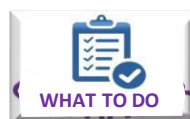
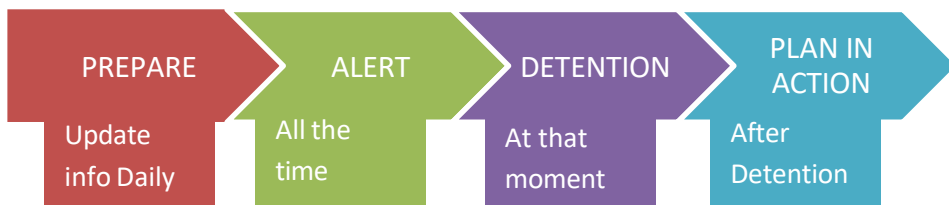




MY FAMILY PROTECTION PLAN



GUIDE

INTRODUCTION

Utilize this book to form and document a plan of action in case of deportation, or just in case of a prolonged absence from home. Every family is different and because of that, every home requires its own plan. Utilize one or all pages in this book. Modify them. It's your book. It's your plan.

You decide what your plan is. You decide what matters to you and your family. Immigration Status? Bank Accounts? Custody of your children? Your Business? Your Vehicle? You decide. If this Book is not the method you prefer, look for other methods to document and keep your plan in case of your absence.

COMMUNICATION

Sometimes it is very difficult and very emotional to speak about the consequences of a possible deportation, we shouldn't neglect legal and financial decisions that affect us. Talk as a family. Talk about the good things, sad and difficult ones. Through the conversations you will be able to decide on your plan.

PROTECTION PLAN

This Book can help document you plan. If you utilize this book, takes notes and communicate your plan in a safe place:

- Legal Status
- Documents
- Family
- Finances
- Home
- Vehicles
- Health
- Employment
- Education
- Businesses
- What to do
- Resources

ACTION

In case of a deportation, having a plan will help minimize the risk of making hasty decisions. A deportation can bring many changes legally, economically, and emotionally in your family life. Nevertheless, with your plan in hand the transition can be a little more manageable.

[SAVE THIS PLAN IN A SAFE PLACE](#)



Find Out About Your Immigration Options

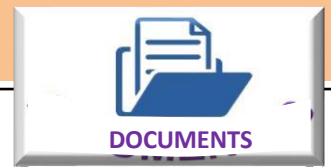
NOTE

Consult an experienced and trusted Immigration law attorney about your situation to verify that what you are doing will be honored by authorities in your state.

Find a local nonprofit legal services organization or immigration attorney that can help you find out if there is an immigration option for you to get a green card, work permit or visa, or protect you from deportation. Also, keep a list of attorneys or local organizations in case you ever have a problem with ICE. Some organizations have attorneys who may be able to help you.

Information and resources to find good immigration legal help is included in this packet.

- If you have a green card, find out if you can become a U.S. citizen.
- If you are here on a visa, find out if you can get a green card.
- If you do not have immigration status, find out if you may be eligible to get a green card, visa or work permit.
- If you have a criminal arrest or conviction, find out how it might affect your situation, or if there is a way to erase it from your record.
- If you are detained or put into deportation proceedings, ask for a hearing in front of a judge to get out of detention and to fight your deportation.



File of Important Documents: Keep a file of all of these documents or a copy of these documents in a safe place. Tell your children, family members, and emergency caregiver where to find this file in an emergency (make sure their location is known to a trusted adult):

- Passports
- Birth Certificates
- Consular identification
- Marriage License (if applicable)
- divorce decree/order/s
- Caregiver’s Authorization Affidavit
- Any Restraining Orders you may have against anyone (if applicable)
- A-Number and any immigration documents (work permit, green card, visa, etc.)
- Driver’s License and/or Other Identification Cards
- Social Security Card or ITIN number
- Registry of birth (for U.S. born children registered in parent’s home country)(if applicable)
- Important Children’s Information
- Custody order/s,
- Children’s passports, you should get a passport for each child as soon as possible. If your children are US citizens you may obtain information about getting a US passport at www.travel.state.gov or at some US post offices.
- Medical records,
- Prescription information.
- Children(s)’ Medical Information, including health insurance, medication list, and doctor’s contact information
- Immigration documents: your immigration A number; copies of prior immigration applications or case information regarding your immigration history, name and contact information of prior and/or current immigration attorney, copies of both sides of your EAD/LPR cards; any letters received by you or family about your immigration case;
- Criminal History documents: Certified disposition/Sentencing Order/Rule 11 agreement from the court where your case occurred; Name and contact information of prior and/or current criminal defense attorney; A copy of the arrest report or police report evidencing the incident; Documents that show completion of sentence, community service, classes and/or probation; Proof of rehabilitation from the crime; A copy of your CBI background check (or any other state criminal history check);
- Proof of Presence in the US: leases, paystubs, tax returns, medical records, bank records, school records, employment history, car loans, car insurance information, utility bills, etc. Keep the original and at least one copy in a safe and secure location.
- Any other documents you would want to be able to quickly find:
- Emergency Numbers and Important Contact Information
- Make and carry a small card with a list of important phone numbers, such as family members, immigration and/or criminal defense attorney, doctors and medical information, designated caretaker for children;
- You may also want to note on the card your social security number, ITIN number or immigration A number, if you have one;
- Make an Emergency Contact Sheet for your children, designated caretaker or other family members who may care for your children. It should include name, address and phone number of each child’s school and locations/phone numbers where your children are likely to be when not at home, school or daycare in the event you are apprehended. (see example emergency contact sheet)

