recipient.
- A provider that discloses health information pursuant to an authorization must communicate any limitation contained in the authorization to the recipient [Civil Code Section 56.14]. The required notification may be accomplished by giving the recipient a copy of the authorization form.

Contact us

SACRAMENTO VALLEY/CENTRAL CALIFORNIA

HTTPS://CA.CAIR.COM/SACVAL/

(916)441-6269

SAN FRANCISCO/ BAY AREA

HTTPS://CA.CAIR.COM/SFBA/

(408) 986-9874

GREATER LOS ANGELES AREA

HTTPS://CA.CAIR.COM/LOSANGELES/

(714) 776-1847

SAN DIEGO AREA

HTTPS://CA.CAIR.COM/SANDIEGO/

(858) 278-4547

CAIR (COUNCIL ON AMERICAN ISLAMIC RELATIONS IS A NATIONAL ORGANIZATION.WE HAVE OFFICES ALL OVER THE UNITED STATES. IF YOU LIVE OUTSIDE OF CALIFORNIA, VISIT OUR WEBSITE TO FIND AN OFFICE CLOSE TO YOU.
https://ca.cair.com/contact/