

EMERGENCY PLANNING
IN CASE OF THE DETENTION OR DEPORTATION OF PARENTS

1. Make a list that everyone can see of friends and family members that can help in case you are detained.
2. **Find someone who will take care of your child or children in case you or your spouse is unable.** Speak with this person about the responsibilities of caring for your children.
3. If someone is willing to care for your child or children if you are unable, **complete the attached Power of Attorney form. It is recommended that you complete a separate form for each of your children and that you also complete the information sheet. It is strongly advised that you renew the Power of Attorney form every six months.**
4. If it is possible, put some money aside to help with expenses.
5. If you have U.S. citizen children, make sure they have U.S. Passports in case your deportation makes it necessary for them to travel outside of the U.S. Forms are available at all U.S. post offices.
6. **Make photocopies of all of your immigration documents. Keep a copy of all your documents with a trusted friend or family member.**
7. **Do not carry foreign identification documents with you** (like a passport from a country other than the U.S.). If you have some lawful status, like asylum or a green card, it is advisable to carry proof of this.
8. **Always carry with you telephone numbers of attorneys and family members you can call in case you are detained.**
9. Remember, if you are stopped by ICE agents **you have the right to remain silent and do not have to answer any questions!**
10. If an ICE officer arrives at your home, the officer can only enter with a judicial search warrant (signed by a judge NOT ICE) OR if someone in the house allows them to enter. **If you suspect that ICE agents are at your home and they do not have a search warrant, DO NOT open the door.**

**POWER OF ATTORNEY AND DELEGATION OF AUTHORITY BY PARENT
CONCERNING MINOR CHILD (complete one for each child)**

This power of attorney is made on this _____ day of _____, 20__.

BETWEEN: _____
(mother, father, or guardian – circle all that apply),

whose address is _____

AND: _____
(alternative caregiver, referred to here as the “attorney in fact”)

whose address is _____

If only one parent is signing, please check off reason:

- Death of one parent
- Custody has been removed by a court of law
- Mentally or physically unable to give consent
- Abandonment of one parent
- Parent resides out of the country and cannot be reached
- Other please explain:

I/we appoint said attorney in fact, pursuant to the provisions of N.J.S.A. 3B:12-39, and delegate to said attorney in fact the following powers concerning the care, custody and property of my/our child

_____ (“the child”), born on
_____ day of _____, 20__.

Care-Giving. The attorney in fact shall have temporary care-giving authority for the child, until such time as the child is returned to our/my physical custody, or his/her custody status is altered by a federal, state, or local agency; or changed by a court of law.

Well-Being. The attorney in fact shall have the power to provide for the child’s physical and mental well-being, including but not limited to providing food and shelter.

___ **Education.** The attorney in fact shall have the authority to enroll the child in the appropriate education institutions; obtain access to the child's academic records; authorize the child's participation in school activities; and make any and all decisions related to the child's education, including, but not limited to, those related to special education.

If the first three authorities are checked this shall mean that the child's parent/guardian is not capable of supporting or providing care for the child due to family or economic hardship.

___ **Health Care.** The attorney in fact shall have the authority, to the same extent that a parent would have the authority, to make medical, dental, and mental health decisions; to sign documents, waivers and releases required by a hospital or physician; to access medical, dental, or mental health records concerning the child; to authorize the child's admission to or discharge from any hospital or medical care facility; to consult with any provider of health care; to consent to the provision, withholding, modification or withdrawal of any health care procedure; and to make other decisions related to the child's health care needs.

___ **Travel.** The attorney in fact shall have the authority to make travel arrangements on behalf of the child for destinations both inside and outside of the United States by air and/or ground transportation; to accompany the child on any such trips; and to make any and all related arrangements on behalf of the child, including but not limited to, hotel accommodations.

___ **Financial Interests.** The attorney in fact may handle any and all financial affairs and any and all personal and legal matters concerning the child.

___ **All Other Powers.** The attorney in fact shall have the authority to handle and engage in any and all other matters relating to the care, custody and property of the child which are permitted pursuant to applicable state law.

Either parent/guardian reserves the right to revoke this Power of Attorney at any time.

Signatures of Parent(s)

Signature of Mother

Date signed by Mother

Signature of Father

Date signed by Father

Signature of Guardian

Date signed by Guardian

Signatures of Witnesses

Signature of Witness #1

Date

Witnessed signature by (check all that apply)

- ____ mother
- ____ father
- ____ guardian

Signature of Witness #2

Date

Witnessed signature by (check all that apply)

- ____ mother
- ____ father
- ____ guardian

STATE OF NEW JERSEY :

ss.:

COUNTY OF _____ :

BE IT REMEMBERED, that on _____, 2017, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared _____, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

Notary Public

STATE OF NEW JERSEY :

ss.:

COUNTY OF _____ :

BE IT REMEMBERED, that on _____, 2017, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared _____, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

Notary Public

INFORMATION SHEET (complete one for each child)

Date: _____

Mother's Name: _____

Father's Name: _____

Mother's Phone: _____

Father's Phone: _____

Emergency Contact #1:

Name: _____

Relationship to family: _____ Phone: _____

Emergency Contact #2:

Name: _____

Relationship to family: _____ Phone: _____

Family Doctor: _____ Phone: _____

Health Insurance Co.: _____

Insurance Policy Name and #: _____

Known Medical Conditions of Child:

Any medications that child takes:

Any allergies of child: _____

Last tetanus immunization: _____

A# of mother (if any) _____

A# of father (if any) _____

A# of child (if any) _____

Any other important information about child?