

FAMILY SAFETY GUIDE



FOR IMMIGRANTS

CREDITS

CONTENT DEVELOPMENT

Catherine J. Trujillo

Jane Lehr

Casey McCullough

TRANSLATIONS

Spencer Ladd

Karen S. Christian

DESIGN & ILLUSTRATION

Anna Teiche

SPECIAL THANKS

The UndocuAlly Working Group

Cal Poly, San Luis Obispo

R.I.S.E. (Rising Immigrant Scholars through Education)

Cal Poly, San Luis Obispo

Central Coast Coalition for Undocumented Student Success (CCC-USS)

SOURCES

Portions of this guide were adapted from:

Family Safety Planning, Catholic Legal Immigration Network, Inc.

Know Your Rights! The National Lawyers Guild

Your Rights as an Immigrant, American Friends Service Committee (AFSC) and Faith Action International House

Family Safety Planning Toolkit for Enforcement Preparedness, Immigrant Services of Network Austin

National Immigration Law Center

American Civil Liberties Union (ACLU)

The contents of this booklet are Public Domain and may be copied and distributed freely.

Attribution-ShareAlike 4.0 International

(CC BY-SA 4.0)

<https://creativecommons.org/licenses/by-sa/4.0>



**CENTRAL COAST COALITION for
UNDOCUMENTED STUDENT SUCCESS**

www.ccc-uss.org

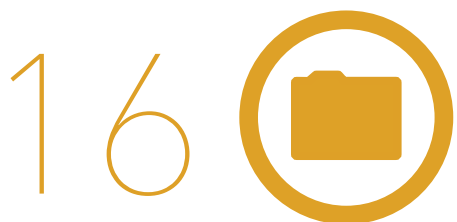
FAMILY SAFETY GUIDE

TABLE OF CONTENTS



SECTION 1

Contains information about the rights of immigrants.



SECTION 2

Contains information about how to develop a personalized safety plan.



SECTION 3

Contains templates to assist individuals with preparing a personalized emergency plan.

NOTE: The information contained in this guide is for general informational purposes only. It is not intended to serve as legal advice and it does not substitute for legal counsel.

For information and advice about specific cases, you should consult with an immigration attorney.

This guide was developed by volunteers to assist individuals and families with preparing to respond effectively in the event of a raid by Immigration and Customs Enforcement (ICE).

While it is our hope that you never have to use your plan, it is a good practice to have one in place to help reduce the stress of the unexpected.

Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of an emergency.



SECTION 1

KNOW YOUR RIGHTS

BASIC RIGHTS & RESPONSIBILITIES	5
IMMIGRATION AGENTS (ICE), POLICE, AND FBI ENCOUNTERS	6
EXAMPLE OF A JUDICIAL WARRANT	9
ADMINISTRATIVE WARRANT	13
DETAILED INFORMATION TO CONSIDER IF DETAINED	15

NOTES

BASIC RIGHTS

All people in the U.S., whether citizen or non-citizen, have certain rights under the U.S. Constitution and other laws.

- You have the right to refuse consent for immigration or the police to search yourself, your car or your home.
- You have the right to remain silent.
- If you are not under arrest, you have the right to calmly leave.
- If you are not a U.S. citizen, you have the right to call the consulate of your home country. Immigration and police must let your consulate visit or speak with you.
- You have the right to speak to an attorney before answering any questions
- You may say, "I will remain silent until I speak to an attorney."
- You do not have to sign anything that you do not understand or wish to sign.
- You have the right to a copy of all any papers related to any enforcement efforts.

YOUR RESPONSIBILITIES

- Do not interfere with or obstruct the police or ICE.
- Do not lie or give false documents.
- Prepare yourself and your family in case you are arrested.
- Remember the details of the encounter and document the details of the encounter for your records. Consider emailing the details to yourself or a trusted ally or relative.



WHAT TO DO IF YOU ENCOUNTER IMMIGRATION AGENTS (ICE), THE POLICE OR FBI

If ICE Comes to your home

Do not let officers into your home unless you see a valid warrant. Opening the door (without a valid warrant signed by a judge) may be considered giving ICE "consent" or permission to enter.

Keep the door closed and ask if they are Immigration agents, or from ICE. Although opening the door does not give the agents permission to come inside, it is safer to speak to ICE through a closed door.

Ask the agents what they are there for.

If the agents want to enter, ask them if they have a warrant signed by a judge.

Ask them to slide the search warrant under the door or through a window.

If ICE agents do not have a warrant signed by a Judge, you may refuse to open the door or let them in. An administrative warrant of removal from immigration authorities is not enough.

Look for: a judge's signature, your exact address, your correct name, and the specific areas to be searched.

Look at the top and at the signature line to see if it was issued by a court and signed by a judge. **Only a court/judge warrant is enough for entry into your premises.** One issued by DHS or ICE and signed by a DHS or ICE employee is not.

If ICE or the police do not have this, then you do not have to open the door.

State: "I do not consent to your entry."

If ICE has a warrant

Remember you have the right to remain silent.

- Ask to speak to a lawyer.
- Observe whether the official searches any other areas that are not listed in the warrant.
- Get a receipt for any property taken by the official.
- If the agents don't speak your language, ask for an interpreter.
- Once they are inside, ICE will likely ask for documents of everyone inside.
- Advise others inside to stay calm and not run or hide.
- Do not reveal your DACA status and do not tell ICE your immigration status or where you were born.



***If ICE enters
without a warrant***

- If agents force their way in anyway, do not attempt to resist. If you wish to exercise your rights, state: "I do not consent to your entry or to your search of these premises. I am exercising my right to **remain silent**. I wish to speak with a lawyer as soon as possible," and remain silent.
- Everyone in the residence may also exercise the right to remain silent.
- Request the names and badge numbers of the officers and say that you did not "consent" to a search.
- Write down the names, addresses and phone numbers of anyone who witnessed the incident.

