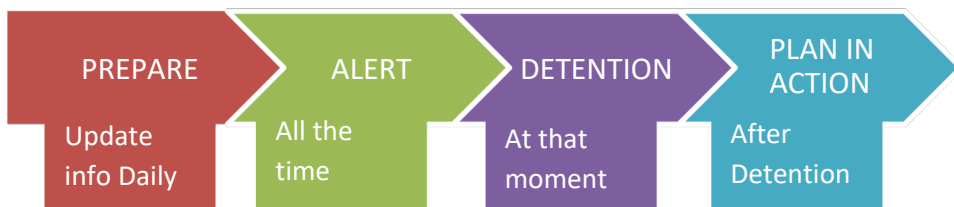




MY FAMILY PROTECTION PLAN



1	SITUACION
	DOCUMENTOS
	FAMILIA
	FINANZAS
	VIVIENDA
	VEHICULOS
	SALUD
	EMPLEO
	EDUCACION
	NEGOCIOS
2	ALERTA
3	QUE HACER
4	RECURSOS

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



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**



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 WHETHER 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

147E2nd Ave, Suite 180,
Aurora, CO 80011
hondurasconsuladoaurora@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

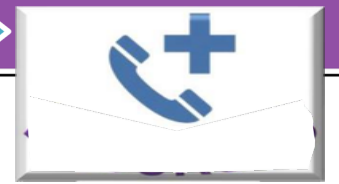
1200 Seventeenth Street, Suite 1500
Denver, CO 80202
303-899-7328

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



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

InnerCityHealth 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

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.

Key Instructions for Delegation of Power (§15-14-105, C.R.S.)

According to §15-14-105, C.R.S., a parent or guardian can delegate care, custody, or property authority over a minor/incapacitated person to another person for up to 12 months using a Power of Attorney. This legal delegation requires a signed, notarized document (JDF 751), which cannot include the power to consent to marriage or adoption.

Key Instructions for Delegation of Power (§15-14-105, C.R.S.)

- What it does: Allows a parent or guardian to delegate authority for daily care, education, medical, and property decisions for a minor child or incapacitated person.
- Limitation: It is valid for a maximum of 12 months.
- Excluded Powers: The agent cannot consent to the marriage or adoption of the minor/ward.
- Form Usage: Use Colorado Judicial Branch Form JDF 751 to initiate this process.
- Process: The form must be signed by the parent(s) or guardian and notarized. It does not need to be filed with the court.
- Execution: The original signed and notarized form should be given to the agent (attorney-in-fact) named in the document to act on your behalf.

When to Use Delegation of Power

Traveling: You are going on vacation and leaving children with a relative or friend.

Temporary Care: You are unavailable or incapacitated, and your child is in the care of someone else.

Instrucciones Clave para la Delegación de Poder (§15-14-105, C.R.S.)

De acuerdo con el §15-14-105, C.R.S., un padre, madre o tutor puede delegar el cuidado, la custodia o la autoridad sobre los bienes de un menor o persona incapacitada a otra persona por un período de hasta 12 meses mediante un Poder Notarial. Esta delegación legal requiere un documento firmado y notariado (JDF 751), el cual no puede incluir la facultad de consentir al matrimonio o adopción.

Instrucciones Clave para la Delegación de Poder (§15-14-105, C.R.S.)

- ¿Qué hace? Permite a un padre, madre o tutor delegar la autoridad para tomar decisiones sobre el cuidado diario, la educación, la atención médica y los bienes de un menor o persona incapacitada.
- Limitación: Es válida por un máximo de 12 meses.
- Facultades excluidas: El apoderado no puede consentir el matrimonio ni la adopción del menor o persona bajo tutela.
- Uso del formulario: Utilice el formulario JDF 751 del Poder Judicial de Colorado para iniciar este proceso.
- Proceso: El formulario debe ser firmado por el(los) padre(s) o tutor y debe ser notariado. No es necesario presentarlo ante la corte.
- Ejecución: El documento original firmado y notariado debe entregarse al apoderado (representante legal) designado en el documento para que actúe en su nombre.
-

Cuándo utilizar la Delegación de Poder

Viajes:

Si usted va de vacaciones y deja a sus hijos al cuidado de un familiar o amigo.