NOTE

- **DO NOT GIVE ICE YOUR PASSPORT! Instruct your family not to give your passport to ICE!**
- **NEVER GIVE ORIGINAL DOCUMENTS TO ICE-YOU WILL NOT GET THEM BACK!**
- **GET ALL NON-ENGLISH DOCUMENTS TRANSLATED TO ENGLISH BY A CERTIFIED TRANSLATOR.**

EMERGENCY CONTACT CARD

Name _____

Phone Number _____

Name _____

Phone number _____

Additional Info _____



ME

My Full Legal Name

My date of Birth

My place of birth (town or city/state/country)

My Social Security #

My ITIN

My Alien Number

My immigration lawyer

My criminal defense lawyer

My divorce or custody lawyer

PETS: Name and Type

MY SPOUSE

Full Legal Name

Date of Birth

Place of birth (town or city/state/country)

Social Security #

ITIN

Alien Number #

Immigration Lawyer

Criminal Defense Lawyer

Divorce or custody Lawyer

MY FAMILY

Prepare



MY SON/DAUGHTER

Full Name

Date of Birth

Social Security

ITIN

Alien Number #

Country of Birth

School

Authorized Person to pick up my Son/Daughter

MY SON/DAUGHTER

Full Name

Date of Birth

Social Security

ITIN

Alien Number #

Country of Birth

School

Authorized Person to pick up my Son/Daughter

MY SON/DAUGHTER

Full Name

Date of Birth

Social Security

ITIN

Alien Number #

Country of Birth

School

Authorized Person to pick up my Son/Daughter

MY SON/DAUGHTER

Full Name

Date of Birth

Social Security

ITIN

Alien Number #

Country of Birth

School

Authorized Person to pick up my Son/Daughter



NOTE

POWER OF ATTORNEY ATTACHED TO THIS PLAN

Consult an experienced family Law Attorney about your situation to verify that what you are doing will be honored by authorities in your State

- **Make a Child Care Plan Have a plan so that a trusted adult can care for your child if you cannot. This plan should include emergency numbers, a list of important contact information, a Caregiver's Authorization Affidavit and a file with important documents.**
- You can designate and document someone you trust with Power of Attorney to make financial, legal or childcare decisions in your absence. You can designate this person to care for your children; to make decisions for your children; to handle your finances; to manage business decisions; to use your money to pay your rent or mortgage or to pay for your legal and other expenses. A power of attorney for your child allows you to designate another adult to make decisions for your child. It is temporary and does not require you to give up your parental or custodial rights. You can also register your child's birth with your country's government (for example, with your country's consulate) if your child was born in the United States. This may grant your child benefits, including citizenship in your home country in some cases.
- A designated caretaker for your children can be anyone of your choosing and could include a spouse, other parent of child, grand parent of child, aunt/uncle of child, adult sibling of child. The designated caretaker does not have to be a relative and could be someone you trust in the community at your church or a friend.
- You may want different caretakers for different children, or you may select the same caretaker for all your children.
- Think carefully before deciding on a designated caretaker. Talk with the caretaker about your desires/needs. Does the person have the financial resources to care for your children? Who else lives in the household with the designated caretaker? How long can the designated caretaker take care of your children?
- Do your children need special medical care? Make sure the designated caretaker has copies of necessary insurance cards, including Medicaid, prescription and dosage information, medical provider contact information.
- Make sure the designated caretaker knows where your children attend school. Make sure enrollment information, school address, teacher/classroom information and any extra-curricular activities information. Make sure the designated caretaker is on the list of people authorized to pick up your children from school or daycare.
- Make a Child Care Plan Depending on the age of your children, you may want to discuss with them the possibility of detention so that if you don't return home when expected they have instructions on whom to contact and know where to find their contact information.



BANK ACCOUNTS

Name Of Bank

Account Number

Account Type (savings/checking)

Authorized People on account

Name of Bank

Account Number

Account Type (savings/checking)

Authorized People on account

Name of Bank

Account Number

Account Type (savings/checking)

Authorized People on account

CREDIT CARDS

Account Number

Type of Card (Visa / Mastercard / etc.)