***If ICE comes to your
workplace***

- Immigration must have a warrant signed by a judge or the employer's permission to enter your workplace. If it is a public place, they do not need a warrant.
- Do not interfere with ICE agents during a workplace raid. Doing so may expose you to criminal charges.
- **Stay calm. Remain silent. Do not run.** Running may be viewed as an admission that you have something to hide.

***If ICE stops you on
the street or in a
public place***

- If an immigration officer stops you on the street and does not have a warrant, they may not arrest you unless they have evidence that you are a non-citizen.
- Do not tell ICE your immigration status or where you were born.
- If asked, give your name, but know you still have the right to remain silent about everything else. ICE can use anything you say against you.
- Do not reveal your DACA status.
- Do not carry with you any documents from your country of origin or false documents.
- **Stay calm and do not run. Remain silent.**
- Use your phone to take photos and notes about the stop.
- You have the right to speak with an attorney.
- Do not sign forms you don't understand or don't want to sign.

***If ICE stops you
while driving/or if
you are a passenger***

Remain silent.

- Show the police your drivers' license.
- If asked, show your car registration and proof of insurance. But know you still have the right to remain silent about everything else. Immigration/ICE can use anything you say against you.
- You have the right to refuse to give your consent for a search of yourself or your car.

Stay calm and do not run.

- Use your phone to take photos and notes about the stop, and stay calm and do not run.
- You have the right to speak with an attorney.
- Do not sign forms you don't understand or don't want to sign.

If YOU are detained**Stay calm and do not run.**

- REMAIN SILENT, or tell the ICE agent that they want to remain silent.
- You have the right to refuse to answer any question.
- You don't have to reveal your immigration status.
- Don't lie – just stay silent!
- Ask to speak with a lawyer.
- Find out the name and phone number of a reliable immigration attorney and keep this information with you at all times.
- DO NOT sign any documents without first speaking with a lawyer.

DO NOT carry false documents.

- Presenting false documents is a crime.
- False documents include both fake papers and real, government-issued identification with someone else's information.
- DO NOT carry passports or identification from your home country. If you do, the government can use this information in a deportation proceeding.

If a FAMILY MEMBER is detained

- Know their "alien registration number" ("A" number) if they have one, and write it down someplace at home where their family members know where to find it.
- Advise family members who do not want to be questioned by ICE to stay away from the place where the raid occurred or where a detained person is being held.

How to locate a family detained by ICE

- Family members or trusted supporters can use the ICE detainee locator: <https://locator.ice.gov/odls/homePage.do>
- Be sure to get a copy of the detainee's A-Number (alien registration number found on immigration documents from ICE) if they have one.

NOTES



EXAMPLE OF A JUDICIAL WARRANT VALID

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

United States of America,

Plaintiff,

v.

The Premises Known As,

Swift & Company, located at 1700
Highway 60 NE, Worthington,
Minnesota, and all its
appurtenances, parking areas,
and outdoor working areas

Defendant.

CIVIL NO. 06mj457 JSM

ORDER
FOR WARRANT FOR
ENTRY ON PREMISES TO
SEARCH FOR ALIENS
WHO ARE IN THE UNITED
STATES WITHOUT LEGAL
AUTHORITY

This area
should list
your exact
address

The United States of America, having filed an application to authorize officers of United States Immigration and Customs Enforcement to enter the building on the premises described above in order to search for persons who are aliens in the United States without legal authority, together with an Affidavit and memorandum of Points and Authorities in support of the application, and the Court finding on the basis of the affidavit that there is probable cause to believe that located within the business premises described above are persons who are aliens in the United States without legal authority and subject to removal proceedings pursuant to Section 240 of the Immigration and Nationality Act, 8 U.S.C. § 1229a (1996).

IT IS THEREFORE ORDERED that the officers of U.S. Immigration and Customs Enforcement are authorized to enter the building and





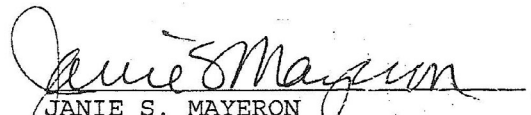
JUDICIAL WARRANT PG. 2

VALID

areas on the premises described herein and to make such search as is necessary to locate aliens present in the United States illegally and counterfeit, altered, or imposter documents possessed and/or used by the aliens who are not lawfully entitled to reside within the United States and who are employed at present within Swift, Inc. (See Attachment B). In making this search, the agents of ICE are authorized to enter any locked room on the premises in order to locate persons who may be such aliens in the United States without legal authority and, if any such persons are found on the premises, to exercise their authority pursuant to section 287 of the Immigration and Nationality Act, 8 U.S.C. § 1357, to question them to determine whether they are such aliens and, if there is probable cause to believe they are such aliens, to arrest them.

IT IS FURTHER ORDERED that U.S. Immigration and Customs Enforcement shall conduct the entry and search during daylight hours with ten (10) days of the issuance of this warrant, and make its return to this Court with ten (10) days of the date the entry and search have been completed.

Dated: December 8, 2006


JANIE S. MAYERON
United States Magistrate Judge

Check that the
signature is
from a judge





JUDICIAL WARRANT PG. 3 VALID

ATTACHMENT B DESCRIPTION OF ITEMS TO BE SEARCHED FOR

1. Aliens who are not lawfully entitled to reside within the United States who are employed at present within Swift & Company; and
2. Counterfeit, altered or imposter documents possesses and/or used by the aliens who are not lawfully entitled to reside within the United States and who are employed at present within Swift & Company.