Cuidado temporal:

Si usted no está disponible o se encuentra incapacitado y su hijo queda bajo el cuidado de otra persona.

**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

**DELEGATION OF POWER BY PARENT OR GUARDIAN
PURSUANT TO §15-14-105, C.R.S.
DELEGACIÓN DE PODERES POR EL PADRE O TUTOR (PODER NOTARIAL)
SEGÚN EL ARTÍCULO 15-14-105 DE LAS LEYES VIGENTES DE COLORADO
(C.R.S., por sus siglas en inglés)**

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

Yo, _____ (nombre completo), padre o tutor del menor o persona incapacitada nombrada a continuación:

Full Name of Child or Incapacitated Person <i>Nombre completo del menor o persona incapacitada</i>	Date of Birth <i>Fecha de nacimiento</i>	Relationship <i>Relación</i>

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

Por medio del presente autorizo y designo a _____ (nombre de la persona), como el apoderado para actuar en mi nombre con plena autoridad como se describe a continuación:

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.

Realizar todos y cada uno de los actos necesarios para el cuidado, tutela, educación, actividades recreativas y bienes diarios del menor o de la persona incapacitada nombrado arriba, de conformidad con lo provisto en el artículo 15-14-105 de las Leyes Vigentes de Colorado.

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.

Autorizar todo cuidado médico y dental para la salud y bienestar del menor o de la persona incapacitada. Este cuidado incluye, pero no se limita a: exámenes y pruebas médicas y dentales, rayos x, cirugías, aplicación de anestesia y atención hospitalaria.

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.

Este poder notarial especial no le otorga al apoderado el poder para autorizar el matrimonio o la adopción de un menor o una persona incapacitada.

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.

Este poder notarial especial será vigente hasta el _____ a menos que el padre o tutor lo revoque por escrito antes de esta fecha. En cualquier caso, la autoridad otorgada por el presente no deberá ser válida por más de 12 meses a partir de la fecha de creación de este documento.

Date: _____

Fecha:

Parent/Guardian Signature

Firma del padre o tutor

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

Suscrito bajo juramento o protesta ante mí en el condado de _____ estado de _____ este _____ día de _____ del 20_____.

My Commission Expires: _____

Mi cargo vence:

Notary Public/Clerk/Notario público o secretario judicial

General power of attorney

I, _____, of Colorado, hereby appoint, of _____, Colorado, as my attorney in fact to act in my capacity to do every act that I may legally do through an attorney in fact. This power shall be in full force and effect on the date below written and shall remain in full force and effect until _____ or unless specifically extended or rescinded earlier by either party.

Dated _____, 20_____.

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this _____ day of _____, 20_____, personally appeared _____ to me well known to be the person described in and who signed the Foregoing, and acknowledged to me that he executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

NOTARY PUBLIC

My Commission Expires: _____

Poder notarial general

Yo, _____, de Colorado, por la presente nombrar a _____, de Denver, Colorado, como mi abogada de hecho para actuar en mi capacidad para hacer todos los actos que legalmente pueda hacer a través de un abogado de hecho. Esta facultad estará en pleno vigor y efecto en la fecha que figura a continuación y permanecerá en pleno vigor y efecto hasta el _____ o a menos que cualquiera de las partes extendido o rescinda específicamente.

Fecha _____

ESTADO DE _____

CONDADO DE _____

ANTES DE MÍ, la autoridad abajo firmante, en este _____ día de _____, 20____, personalmente apareció _____ para mí bien conocido por ser la persona descrita en y que firmó el anterior, y me reconoció que ejecutó la misma libre y voluntariamente para los usos y propósitos expresados en los mismos.

Testigo mi mano y el sello oficial de la fecha antes mencionada.

NOTARIO PUBLICO

Mi comisión expira: _____

HIPAA Authorization Form

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Please complete **all sections** of this HIPAA Authorization Form. If any sections are left blank, this form will be invalid. Use N/A if not applicable. (Page 1 of 4)

Section 1 – Patient/Plan Member Information

Last Name: _____

First Name: _____ Middle Name: _____

Reference N^o: _____ Date of Birth: _____

Address: _____

City/State/ZIP: _____

Section 2 - Individual/Organization Authorized by Signatory to Disclose PHI

Name: _____

Address: _____

City/State/ZIP: _____

Section 3 - Individual/Organization Authorized by Signatory to Receive PHI

Name: _____

Relationship to Patient/Plan Member: _____

Telephone N^o: _____

Address: _____

City/State/ZIP: _____

Section 4 - Authorization Expiration Event or Date

Unless otherwise revoked by the patient/plan member, this authorization for the release of PHI to the above-named individual/organization will expire on the event or date specified below. Enter N/A in both fields if the release is ongoing.