Name on Card

Account Number

Type of Card (Visa / Mastercard / etc.)

Name on Card

Account Number

Type of Card (Visa / Mastercard / etc.)

Name on Card

Account Number

Type of Card (Visa / Mastercard / etc.)

Name on Card

HOUSE

Prepare



HOUSE

MY HOUSE

Address of my house

Under what name is the house? Are you renting or buying this house?
Buying or Renting

How do you contact the owner or the Bank?

Monthly payment

Payment due date

How do I make my monthly payment?

RENTER'S INSURANCE

Company

Policy #

Phone Number

HOME OWNER'S INSURANCE

Company

Policy #

Phone Number

HOA INSURANCE

Company

Policy #

Phone Number



Year and Make of Vehicle

Model of Vehicle

VIN Number

State and Plate Number

In whose name is the vehicle? Is it Paid Off? or do you owe money?

Monthly Payment and Name of Finance Company?

How do I make my payment?

Payment due date

Insurance Company

Policy Number

Insurance Phone Number

Year and Make of Vehicle

Model of Vehicle

VIN Number

State and Plate Number

In whose name is the vehicle? Is it Paid Off? or do you owe money?

Monthly Payment and Name of Finance Company?

How do I make my payment?

Payment due date

Insurance Company

Policy Number

Insurance Phone Number

Year and Make of Vehicle

Model of Vehicle

VIN Number

State and Plate Number

In whose name is the vehicle? Is it Paid Off? or do you owe money?

Monthly Payment and Name of Finance Company?

How do I make my payment?

Payment due date

Insurance Company

Policy Number

Insurance Phone Number

Year and Make of Vehicle

Model of Vehicle

VIN Number

State and Plate Number

In whose name is the vehicle? Is it Paid Off? or do you owe money?

Monthly Payment and Name of Finance Company?

How do I make my payment?

Payment due date

Insurance Company

Policy Number

Insurance Phone Number



ME

My Doctor and Telephone Number

My Preferred Hospital and Location

My Counselor/Therapist and Telephone Number

Prescriptions/Doses

My Allergies

My Health Insurance Company and Policy Number

MY SPOUSE

Doctor and Telephone Number

Preferred Hospital and Location

Counselor/Therapist and Telephone Number

Prescriptions/Doses

Allergies

Health Insurance Company and Policy Number

NOTE

**SEE RESOURCES SECTION
FOR A LIST OF
COMMUNITY CLINICS**

HEALTH

Prepare



HEALTH

My Children

Name of Child

Doctor and Telephone Number

Preferred Hospital and Location

Counselor/Therapist and Telephone Number

Prescriptions and Doses

Allergies

Health Insurance Company and Policy Number

My Children

Name of Child

Doctor and Telephone Number

Preferred Hospital and Location

Counselor/Therapist and Telephone Number

Prescriptions and Doses

Allergies

Health Insurance Company and Policy Number

My Children

Name of Child

Doctor and Telephone Number

Preferred Hospital and Location

Counselor/Therapist and Telephone Number

Prescriptions and Doses

Allergies

Health Insurance Company and Policy Number

My Children

Name of Child

Doctor and Telephone Number

Preferred Hospital and Location

Counselor/Therapist and Telephone Number

Prescriptions and Doses

Allergies

Health Insurance Company and Policy Number

EMPLOYMENT

Prepare



ME

Name of Present Employer

Address

Month/Year started and ended work

Type of Work

Name of Employer

Address

Month/Year started and ended work

Type of Work

MY SPOUSE

Name of Present Employer

Address

Month/Year started and ended work

Type of Work

Name of Employer

Address

Month/Year started and ended work

Type of Work

NOTE

- **Maintain a list of all my employment.**
- **Maintain a list of all my spouse's employers.**

EMPLOYMENT

Prepare



EMPLOYMENT

MY CHILDREN'S EMPLOYMENT

Name of Employer

Address

Month/Year started and ended work

Type of Work

MY CHILDREN'S EMPLOYMENT

Name of Employer

Address

Month/Year started and ended work

Type of Work

MY CHILDREN'S EMPLOYMENT

Name of Employer

Address

Month/Year started and ended work

Type of Work

MY CHILDREN'S EMPLOYMENT

Name of Employer

Address

Month/Year started and ended work

Type of Work

NOTE

- **Maintain a list of all my children's employers.**



MY CHILD'S SCHOOL

Name of child

Name of School

Address

Grade

Name of Teacher

MY CHILD'S SCHOOL

Name of child

Name of School

Address

Grade

Name of Teacher

MY CHILD'S SCHOOL

Name of child

Name of School

Address

Grade

Name of Teacher

MY CHILD'S SCHOOL

Name of child

Name of School

Address

Grade

Name of Teacher

NOTE

Gather Transcripts for each child; Diplomas for yourself or your children; Certificates of participation or teacher recommendations; Copies of IEP for each child, if any;



Name of Business

Business Type

Location and Telephone Number

In whose Name is the business?