JUDICIAL WARRANT PG. 4
VALID

RETURN

Date Warrant Received

8
12-18-06

Date and Time Executed

12-12-06
0733

Copy of Warrant and Receipt for Items Left with

G.M. WACHER
V. P. GENERAL MANAGER
SWIFT & COMPANY

Inventory Made in the Presence of

GERALD COYLE

Inventory of Person or Property Taken Pursuant to the Warrant

SEE ATTACHED LIST OF PERSONS DISCOVERED AND ARRESTED.

CERTIFICATION

I swear that this inventory is a true and detailed account of the person or property taken by me on the warrant.

Subscribed, sworn to, and returned before me this 15th day of December, 2006.

Affiant

United States Magistrate Judge





EXAMPLE OF ADMINISTRATIVE WARRANT NOT VALID: DO NOT LET ICE ENTER

05/01/07 12:22 FAX 9208791601

FFD

101002

U.S. Department of Justice
Immigration and Naturalization Service

Warrant of Removal/Deportation

File No: _____

Date: _____

To any officer of the United States Immigration and Naturalization Service:

(Full name of alien)

who entered the United States at _____ On _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- ☐ an immigration judge in exclusion, deportation, or removal proceedings
- ☐ a district director or a district director's designated official
- ☐ the Board of Immigration Appeals
- ☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:
Section 241(a)(5) of the Immigration and Nationality Act(Act), as amended.

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Attorney General under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of the appropriation. "Salaries and Expenses Immigration and Naturalization Service 2002," including the expense of an attendant if necessary.

Because this warrant is not signed by a judge (the text under the signature line does not give the signer's identity as a judge), it is not sufficient reason for ICE to enter the premise.

(Signature of INS official)

(Title of INS official)

(Date and office location)

Form I-205 (Rev. 4-1-97)N

10





ADMINISTRATIVE WARRANT PG. 2
NOT VALID: DO NOT LET ICE ENTER

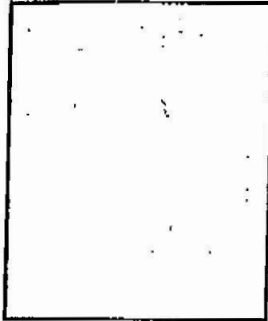
05/01/07 12:23 FAX 5208797601

FPD

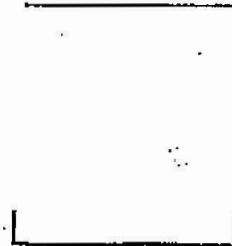
003

To be completed by Service officer executing the warrant:
Name of alien being removed: _____

Port, date, and manner of removal: _____



Photograph of alien
removed



Right index fingerprint
of alien removed

(Signature of alien being fingerprinted)

(Signature and title of INS official taking print)

Departure witnessed by: _____

(Signature and title of INS official)

If actual departure is not witnessed, fully identify source or means of verification of departure:

If self-removal (self-deportation), pursuant to 8 CFR 241.7, check here. ☐

Departure Verified by: _____

(Signature and title of INS official)

Form I-205 (Rev 4-1-97)N



DETAILED INFORMATION TO CONSIDER IF DETAINED

Do not sign anything without first talking to a lawyer. You may be signing away your right to see a lawyer or a judge.

Voluntary Departure

Do not take "voluntary departure" (that is, do not agree to leave the United States) without first talking to a lawyer. Signing a voluntary departure agreement means that you won't get a hearing, you will have to leave the U.S., and you may never be allowed to enter the U.S. again or get legal immigration status.

Stipulated Orders of Removal

Do not sign "stipulated orders of removal" without first talking to a lawyer. Signing a stipulated order means that you waive your rights to a hearing before a judge and serves as a final order of removal (deportation) signed by the judge.

Rights

You have the right to call an attorney, your family or a trusted ally if you are detained.

You have the right to be visited by an attorney in detention (Immigration jail). You must hire one or find someone who will represent you for free. (Immigration/ICE should give you a list of groups you can call that may provide free or low-cost legal advice or representation.)

If you see a judge before you can get legal advice, you should ask the judge for more time to find a lawyer.

You have the right to contact your consulate. Telephone numbers to your consulate are posted in the jail or you can ask the deportation officer for a list. Your Consul may help you obtain a lawyer.

In most cases, Immigration/ICE must decide within 48 hours whether to put you into immigration proceedings (in front of a judge), and whether to keep you in custody or to release you on bond. After 72 hours, Immigration must give you a Notice to Appear (NTA). This is the notice that provides you with the information about your hearing before an Immigration Judge.

In most cases, you have the right to ask to be released from detention by paying a bond, or to ask for a bond hearing in front of a judge. (Bond is an amount of money paid to the government to guarantee that you will attend future court hearings).

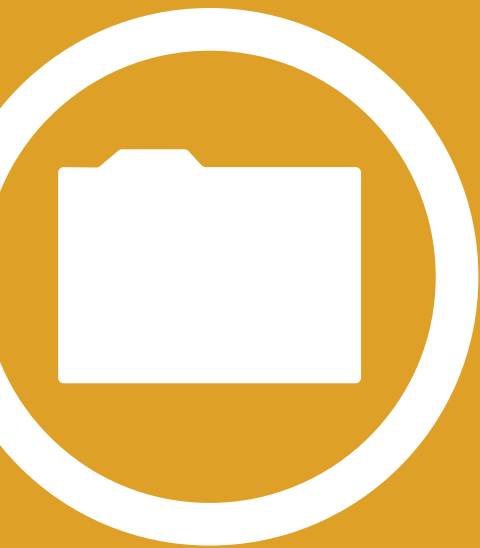
If you have to leave the U.S., try to speak with an immigration lawyer before leaving. If you leave, you may not be allowed to come back into the country for a certain number of years. It is important you know this before you leave, because if you come back earlier than you're allowed to, you can be arrested for having committed a serious crime.

If you are Afraid to Return to your Home Country

If you are afraid to return to your home country, notify your deportation officer and the court immediately. You may be eligible to file a claim for asylum or other relief.

