



CAIR
CALIFORNIA

FAMILY PREPAREDNESS MINI WORKBOOK

For California Families in the face of Mass Deportation Threats



Family Preparedness Mini Workbook

Protect Your Family, Prepare with Confidence

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. We seek 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.

We have created this mini workbook as a smaller, more condensed, version of our full Family Preparedness workbook meant to be easy to print, fill, and share with your emergency contacts.

If you are interested in obtaining more in-depth information to help you understand how to build a strong family preparedness plan, download our Full-length Family Preparedness Workbook at:

<https://ca.cair.com/publications/family-preparedness-workbook-2026/>



Disclaimer:

This mini workbook was created to complement, not substitute legal counsel nor does it intend to create an attorney-client relationship. For individual legal advice, please contact a qualified and knowledgeable attorney. In our full workbook you will find a list of California Organizations that offer various free services, some, including free legal consultations. You may also contact your local state bar for additional legal referrals.

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: _____

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

1. Use my A# _____ and my country of birth: _____
or my full name: _____, 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 _____ Phone: _____
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:
Name: _____ Phone: _____ Relationship: _____
Address: _____

Name: _____ Phone: _____ Relationship: _____
Address: _____

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
Name: _____ Phone: _____
Address: _____

 - b. I would like my children to finish their current school year and be brought
to me in _____ by Name: _____
Phone: _____ Address: _____

 - c. I would like my children to remain in the United States under the
guardianship/ custody of _____
until further notice.
4. Special instructions: _____



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Family Information:

Parent #1 Full Legal Name: _____

AKAs: _____

A number(s): _____

Cellphone: _____ Home phone: _____

Work phone: _____

Work Address: _____

email address(es): _____

Physical Address: _____

Mailing Address: _____

Date(s) entered the United States: _____

Parent #2 Full Legal Name: _____

AKAs: _____

A number(s): _____

Cellphone: _____ Home phone: _____

Work phone: _____

Work Address: _____

email address(es): _____

Physical Address: _____

Mailing Address: _____

Date(s) entered the United States: _____



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Children/ Dependent Information:

Name: _____ Date of Birth: _____

A number(s): _____

Address: _____

School/ Employment: _____

Phone: _____

Address: _____

Teacher/ Supervisor's name: _____

Classroom number: _____ In an Afterschool program? Yes/ No

Afterschool program name: _____

Afterschool program number: _____

Doctor: _____

Doctor's Phone Number: _____

Doctor's Address: _____

Allergies: _____

Medical Conditions: _____

Medications and Instructions: _____

Health Insurance: _____

ID Number: _____

Name: _____ Date of Birth: _____

A number(s): _____

Address: _____

School/ Employment: _____

Phone: _____

Address: _____

Teacher/ Supervisor's name: _____

Classroom number: _____ In an Afterschool program? Yes/ No

Afterschool program name: _____

Afterschool program number: _____

Doctor: _____

Doctor's Phone Number: _____

Doctor's Address: _____

Allergies: _____

Medical Conditions: _____

Medications and Instructions: _____

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ID Number: _____

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Teacher/ Supervisor's name: _____

Classroom number: _____ In an Afterschool program? Yes/ No

Afterschool program name: _____

Afterschool program number: _____

Doctor: _____

Doctor's Phone Number: _____

Doctor's Address: _____

Allergies: _____

Medical Conditions: _____

Medications and Instructions: _____

Health Insurance: _____

ID Number: _____

Emergency Contacts:

Name: _____ Phone Number: _____

Relationship: _____

Address: _____

Notes: _____

Name: _____ Phone Number: _____

Relationship: _____

Address: _____

Notes: _____

Name: _____ Phone Number: _____

Relationship: _____

Address: _____

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Name: _____ Phone Number: _____

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Name: _____ Phone Number: _____

Relationship: _____

Address: _____

Notes: _____

Name: _____ Phone Number: _____

Relationship: _____

Address: _____

Notes: _____

Name: _____ Phone Number: _____

Relationship: _____

Address: _____

Notes: _____

EXPENSES TRACKER

FIXED EXPENSES	AMOUNT

FOOD	AMOUNT

TRANSPORTATION	AMOUNT

ENTERTAINMENT	AMOUNT

SHOPPING	AMOUNT

MEDICAL	AMOUNT

FITNESS	AMOUNT

FAMILY & EDUCATION	AMOUNT

SUMMARY	
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Important Documents:

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 accessible 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/ Restraining Orders
- Power of Attorneys
- Property Deed/Title
- Caregiver's Authorization Affidavit/ Authorization for Minor Travel
- 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 or rent a safe box at your local bank for your important documents and other valuables.

MY NOTES

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MY NOTES

A series of horizontal dotted lines for writing notes.

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Contact us

SACRAMENTO VALLEY/CENTRAL CALIFORNIA

[HTTPS://CA.CAIR.COM/SACVAL/](https://ca.cair.com/sacval/)

(916) 441-6269

SAN FRANCISCO/ BAY AREA

[HTTPS://CA.CAIR.COM/SFBA/](https://ca.cair.com/sfba/)

(408) 986-9874

GREATER LOS ANGELES AREA

[HTTPS://CA.CAIR.COM/LOSANGELES/](https://ca.cair.com/losangeles/)

(714) 776-1847

SAN DIEGO AREA

[HTTPS://CA.CAIR.COM/SANDIEGO/](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/>