Expiration Event: _____ Expiration Date: _____

HIPAA Authorization Form

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Please complete **all sections** of this HIPAA Authorization Form. If any sections are left blank, this form will be invalid. Use N/A if not applicable. (Page 2 of 4)

Section 5 – Health Information to be Disclosed - General

I authorize the following Protected Health Information to be disclosed:

Medical Records Dental Records Other Non-Specific

If Other Non-Specific, provide details: _____

Section 6 – Health Information to be Disclosed – Specific

I authorize the following Protected Health Information to be disclosed:

Communicable Disease Signature: _____ Date: _____

Reproductive Health Signature: _____ Date: _____

HIV Test Results Signature: _____ Date: _____

Mental Health Records *Signature: _____ Date: _____

Substance Use Disorder Signature: _____ Date: _____

Other Signature: _____ Date: _____

If "Other", provide details: _____

*** Requests for psychotherapy notes require a separate HIPAA Authorization Form and may not be combined with any other request.**

Psychotherapy Notes Signature: _____ Date: _____

Section 7 - Purpose of the Release or Use of Health Information

Healthcare Research Marketing Sale Legal

Other (please specify): _____

Note: The sale of PHI authorized by this HIPAA Authorization Form will result in remuneration to the party specified in Section 2.

HIPAA Authorization Form

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Please complete **all sections** of this HIPAA Authorization Form. If any sections are left blank, this form will be invalid. Use N/A if not applicable. (Page 3 of 4)

Section 8 - Authorization Information

I understand the following:

- 1.** I authorize the use or disclosure of Protected Health Information as described above for the purpose indicated until such event or time as specified in Section 4.
- 2.** I have the right to revoke this authorization. To do so I understand I must submit my revocation in writing to the party specified in Section 2. The revocation will prevent further disclosure of my health information by the party specified in Section 2 from the date of receipt. I understand a delay may exist if the party specified in Section 2 is not the covered entity authorized to disclose Protected Health Information to the party specified in Section 2. I also understand that a written revocation is not effective with respect to actions the covered entity or party specified in Section 2 took in reliance on a valid Authorization, or where the Authorization was obtained as a condition of obtaining insurance coverage.
- 3.** I am signing this authorization voluntarily and understand my entitlement to treatment, payment, enrollment, or eligibility for health plan benefits will not be affected if I do not sign this HIPAA Authorization Form.
- 4.** If the party specified in Section 3 is not a HIPAA Covered Entity or Business Associate as defined in 45 CFR §160.103, the disclosed health information may no longer be protected by federal and state privacy regulations.
- 5.** I have a right to receive a copy of this HIPAA Authorization Form.
- 6** (if applicable). My substance abuse disorder records are protected under the federal regulations governing the Confidentiality of Substance Use Disorder Patient Records and cannot be redisclosed without my written authorization.

Section 9 - Additional Conditions that Apply to this HIPAA Authorization Form

HIPAA Authorization Form

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Please complete **all sections** of this HIPAA Authorization Form. If any sections are left blank, this form will be invalid. Use N/A if not applicable. (Page 4 of 4)

Section 10 - Signature by or on Behalf of Patient/Plan Member

Name of Patient/Plan Member (Print): _____

Signature: _____ Date: _____

Name of signatory if not patient/plan member: _____

Authority to sign on behalf of patient/plan member: _____

Name of translator (if applicable): _____

Signature of translator (if applicable) _____

CERTIFICATE OF TRANSLATION

I, _____, certify that I am fluent in both English and Spanish, and that I am competent to translate from English into Spanish.

I further certify that the attached document is a true, accurate, and complete translation of the original document to the best of my knowledge and ability.

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

Signature: _____

Name: _____

Date: _____

Address: _____

Phone Number: _____

Email: _____