If you have been convicted of any criminal offenses, it is extremely important to contact an immigration lawyer that is experienced in matters involving immigration consequences of criminal convictions. If you have a criminal record/conviction, get a copy of your certified transcript from the criminal court.

If you are not given a hearing before an immigration judge, find out why and let your lawyer know immediately.



SECTION 2

DEVELOPING A PLAN

IMPORTANT DOCUMENTS	17
COMMUNICATION PLAN	18
CHILD DEPENDENTS	18
FINANCIAL SAFETY PLAN	20
LEGAL SERVICE IN CALIFORNIA	21
CATHOLIC CHARITIES IN CALIFORNIA	22
ICE DETENTION CENTERS IN CALIFORNIA	23

NOTES

IMPORTANT DOCUMENTS AND HOW TO KEEP THEM SAFE

Create a “Go Bag” of important papers box for all of your important documents that you can grab in an emergency.

Accordion file

Keep all your most important documents in a single accordion file in a file cabinet (a bright color will make it easy to spot), so you can grab everything quickly in an emergency.

Dry spaces

Consider your home’s location when you pick the right spot to store your key documents: Don’t put them in the basement or attic.

A known location

Let your family know where your key documents are located.

Contents

- A completed Copy of this Emergency Guide
- Birth and marriage certificates
- Social Security cards
- Work cards/EAD
- Copies of immigration related IDs
- Passports and copies of IDs
- Checkbooks
- Debit cards and rarely used credit cards
- Insurance policies
- Vehicle titles
- Tax returns and investment documents
- Legal documents like a will or settlement
- Health records and bills (copies of insurance cards, immunizations records)
- Powers of Attorney
- Childcare directives

Digitize What You Can

Your important papers box should only be for documents that must be in hard copy. For documents that don’t explicitly need to be paper, scan them to your digital library.

Always Return Them

When you do need an important document, make sure that you put it back as soon as you are done with it. Don’t place it on a counter top or other location. Always put it immediately back in your one place.

Keep Them Safe

Keep your important papers file in a safe place. It should be separate from your normal every day files. Don’t store it in a conspicuous place where it might be taken with other valuables.



COMMUNICATION PLAN

Your family or supporters may not be together during immigration action (a raid, an arrest) so it is important to plan beforehand.

- Know all of the full names, birth dates, and social security numbers, A-numbers, or ITINS for everyone in your family. Have this information memorized or written down somewhere safe.
- Know where to locate all of your family members in an emergency. Know how to find them or contact them at home, work, school, or other places where your family spends time.
- If you cannot meet at home, identify a location for your family to meet in an emergency. Make sure everyone in the family know this meeting spot.
- If you can't get in touch with each other, identify someone outside of the family whom you could contact. Make sure everyone in the family knows this person and how to reach him/her. Or, activate a shared email address or other social media account that can be accessed from anywhere in the world by your immediate family as an alternate way to communicate in an emergency.

IF YOU HAVE CHILDREN WHO ARE DEPENDENTS

Talk to Your Children About Your Plan

Without worrying them, assure your children that they will be cared for if for some reason you are unable to care for them, even for a short period of time. Let them know who you have identified to be their temporary caregiver.

Decide Who Can Care for Your Children if You Are Unable To

Talk to the people you would want to care for your children if you are unable to and make sure they know they will be listed as emergency contacts.

- Memorize their phone numbers and have your children memorize them too.
- Make sure your children know who can pick them from up school, who cannot pick them up from school, and who will care for them.
- Your child's school may only release your child to adults you designate. Therefore, make sure to regularly update all school, after-school, day care, summer camp, and other programs' emergency contact sheets and release forms to include the names of those who can and cannot pick up your children.
- Make sure the people who can pick up and care for your children are up to date on your child's school location and locations of their after-school activities.

Record Your Child's Medical Conditions and Medications

- Make sure to write down any medical conditions or allergies your child has, any medications that your child takes, as well as doctor and health insurance information. Keep a copy of this information in your important documents file.
- Give a copy to your child's school and the adult you designate to care for your children. Let your child know where to find this information if you are not around.



Temporary power of Attorney

A temporary power of attorney for your child allows you to designate another adult to make decisions on your behalf for your children. It is temporary and does not require you to give up your parental or custodial rights. It should be done ahead of time in preparation as part of your safety plan.

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; make decisions for your children; to handle your finances; to manage business decisions, use your money to pay your rent or mortgage, or pay for your legal and other expenses. It must be notarized.

Caregiver's Authorization Affidavit

As an alternative you can sign a Caregiver's Authorization Affidavit form to give to your child's school or health care provider so a non-parent relative can enroll your child in public school, make school-related medical decisions, and make other important decisions on your child's behalf if you are unable to. A template is in this booklet. A Caregiver's Authorization Affidavit does not affect your rights as your child's parent or legal custodian- you still have custody and control of your child. It should be done ahead of time in preparation as part of your safety plan.

Note to families

When parents are detained the burden of care falls to family, friends, schools and other organizations. In cases where there is no caregiver or family member to care for your child if you are detained, your child may be removed into temporary custody of CPS/foster care.

MAKE SURE YOUR CHILDREN ALL HAVE PASSPORTS**If your child was born in the United States**

Obtain a U.S. passport for them. Visit www.travel.state.gov for information on obtaining a U.S. passport.

Register your U.S. child's birth with your home 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.

If your child was born in your home country

Check with your embassy or consulate for more information on obtaining a passport from their home country.



FINANCIAL SAFETY PLAN

As part of safety planning, you may wish to have a financial safety/emergency plan. You will need to consider how to handle your financial affairs in the short term while you may be held in detention, as well as long term in case you are deported. If you have a bank account, a car, a house, and/or other financial and legal matters, you may also consider preparing a legal document, called a "Limited or Special Power of Attorney for Financial Matters" that allows a trusted family member or a close friend to temporarily handle your financial affairs while you are detained.