¿Is the Business registered? If yes, type of registration?

Business Bank Accounts

Name Of Bank

Account Number

Account Type (savings/checking)

Authorized People on account

Business Credit Card

Bank of Card

Account Number

Type of Card (Visa, Mastercard, Etc.)

Name on Card

Business Property (i.e. lawn mower, vehicles, equipment or tools)

Type and Location

Do you have employees or contractors? How Many?

Names of employees or contractors?

NOTE

Maintain copies of your business contracts, licenses and other documents in a safe place.



NOTE

BE AWARE OF THE FOLLOWING

- DO NOT COMMIT ANY CRIMES
- Pay all your traffic tickets.
- Get your driver license.
- Do not drink and drive.
- Avoid traveling near the border.
- Avoid driving without a license
- Maintain car insurance if you drive
- If stopped by ICE or police, remain calm
- Drive the speed limit
- Remember Marijuana is illegal under Federal and Immigration Law
- Marijuana is illegal for anyone under 21, so is alcohol.
- Don't text and drive.
- Don't leave kids or pets in car alone.
- Don't leave car alone with engine running
- Do not sign any documents rescinding your permanent residency, especially at ports of entry
- Don't leave the US for more than 6 months if you are a permanent resident
- Never claim you are a US citizen, verbally or in writing.
- Pay all your incomes taxes.
- If you are not a US citizen, do not vote in any election in the US: local, state or federal.
- If you have a criminal case, obtain good legal advice from an attorney. Some minor infractions have grave consequences to your immigration status and can lead to deportation or denial of immigration applications.
- If you are NOT a US citizen, you cannot serve on a jury.
- If you have a protection order, always carry a copy with you.
- Consult an immigration attorney before leaving the US



IF YOU FACE CONTACT WITH US ICE OR POLICE OR POSSIBLE DETENTION YOU MUST KNOW THE FOLLOWING

Know Your Rights Everyone – both documented and undocumented persons – have rights in this country. Make sure you, your family members (even children), housemates, neighbors, and co-workers, regardless of their immigration status, know of their right to remain silent and all of their other rights if ICE or the police come to your home, neighborhood or workplace. **A list of these rights, and a card asserting these rights, are included in this packet.**

WHAT IF ICE COMES TO MY HOME?

- Remain Calm but don't open the door. You have rights.
- Ask why they are there and ask for an interpreter.
- If they ask to enter, ask if they have a warrant signed by a judge and if yes, ask to see it (through a window or slipped under the door).
- If they do NOT have a warrant signed by a judge, you may refuse to let them in. Ask them to leave information at the door.
- An ICE administrative warrant (Forms I200, I205) does not allow entry to your home unless you consent. You are not required by law to consent.
- If ICE forces their way in, don't resist. Remain calm and remain silent. Tell everyone present in your home to remain silent.
- If you are arrested, remain silent and DO NOT SIGN anything until you can speak to a lawyer.

WHAT IF ICE TELLS ME TO SIGN DOCUMENTS or SIGN FOR MY DEPORTATION?

ICE may present you with paperwork, sometimes multiple times, telling you to sign the paperwork. You may be told that you have no case or no way to defend yourself. Someone may tell you that you must sign for your own deportation; that you will be in jail for years if you don't sign; or that you may not see your children again if you do not sign. An officer may even try to physically force you to sign. Many people report pressure from officers to sign paperwork that they do not understand.

If you sign the paperwork and accept deportation it may be very difficult, if not impossible for you to return to the US in the future and you may lose the ability to fight to reunite with your children. It is very important to stay strong and state clearly that you will not sign any documents accepting deportation. Since refusal may mean more time in detention it could be a very difficult decision, but it is the only way to insure you will have the right to present your case to the Immigration Judge in court.

IF I AM DETAINED CAN I GET AN IMMIGRATION BOND?

Not all people who are detained are eligible for an immigration bond. Each person detained is assigned a deportation officer who will be in charge of your deportation while you are in detention. You may ask your deportation officer or immigration attorney if a bond has been set for you. However, the Deportation Officer works for ICE and cannot be trusted to give you helpful or reliable advice. It is best to consult a competent immigration attorney if you are detained. It is recommended that you limit your voluntary conversations with ICE office at all stages of the process. Anything you say to ICE officials can and will be used against you.

