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.**

This front page is modified from documents prepared by the Legal Aid Society of New York and by CARECEN
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?