Every family's financial assets and situations are different. Below are general areas that may apply to most families:

Savings

If you are arrested and detained it is important that your family has money to live on while you are unavailable. It is very important that you and your family members save enough money so that they can pay rent and buy food and other essentials if you are detained and unable to work.

Bank Account

If one member in the family has a bank account and they are detained, it is important that both others in your family have access to it or a trusted ally has permission and knows how to access the bank account.

Individuals will want to work this financial issue out now. Individuals can consider a joint account or asking the bank if they have a limited power of attorney form that they recommend for access to the bank account if the account holder is not available. (Banks often have their own power of attorney forms.)

Pay Check

It is important that a family member or close friend can pick-up the last paycheck of the family member who is arrested and detained. Individuals will want to find out if their spouse/partner or other adult can pick up their pay check for them. If not, they should consider filling out a "Sample Letter Regarding Pay Checks."

Car

If individuals own cars, check with the local Department of Motor Vehicle (DMV) to see if the DMV has a specific Power of Attorney that they need to sign in order for someone else (their agent) to sell their car for them. If the DMV does not have a specific Power of Attorney form, this is a topic that they may want to discuss with a lawyer.

Have an Extra Set of Car and House Keys

It is important that a family member or a trusted supporter has a set of house and car keys. If you are detained, they will need access to the house as well as access to the car, especially if the car is located at your worksite.



LEGAL SERVICES IN CALIFORNIA

If you do not already have an immigration lawyer, find a lawyer who specializes in deportation defense who may be able to represent you if you are detained. In your initial meeting, ask him/her to provide you with a Representation Agreement form (G-28). You can sign a copy of the G-28 and leave it with the lawyer. Keep another signed copy and place it with your Emergency Information Forms in case you are detained. Memorize the name and phone number of your lawyer.

Ready California

Ready California is a cross-sector collaborative effort to support organizations providing information and legal services to immigrant community members so they can prepare for and respond to emerging opportunities and challenges.

<https://ready-california.org/about-us>

Legal services providers: <http://ready-california.org/legal-service-directory>

Central Coast: **Santa Barbara County Immigrant Legal Defense Center (ILDC)**

The Santa Barbara County Immigrant Legal Defense Center (ILDC) is a California central-coast-based non-profit organization dedicated to: 1) recruiting and training volunteer attorneys to represent immigrants in removal proceedings and 2) providing community education to help immigrants understand their basic civil rights.

<https://www.sbimmigrantdefense.org>

Warning!

Protect Yourself from Fraud! Only a licensed attorney or accredited representative is authorized and qualified to assist you with your immigration case.

Do not hire anyone who:

- *Refuses to give you a written contract*
- *Charges you for blank immigration forms*
- *Promises you a good result because of their special contacts at Immigration*
- *Pretends to be a qualified lawyer or bonded immigration consultant*
- *Asks you to lie on a form or sign a blank document*
- *Charges you to "get on a waiting list" or "put your application in line"*

There is no list. There is no line.

If you suspect fraud, report it to your consulate or the police, or contact the Federal Trade Commission to file a complaint in English or Spanish at 877-FTC-HELP (877-382-4357).



CATHOLIC CHARITIES IN CALIFORNIA

Catholic Charities is a nonprofit organization providing low cost legal assistance to documented and undocumented immigrants of all nationalities, ethnicities and religions.

- **Catholic Charities of the East Bay**
433 Jefferson St
Oakland, CA 94607
Telephone: (510) 768-3100
- **Catholic Charities Diocese of Fresno**
149 N Fulton St
Fresno, CA 93701
Telephone: (559) 237-0851
- **Catholic Charities San Bernardino/
Riverside**
1450 N D St
San Bernardino, CA 92465
Telephone: (909) 388-1239
- **Catholic Charities of Sacramento**
2110 Broadway
Sacramento, CA 95818
Telephone: (916) 733-0253
- **Catholic Charities Diocese of Monterey**
922 Hilby Ave
Seaside, CA 93955
Telephone: (831) 393-3110
- **Catholic Charities of Orange County**
1820 E 16th St
Santa Ana, CA 92701
Telephone: (714) 347-9600
- **Catholic Charities Santa Rosa**
987 Airway Ct
Santa Rosa, CA 95403
Telephone: 707) 528-8712
- **Catholic Charities of Stockton**
1106 N El Dorado St
Stockton, CA 95202
Telephone: (209) 444-5900
- **Catholic Charities San Diego**
349 Cedar St
San Diego, CA 92101
Telephone: (619) 231-2828
- **Catholic Charities of Santa Clara County**
2625 Zanker Rd
San Jose, CA 95134
Telephone: (408) 468-0100
- **Catholic Charities San Francisco**
990 Eddy St
San Francisco, CA 94109
Telephone: (415) 972-1200
- **Catholic Charities of Los Angeles**
1531 James M Wood Blvd
Los Angeles, CA 90015
Telephone: (213) 251-3400



ICE DETENTION CENTERS IN CALIFORNIA

- **Adelanto Detention Center**
10400 Rancho Rd
Adelanto, CA 92301
Telephone: (760) 561-6100
- **Theo Lacy Facility**
501 The City Drive
South Orange, CA 92868
Telephone: (714) 935-6940
- **Santa Ana City Jail**
62 Civic Center Plaza
Santa Ana, CA 92701
Telephone: (714) 245-8100
- **Imperial Regional Detention Facility**
1572 Gateway Road
Calexico, CA 92231
Telephone: (760) 618-7200
- **Yuba County Jail**
215 5th Street
Marysville, CA 95901
Telephone: (530) 749-7740
- **Otay Mesa Detention Center**
7488 Calzada de la Fuente
San Diego, CA 92231
Telephone: (619) 671-8724
- **Contra Costa West County Detention Facility**
5555 Giant Highway
Richmond, CA, 94806
Telephone: (510) 262-4200
- **FCI Victorville II**
13777 Air Base Rd.
Victorville, CA, 92394
Telephone: (213) 830-4925
- **Rio Cosumnes Correctional Center**
12500 Bruceville Road
Elk Grove, CA 95757
Telephone: (916) 874-1927
- **Mesa Verde Detention Facility**
425 Golden State Avenue
Bakersfield, CA 93301
Telephone: (661) 321-0026
- **James A. Musick Facility**
13502 Musick Road
Irvine, CA 92618
Telephone: (949) 855-2600