If you are not granted a bond by ICE, you may request a bond hearing with the Immigration Judge in your case. At the bond hearing, many of the documents you gathered together at the start of your preparation plan will be used to demonstrate that you are not a risk to the community or a threat to national security and that you should be afforded a bond. You will want to tell the immigration judge about your children, spouse, if applicable and your positive ties to the community.

If granted bond by ICE or the Immigration Court, you will have to pay the full amount to be released. In Denver area, immigration bonds can be paid at the ICE office at 12445 E. Caley Ave Centennial, Colorado. You may also work with an immigration bond company that will pay the bond after you pay a portion to them.



EXECUTE YOUR PERSONAL PLAN USING OUR RESOURCES SECTION

- General Power of Attorney
- Real Estate Power of Attorney
- Delegation of Power by Parent or Guardian, plus instructions
- HIPAA Release
- Certificate of Translation
- Emergency Contact Sheet for Caretaker
- Contact Sheet for Children

The information contained in this material titled “My Family Protection Plan” is intended for educational and informational purposes only and it has been gathered from several different sources with the objective of achieving its general dissemination. The content of this material is not legal advice and should not be interpreted as legal advice. These resources contain general information from a variety of sources and might not reflect up to date legal content, verdicts, or agreements. We do not commit to updating the material to reflect subsequent advancements or updates, whether legal or not. Under no circumstance is a collaborator*, agency*, or individual* who is involved in the creation, production, or delivery of this material responsible to you or any other person for damages indirectly, special, incidental, or consequential of any kind as a result or derived of its use. IN NONE OF THE PREVIOUSLY MENTIONED CASES (*) WILL THEY BE RESPONSIBLE OR LIABLE FOR ANY DAMAGE WHTHER SPECIAL, INDIRECT, OR CONSEQUENTIAL RELATED TO THIS MATERIAL, TITLED ‘TAKE CARE OF EACHOTHER.’ It is always better to consult an attorney with regards to your rights and legal responsibilities with respect to your particular case.



Embassies or Consulates in the Denver Area

Australia - Consulate

WeWork Wells Fargo Center
1700 Lincoln St, 17th Floor
Denver CO 80203
(720) 366-7500

Austria – Honorary Consulate

90 Madison St #201,
Denver, CO 80206
(303) 396-4538

Belgium – Honorary Consulate

303 514 7187
co.hcbelgium@gmail.com

Canada - Consulate General

1625 Broadway Suite 2600,
Denver, CO 80202
(303) 626-0681
(303) 626-0640
denvr-td@international.gc.ca

Costa Rica – Consulado General

3356 South Xenia Street
Denver, Colorado 80231-4542
(303) 696-8211

Denmark - Consulate General

5353 West Dartmouth Avenue,
Suite508
Denver, CO 80227
(303) 980 9100

El Salvador – Consulado General

1450 S Havana St #100,
Aurora, CO 80012
(720) 485-5412

Filipinas- Consulado Honorario

11880 Teller St,
Broomfield, CO 80020
(303) 885-9495

Finland - Consulate

10197 S Stephen Place,
Highlands Ranch Denver, CO 80130
303 478 1028

France – Honorary Consulate

851 N Clarkson St,
Denver, CO 80218
(303) 862-3808

Germany – Honorary Consulate

1123 Auraria Pkwy suite 100,
Denver, CO 80204
(720) 381-1319

Guatemala - Consulate General

1001 S. Monaco Parkway, Suite 101
Denver, CO 80224
(303) 629-9212
consdenver@minex.gob.gt

Honduras- Consulado General

147 E 2nd Ave, Suite 180,
Aurora, CO 80011
hondurasconsuladaurora@gmail.com

Hungary - Consulate General

1800 Platte Street
Denver, Colorado 80202
(303) 482-2318

Iceland - Consulate Honorary

202 Spring Street, Box 542
Morrison, CO 80465
(303) 456 8586 - (303) 667-4558

Ireland – Consulate Honorary

McGregor Square,
1601 19th St Suite 1000,
Denver, CO 80202
(303) 623-9000

Italy - Honorary Consulate

360 Acoma Street
Centennial, CO 80223
(720) 579-1557

Japan - Consulate General

1225 17th Street, Suite 3000
Denver, CO 80202
(303) 534-1151
cgjd-consular@de.mofa.go.jp

Lithuania – Honorary Consulate

809 S Aspen St, Aspen, CO 81611
(970) 236-1500

Malta - Consulate

2422 East Third Avenue
Denver, CO 80206
(303) 722 9784
maltaconsul.denver@gov.mt

México – Consulado General

5350 Leetsdale Drive, Suite 100
Denver, CO 80246
(303) 331 1110 Ext. 101
Emergencia (303) 667-8657
Correo electrónico:
infodenver@sre.gob.mx

Mongolia – Honorary Consulate

1700 Broadway, Suite 1202
Denver, CO 80290-1201
303-832-6173, 303-832-6511
Cell: 303-981-8274

Montenegro - Consulate

210 St Paul Street, Suite 250
Denver, CO 80206
303 589 8788

Norwegian Honorary Consulate

17397 E. Caley Ln.
Aurora, Colorado 80016
(720) 870-6997
(303) 912-2635

Peru - Consulate General

6795 E Tennessee Ave #550,
Denver, CO 80224
(303) 355 8555

Poland – Honorary Consulate

528 Williams St.
Denver, CO 80218
(303) 517 1278
(303) 485 6620

Russia – Honorary Consulate

1552 Pennsylvania Street
Denver, CO 80203
(303) 831-9181

Serbia - Consulate General

Tower One, Suite 12, 000
2000 South Colorado Boulevard
Denver, CO 80222
(303) 300-7887

Slovakia - Consulate

44 Cook St., Suite 100,
Denver, CO 80206
(303) 692-8833

Slovenia - Consulate One Tabor Center

1200 Seventeenth Street, Suite 1500
Denver, CO 80202
303-899-7328

Sweden - Consulate

4100 E Mississippi Ave Suite 410,
Denver, CO 80246
(303) 758-0999

Switzerland – Honorary Consulate

17212 Niwot Place
Parker, CO 80134 USA
303 312 5990



COMMUNITY HEALTH CENTERS AROUND DENVER

Bernard F. Gipson Eastside Family Health
Center
303-602-6333
501 28th St, Denver, CO 80205

Federico F. Pena Family Health
Center 303-602-0000
1339 S FEDERAL BLVD
DENVER, CO 80219-4235

La Casa-Quigg Newton Family Health
Center
303-602-6700
4545 Navajo St.
Denver, CO 80211

Lowry Family Health
Center 303-602-4545
1001 Yosemite St, Denver, CO 80230

Montbello Family Health
Center 303-602-4000
12600 E. Albrook Dr.
Denver, CO 80239

Park Hill Family Health
Center 303-602-3720
4995 E 33rd Ave Denver, CO 80207

Sam Sandos Westside Family Health
Center
303-436-4200
1100 Federal Blvd
Denver, CO 80204

Westwood Family Health
Center 303-602-4660
4320 W Alaska Pl
Denver, CO 80219

Inner City Health Center
3800 York Street
Denver, CO 80205
303-296-1767

Denver Health Adult Urgent
Care Main Hospital 777 Bannock
Street, Denver, CO
Southwest Urgent Care 1339 S
FEDERAL BLVD, DENVER, CO 80219-
4235

Pediatric Urgent Care/Emergency
Room at Denver Health
777 Bannock Street Pavilion A Floor 1,
Denver, CO 80204
303-602-3300 open 24/7

Denver Health Refugee Clinic
Lowry Family Health Center
1001 Yosemite Street
Denver, CO 80230
(303) 602-4545



Protection of Assets and Child Custody when Addressing Deportation
Produced by: Appleseed México

<https://appleseedmexico.org/biblioteca-virtual/protectingassetsandchildcustodyinthefaceofdeportation/>

Videos: The Plan is to Have a Plan
Produced by: Appleseed México

<https://www.youtube.com/channel/UCHZYwrUHPGF21DKbEgY4Pvw>

ICE DETAINEE ONLINE LOCATOR

Produced by: U.S. Immigration and Customs Enforcement

<https://locator.ice.gov/odls/homePage.do>

Emergency Financial First Aid Team

Produced by: FEMA

<https://www.ready.gov/financial-preparedness>

Executive orders by the Current President

Produced by: White House

<https://www.whitehouse.gov/briefing-room/presidential-actions/>

Ways to Protect You and Your Family if you Might be Deported

Produced by: Informed Immigrant

<https://www.inmigranteinformado.com/recursos/conozca-sus-derechos/pasos-para-preparar-su-familia/>

Protecting Assets & Child Custody in the Face of Deportation

Produced by: National Commission on Human Rights

<https://migrantes.cndh.org.mx/usa/informate/doc/Spanish-Manual.pdf>

Preparing your Family for Immigration Enforcement

Produced by: Michigan Immigrant

<https://michiganimmigrant.org/guides-defending-yourself-immigration-court-gu%C3%ADas-para-defenderse-en-la-corte-de-inmigraci%C3%B3n>

United We Dream

MIGRAWATCH (Reporta a la migra en su ciudad): 1-844-363-1423

<http://unitedwedream.org>

ACLU

<https://www.aclu.org>

DOCUMENTS

GENERAL POWER OF ATTORNEY PURSUANT TO C.R.S. SEC. 15-14-741 (With Durable Provision)

TO ALL PERSONS, be it known, that I, the undersigned of _____
Grantor, do hereby make and grant a general power of attorney to _____
of _____ and do thereupon constitute and appoint said
individual as my attorney-in-fact.