SECTION 3

TEMPLATES

FAMILY INFORMATION	25
FAMILY EMERGENCY MEETING LOCATION	25
NON-FAMILY EMERGENCY CONTACTS	26
ATTORNEY & LEGAL CONTACTS	27
FINANCIAL PLANNING	28
POWER OF ATTORNEY FOR FINANCES	30
SHORT-TERM GUARDIANSHIP FOR CHILDREN	31
CAREGIVERS AUTHORIZATION	39
HOMELAND SECURITY PRIVACY WAIVER	41
POCKET RIGHTS CARDS	43

NOTES

FAMILY INFORMATION

[illegible]

WHERE TO FIND FAMILY DURING AN EMERGENCY

[illegible]

NON-FAMILY EMERGENCY CONTACTS

NAME OF NON-FAMILY MEMBER CONTACT _____

PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

EMAIL _____

.....

NAME OF NON-FAMILY MEMBER CONTACT _____

PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

EMAIL _____

.....

NAME OF NON-FAMILY MEMBER CONTACT _____

PHONE NUMBER _____

ALTERNATE PHONE NUMBER _____

EMAIL _____

EMERGENCY MEETING PLACE IF YOU CANNOT MEET AT HOME

FAMILY MEETING PLACE _____

ADDRESS _____

PHONE NUMBER _____



ATTORNEY

NAME OF ATTORNEY _____

ADDRESS _____

PHONE NUMBER _____

CONTACT WHO CAN POST BOND FOR YOU

NAME _____

ADDRESS _____

PHONE NUMBER _____

OTHER CONTACT (SOCIAL WORKER, CHURCH, ADVOCACY GROUP) THAT CAN PROVIDE LEGAL ADVICE

NAME _____

ADDRESS _____

PHONE NUMBER _____

LOCAL CONSULATE FOR YOUR COUNTRY OF ORIGIN

NAME _____

ADDRESS _____

PHONE NUMBER _____



FINANCIAL PLANNING

NAME OF FAMILY MEMBER _____

EMPLOYER

SUPERVISOR

ADDRESS

TELEPHONE

PAYCHECK INFO: WHO CAN PICK UP PAYCHECKS IN AN EMERGENCY?

NAME _____

ADDRESS _____

PHONE NUMBER _____

PAY DATES _____

DIRECT DEPOSIT? YES ☐ NO ☐

NOTES _____

BANKING INFO

NAME OF BANK _____

WHO HAS ACCESS TO BANKING INFO _____

CHECKING ACCOUNT NUMBER _____

SAVINGS ACCOUNT NUMBER _____

NOTES _____



MONTHLY EXPENSES

EXPENSE	WHERE TO PAY	ACCOUNT #	AMOUNT	DUE DATE
RENT/MORTGAGE				
ELECTRICITY				
GAS				
WATER				
TRASH				
TELEPHONE/CELL				
CABLE				
CAR INSURANCE				
CAR PAYMENT				
MEDICAL				
DAYCARE				

TEMPORARY POWER OF ATTORNEY FOR FINANCES INFO

NAME _____

ADDRESS _____

PHONE NUMBER _____

NOTES _____



RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

NAME

STREET
ADDRESS

CITY, STATE &
ZIP CODE

SPACE ABOVE THIS LINE FOR RECORDER'S USE

LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That I, _____, the undersigned
(jointly and severally if more than one, hereinafter collectively "principal"), hereby make, constitute and appoint

principal's true and lawful attorney to act for principal and in principal's name, place and stead and for principal's use and benefit:

(a) To:

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that said attorney in fact shall lawfully do or cause to be done by authority hereof.

This Limited Power of Attorney is granted for a period of _____ and shall become effective on _____, and shall terminate on _____.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this _____ day of _____

STATE OF _____ }
COUNTY OF _____ }

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

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

WITNESS my hand and official seal.

Signature (seal)

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

I/We, _____ and

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

child(ren) named below, and residing at _____

_____ hereby appoint

(1) _____, residing at

_____, with

telephone number(s) _____ and

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

_____ ; and

(optional) (2) _____, residing at

_____, with

telephone number(s) _____ and

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

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

Full name: _____ DOB: _____

Full name: _____ DOB: _____

Full name: _____ DOB: _____

and will become effective (check one):

☐ immediately;

☐ on _____, _____, 201____;

☐ upon the deaths, incapacity, or absence of all parents/guardians listed above; or

☐ the occurrence of the following triggering event(s): _____



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

☐ 60 days;

☐ on the _____ day of _____, 201____; or

☐ the occurrence of the following triggering event(s): _____

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

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

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

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

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

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

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

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

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") (Pub. L. 104-191), 45 CFR §§ 160-162, I/we are the Personal Representative of the minor child(ren) named above, and I/we appoint and designate the above named short-term guardian(s)/health care agents as their Personal Representative(s) for all purposes as provided in HIPPA, with the following limits, special conditions, or instructions: **None** or ☐ _____

_____. I/we further appoint the short-term guardian(s) named herein as Authorized Recipients under HIPPA and the California Confidentiality of Medical Information Act ("CMIA"), entitled to request, receive, and review any information concerning the child(ren)'s physical or mental health, including all HIPPA and CMIA protected information and medical and hospital records from covered healthcare providers and to execute any releases or consents and pay any fees in connection therewith.