My attorney-in-fact shall have full powers and authority to do and undertake all acts on
my behalf that I could do personally, with full power of substitution and revocation, including
but not limited by said authority to _____

My attorney-in-fact hereby accepts this appointment subject to its terms and agrees to act
and perform in said fiduciary capacity consistent with my best interests as he/she in his/her best
discretion deems advisable, and I affirm and ratify all acts so undertaken.

SPECIAL DURABLE PROVISIONS:

This power of attorney shall not be affected by disability of the Grantor. This power of
attorney may be revoked by the Grantor giving notice of revocation to the attorney-in-fact,
provided that any party relying in good faith upon this power of attorney shall be protected
unless and until said party has either a) actual or constructive notice revocation, or b) upon
recording of said revocation in the public records where the Grantor resides.

OTHER TERMS: _____

Signed under seal this ____ day of _____, 20__.

Signed in the presence of:

Witness

Grantor

Witness

Attorney-In-Fact

DOCUMENTS

State of Colorado)
)ss.
County of _____)

On _____ before me, _____ and _____ appeared personally known to me (or provided to me on the basis of satisfactory evidence) to be the person(s) who name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in hi/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.

WITNESS my hand and official seal.

Notary Signature: _____

My Commission Expires: _____

Affiant: ___Known ___Produced ID
Type of ID _____
(seal)

DOCUMENTS

POWER OF ATTORNEY MAY AFFECT YOUR LEGAL RIGHTS. LEGAL ADVICE SHOULD BE OBTAINED IN THE DRAFTING OF ANY POWER OF ATTORNEY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT, I, _____, of the County of _____, State of _____, reposing special trust and confidence in _____, of the County of _____, State of _____, have made, constituted and appointed, and by these presents do make, constitute and appoint _____ to be my true and lawful attorney-in-fact, to act for me and in my name, place and stead, to sell and convey the following property:

Also known by property address as: _____

or any interest in said land for such price as to my agent may seem advisable.

My agent is hereby authorized to sign, seal and deliver as my act and deed any contract, deed, or other instrument in execution of any agreement for sale made by me or my agent, in such manner that all my estate, right, title and interest in said land may be effectually and absolutely conveyed and assigned to the purchaser thereof, his, her, or its heirs, successors and assigns forever, or to such other person or entity as purchaser may name or appoint; and I hereby declare that any and all of the contracts, deeds, receipts or matters, and things which shall be by my said agent given, made or done for the aforesaid purposes shall be as good, valid, and effectual as if they had been signed, sealed and delivered by me in my own proper person; and I hereby undertake at all times to ratify whatsoever my said agent shall lawfully do or cause to be done in or concerning the premises by virtue of these presents.

My agent is hereby further authorized to receive the consideration or purchase price arising from the sale of such land or any interest therein, and to give good receipt therefore, which receipt shall exonerate the person paying such money to my agent from looking to the application, or being responsible for the loss or misapplication thereof.

This power of attorney shall continue to be effective even though I become disabled, incapacitated, or incompetent.

*If said consideration should be paid by check or draft, my said agent is hereby authorized to endorse and cash said check or draft and collect the proceeds thereof, whether the same be made payable to me or to my agent, _____ as my attorney-in-fact. ***STRIKE IF THIS AUTHORITY IS NOT GIVEN.**

My attorney-in-fact may not delegate the power constituted in them by this power of attorney despite any contrary provisions of any applicable law or regulation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this ____ day of _____, ____.

STATE OF _____ }
COUNTY OF _____ } ss:

The foregoing instrument was acknowledged before me this ____ day of _____, ____, by

Notary Public

Witness my hand and official seal.

My Commission expires:

DOCUMENTS

Medical Information Release Form

(HIPAA Release Form)

Name: _____ Date of Birth: ____/____/____

Release of Information

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This *Release of Information* will remain in effect until terminated by me in writing.

Messages

Please call my home my work my cell Number: _____

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

The best time to reach me is (day) _____ between (time) _____

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

DOCUMENTS

INSTRUCTIONS FOR DELEGATION OF POWER BY PARENT OR GUARDIAN PURSUANT TO §15-14-105, C.R.S.

These instructions are for informational purposes only and do not constitute legal advice.

GENERAL INSTRUCTIONS

- ◆ The parent or guardian of a minor or incapacitated person may sign the Delegation of Power by Parent or Guardian Pursuant to §15-14-105, C.R.S.
- ◆ A standard form is available – JDF 751.
- ◆ Authority regarding the care (including medical and dental), custody, education, recreation and property of the minor or ward is delegated to the person named as the Attorney in Fact on the date set forth in the document. Power to consent to marriage or adoption is not included.
- ◆ This power of attorney is not valid for more than 12 months.
- ◆ Give the original, signed and notarized Delegation of Power by Parent or Guardian to the Attorney in Fact named on the form. This Delegation of Power does not need to be filed with the Court or approved by a Court order.