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

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

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign: _____	Sign: _____
Print Name: _____	Print Name: _____
Date Signed: _____	Date Signed: _____

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

Sign: _____	Sign: _____
Print Name: _____	Print Name: _____
Date Signed: _____	Date Signed: _____

CONSENT OF SHORT-TERM GUARDIANS:

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



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

Sign: _____

Sign: _____

Print Name: _____

Print Name: _____

Date Signed: _____

Date Signed: _____

State of California)

County of _____)

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

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

WITNESS my hand and official seal.

Signature _____

(Seal)

REVOCATION OF SHORT-TERM GUARDIANSHIP

I/We, _____ hereby

revoke

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

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

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

with regard to

☐ all minor child(ren) listed therein, or

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

previously executed by me/us, effective as of

☐ immediately;

☐ the _____ day of _____, 201____; or

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

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign: _____

Sign: _____

Print Name: _____

Print Name: _____

Date Signed: _____

Date Signed: _____

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



ADDITIONAL INFORMATION

Child: _____ Nickname(s): _____

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

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

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

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

Family Physician: _____ Phone Number: _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip: _____

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

Person Responsible for charges: _____

Address: _____

City/State/Zip: _____

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

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

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

Insurance Company: _____ Policy or Group Number: _____

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

Date: _____

Print and complete one sheet per child

ADDITIONAL INFORMATION

Child: _____ Nickname(s): _____

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

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

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

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

Family Physician: _____ Phone Number: _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip: _____

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

Person Responsible for charges: _____

Address: _____

City/State/Zip: _____

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

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

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

Insurance Company: _____ Policy or Group Number: _____

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

Date: _____

Print and complete one sheet per child



ADDITIONAL INFORMATION

Child: _____ Nickname(s): _____

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

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

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

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

Family Physician: _____ Phone Number: _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip: _____

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

Person Responsible for charges: _____

Address: _____

City/State/Zip: _____

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

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

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

Insurance Company: _____ Policy or Group Number: _____

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

Date: _____

Print and complete one sheet per child



CAREGIVER'S AUTHORIZATION AFFIDAVIT

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

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

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

1. Name of minor: _____
2. Minor's birth date: _____
3. My name: _____
(adult giving authorization)
4. My home address: _____
5. ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").
6. Check one or both (for example, if one parent was advised and the other cannot be located):
☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.
7. My date of birth: _____
8. My California driver's license or identification card number: _____

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

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

Dated: _____ Signed: _____

NOTICES

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.



ADDITIONAL INFORMATION

TO CAREGIVERS:

- 1) "Qualified relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- 2) The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
- 3) If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
- 4) If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

- 1) Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
- 2) The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

- 1) No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those dated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- 2) This affidavit does not confer dependency for health care coverage purposes.



PERMIT OTHERS TO INQUIRE ABOUT YOUR CASE

Prepare a Third Privacy Waiver Form with your attorney or BIA representative. This form allows a third party of your choice (congressional office, another person that is not a family member, a non-profit organization) to request any information about your detention, immigration or deportation case from an immigration enforcement agency like ICE, CBP, or U.S. Citizenship and Immigration Services.

<http://immigrationimpact.com/2017/08/25/trump-end-daca-need-know>

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

PRIVACY WAIVER AUTHORIZING DISCLOSURE TO A THIRD PARTY

Use this form to authorize the U.S. Department of Homeland Security ("DHS") to disclose information and/or records about you to a third party. Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party. **Authority:** Privacy Act of 1974 (5 U.S.C. § 552a); DHS Privacy Act Regulations (6 C.F.R. § 5.21(d)).

STEP 1 Provide information about yourself and identify the third party that you intend to receive your information and/or records (the "Recipient").

Your Full Name:	Your Alien Registration Number (if applicable):
Your Current Address:	Date of Birth:
	Country of Birth:
Recipient's Name:	Recipient's Phone Number:
Recipient's Mailing Address (required if requesting disclosure by mail):	
Recipient's Organization, if the waiver will apply to it (e.g. news media, congressional office, law firm):	

STEP 2 Specify what information and/or records DHS is authorized to share with the Recipient.

- | | | |
|---|--|---|
| <input type="checkbox"/> Identifying Data (Date of Birth, etc.) | <input type="checkbox"/> Family Data | <input type="checkbox"/> Travel/Border Crossing |
| <input type="checkbox"/> Immigration Case | <input type="checkbox"/> Detention Information | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Alien File (A-File) | <input type="checkbox"/> Criminal History | <input type="checkbox"/> Criminal Case |

AND/OR

☐ The following information/records (describe): _____

OR

☐ ALL information and/or Records Requested by the Recipient

For Aliens Only: If you have applied for or received any of the immigration benefits below, you are legally entitled to confidentiality. (See reverse for more information.) If you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes below. Waiver of these rights is not required; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

I waive my right to confidentiality and authorize disclosure to the Recipient regarding these immigration benefits:

- | | | |
|---|--|---|
| <input type="checkbox"/> Temporary Protected Status (TPS) | <input type="checkbox"/> T Visa (for trafficking victims) | <input type="checkbox"/> U Visa (for victims of certain crimes) |
| <input type="checkbox"/> Seasonal Agricultural Worker | <input type="checkbox"/> Battered Spouse/Child Seeking Hardship Waiver | <input type="checkbox"/> Violence Against Women Act (VAWA) |
| <input type="checkbox"/> Asylum
(confidentiality applies even if petition is denied) | | |

STEP 3 Sign the statement below authorizing DHS to disclose your information and/or records to the Recipient.

I certify under penalty of perjury that the information above is accurate. I authorize DHS, its components, offices, employees, contractors, agents, and assignees, to disclose the information or records specified above to the Recipient. I understand this may include and is not limited to reports, evaluations, and notes of any kind, contained in any record keeping system maintained by or on behalf of DHS; that DHS retains the discretion to decide if particular records or information are within the scope of this Waiver; and that DHS has no control over how the Recipient will use or disseminate my information. I agree to release and hold harmless DHS, its components, offices, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this Waiver.

Your Signature:	Witness Signature:
Date:	Witness Name:

*Privacy Waiver is valid for 90 days from date of signature

*Witness may not be the Recipient or employed by Recipient's employer



Explanation of Immigrant Benefits

If you have applied for or received any of the immigration benefits below, you may be legally entitled to confidentiality regarding these benefits. An explanation of these benefits is provided below to help you identify whether you have applied for such benefits. If you have applied for or received these benefits and you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes in Step 2 of this form (reverse). You are not required to waive confidentiality regarding these benefits; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

Temporary Protected Status (TPS) - 8 U.S.C. § 1254a(c)(6). TPS is for foreign nationals currently residing in the U.S. whose homeland conditions are recognized by the U.S. government as being temporarily unsafe or overly dangerous to return to (e.g., war, earthquake, flood, drought, or other extraordinary and temporary conditions). ICE may disclose information related to TPS to a third party with the consent of the alien.

T Visas and U Visas - Public Law 106-386, Section 701(c)(1)(C). A T visa allows certain victims of human trafficking to remain in the United States for a period of time. A U visa allows certain victims of crimes to remain in the United States for a period of time. ICE may disclose information related to T and U visas to third parties with the consent of the alien.

Legalization Claims, including Seasonal Agricultural Worker (SAW) Claims - 8 U.S.C. § 1255a(c)(4) and (5) and 8 U.S.C. § 1160(b)(5) and (6). Individuals who have applied for legalization, including those individuals employed in agricultural work of a seasonal or temporary nature who have made SAW Claims, may permit ICE to disclose information related to their claim to a third party with the individual's consent.

Battered Spouse or Child Information - 8 U.S.C. § 1186a(c)(4)(C). This provision applies to a battered alien or child who has applied for a hardship waiver from removal under the INA. ICE may disclose information the alien provided to ICE in support his or her request for waiver to a third party with consent of the alien.

Information Relating to Violence Against Women Act (VAWA) Claimants - 8 U.S.C. § 1367(a)(2). This provision applies to a person who has filed a claim under the VAWA. ICE may disclose information related to a person's claim to a third party with the consent of the person.

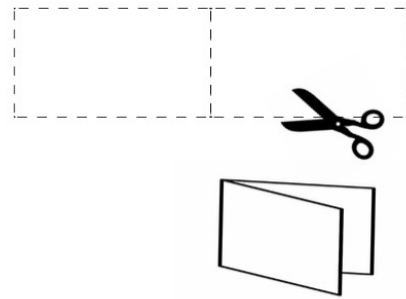
Asylum Information - 8 C.F.R. § 208.6. This provision applies to individuals who have applied for asylum, and confidentiality regarding the asylum claim applies even if the claim is ultimately denied. ICE may disclose information related to an individual's asylum claim to a third party with the consent of the person.

Revocation of Privacy Waiver

This Privacy Waiver is valid for 90 days from the date of signature unless you have otherwise specified on this form. You may revoke this Privacy Waiver at any time by contacting the ICE Privacy Office (202-732-3300 or ICEPrivacy@dhs.gov) or the relevant ICE office handling this matter or case. Certain information about you may be requested to confirm your identity and you may be asked to revoke the waiver in writing.

To print at home, use heavy weight paper, or card stock. Cut out the cards along the dotted lines. If you're unable to print on both sides, you can simply fold on the center line to make a 2-sided card.

If you use a professional printer, we suggest you print 2-sided cards with white text on red card stock with rounded corners.



You have constitutional rights:

- DO NOT OPEN THE DOOR if an immigration agent is knocking on the door.
- DO NOT ANSWER ANY QUESTIONS from an immigration agent if they try to talk to you. You have the right to remain silent.
- DO NOT SIGN ANYTHING without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- GIVE THIS CARD TO THE AGENT. If you are inside of your home, show the card through the window or slide it under the door.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

These cards are available to citizens and noncitizens alike.

You have constitutional rights:

- DO NOT OPEN THE DOOR if an immigration agent is knocking on the door.
- DO NOT ANSWER ANY QUESTIONS from an immigration agent if they try to talk to you. You have the right to remain silent.
- DO NOT SIGN ANYTHING without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- GIVE THIS CARD TO THE AGENT. If you are inside of your home, show the card through the window or slide it under the door.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

These cards are available to citizens and noncitizens alike.

You have constitutional rights:

- DO NOT OPEN THE DOOR if an immigration agent is knocking on the door.
- DO NOT ANSWER ANY QUESTIONS from an immigration agent if they try to talk to you. You have the right to remain silent.
- DO NOT SIGN ANYTHING without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- GIVE THIS CARD TO THE AGENT. If you are inside of your home, show the card through the window or slide it under the door.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

These cards are available to citizens and noncitizens alike.

You have constitutional rights:

- DO NOT OPEN THE DOOR if an immigration agent is knocking on the door.
- DO NOT ANSWER ANY QUESTIONS from an immigration agent if they try to talk to you. You have the right to remain silent.
- DO NOT SIGN ANYTHING without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- GIVE THIS CARD TO THE AGENT. If you are inside of your home, show the card through the window or slide it under the door.

I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I do not give you permission to search any of my belongings based on my 4th Amendment rights.

I choose to exercise my constitutional rights.

These cards are available to citizens and noncitizens alike.



**CENTRAL COAST COALITION for
UNDOCUMENTED STUDENT SUCCESS**

www.ccc-uss.org