COMMON TERMS

- ☞ Guardian: A person at least 21 years of age, resident or non-resident, who has qualified as a guardian of a minor or incapacitated person based on an appointment by the parent(s) or by the Court.
- ☞ Minor: An unemancipated person who is under the age of 18.
- ☞ Attorney in Fact: The person who acts as an agent for another person, called the principal who created a Power of Attorney.
- ☞ Special Power of Attorney: Also, called a "limited Power of Attorney." It gives legal authority to perform a specific act for another person.
- ☞ Incapacitated Person: An individual other than a minor, who is unable to effectively receive and/or communicate information or make or communicate decisions to such an extent that the individual lacks the ability to satisfy essential requirements for physical health, safety, or self-care, even with appropriate and reasonably available technological assistance.

If you do not understand this information, please contact an attorney.

FEES

No filing fees, since this is not filed with the Court.

DOCUMENTS

DELEGATION OF POWER BY PARENT OR GUARDIAN PURSUANT TO §15-14-105, C.R.S.

I, _____ (full name), parent or guardian of the minor child(ren) or incapacitated person(s) named below:

Full Name of Child or Incapacitated Person	Date of Birth	Relationship

I hereby authorize and appoint _____ (name of person), as Attorney in Fact for me with full authority to act in my place as follows:

1. To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of the above-named minor child or incapacitated person, consistent with the provision of §15-14-105, C.R.S.
2. To authorize any and all medical and dental care for the health and well being of the minor child(ren) or incapacitated person(s). This care includes, but is not limited to medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

This Special Power of Attorney does not give the Attorney in Fact the power to consent to the marriage or adoption of the child or incapacitated person.

This Special Power of Attorney shall be effective until _____ unless revoked earlier by the parent or guardian in writing. In any case, the authority granted herein shall not be valid for more than 12 months from the date of this document.

Date: _____

Parent/Guardian Signature

Subscribed and affirmed, or sworn to before me in the County of _____, State of _____, this _____ day of _____, 20_____.

My Commission Expires: _____

Notary Public/Clerk

DOCUMENTS

CERTIFICATE OF TRANSLATION

I, _____, am competent to translate from
_____ (language) into English, and I certify that my translation of the
_____ (document) on _____ (date) is
true and accurate to the best of my abilities.

Signature of translator

Printed Name of translator

Address of Translator

Phone Number of Translator

DOCUMENTS

Emergency Contact Sheet for Designated Caretaker

Dear _____:

Please keep this sheet with you at all times. Por favor tenga esta hoja con usted en todo momento.

If you learn that I have been taken into custody, please get my children right away. If they are not at home or at school, they may be at:

Si usted se da cuenta que me han llevado en custodia, por favor busque a mis hijos inmediatamente. Si ellos no estan en casa or escuela, pudieran estar en:

Child's Full Name, Date of Birth, and Name, Address, phone number of school or daycare/
Nombre Completo del Hijo y Nombre, Direccion y Numero de telefono de la escuela o guarderia

Child's Full Name, Date of Birth, and Name, Address, phone number of school or daycare/
Nombre Completo del Hijo y Nombre, Direccion y Numero de telefono de la escuela o guarderia

Child's Full Name, Date of Birth, and Name, Address, phone number of school or daycare/
Nombre Completo del Hijo y Nombre, Direccion y Numero de telefono de la escuela o guarderia

Child's Full Name, Date of Birth, and Name, Address, phone number of school or daycare/
Nombre Completo del Hijo y Nombre, Direccion y Numero de telefono de la escuela o guarderia

DOCUMENTS

NAMES, ADDRESSES, PHONE NUMBERS OF US FAMILY, FRIENDS OR NEIGHBORS FOR
NOMBRES, DIRECCIONES, NUMERO TELEFONICO DE FAMILIA, AMIGOS O VECINOS EN EEUU. DE

NAME OF CHILD/NAME OF HIJO

Adult Sisters and Brothers/Hermanos/as de Mayor Edad

Grandparents/Abuelos

Godparents/Padrinos

Aunts and Uncles/Tios/as

Adult Cousins/Primos de Mayor Edad

Family Friends/Neighbors/Amistades Familiares/Vecinos

NOTE

This list may be kept in child's school bag, coat pocket or other location where the child may easily find it in case of Emergency.

NOTA

Esta lista debe estar siempre en la mochila de sus hijos, en el bolsillo del abrigo o en una ubicación donde al niño se le sea fácil encontrar en caso de una emergencia.