

Kit de Herramientas de Planificación para la Seguridad Familiar

Materiales en este kit de herramientas

Una parte importante de crear su plan de seguridad familiar es obtener la información importante. Este kit de herramientas proporciona un punto de partida para que usted pueda identificar la información que necesitará en caso de que se presente una emergencia. Contiene útiles formularios legales que puede considerar preparar de antemano.

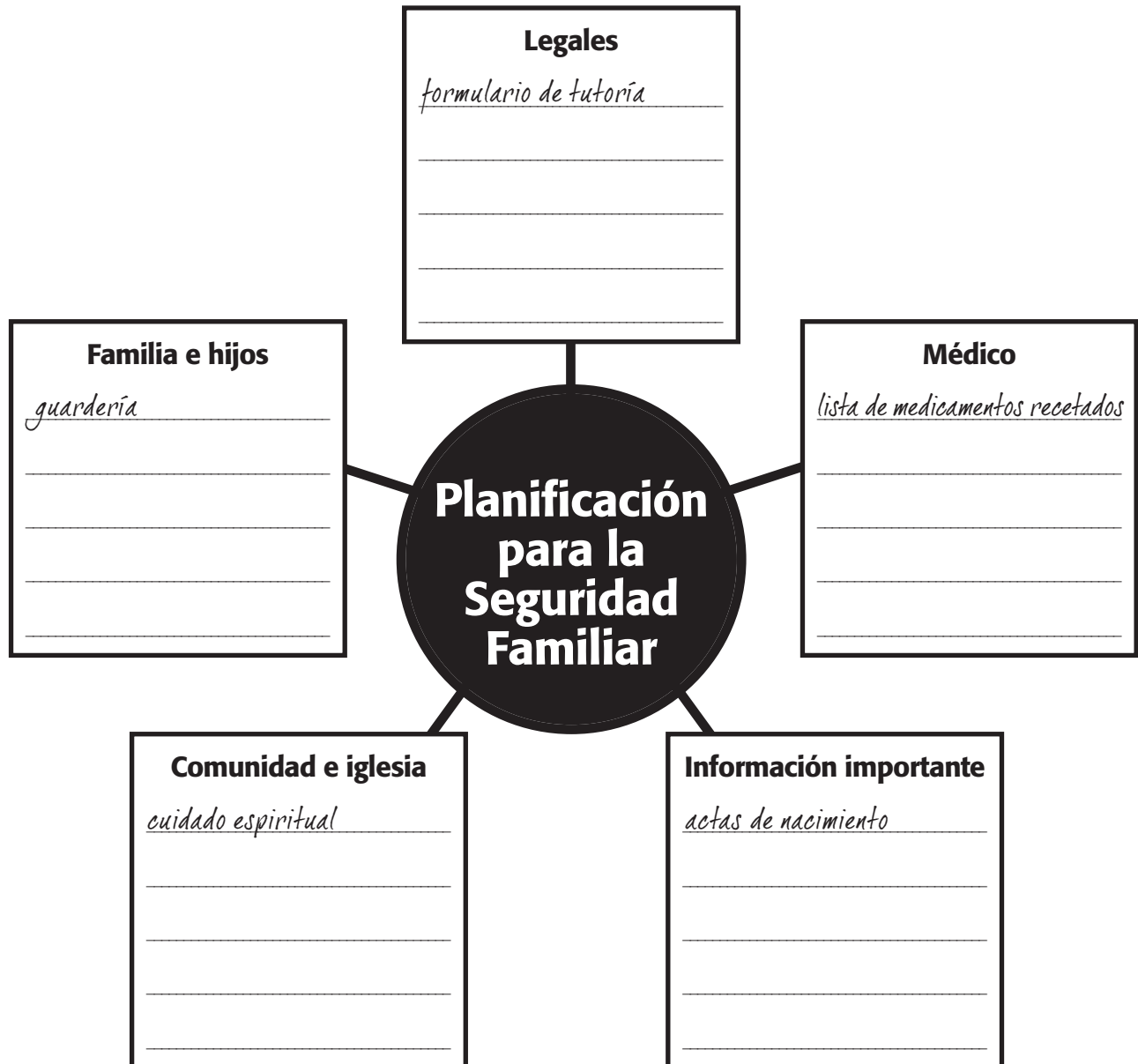
- **Hoja de Trabajo de Planificación para la Seguridad Familiar**
Esta hoja de trabajo ayuda a identificar los documentos, contactos y recursos importantes.
- **Recursos de la Comunidad**
Este formulario le ayudará a identificar los recursos en su comunidad a los que puede acceder en caso de que se presente una emergencia relacionada con inmigración.
- **Poder General (General Power of Attorney, en inglés)**
Este documento legal le da autoridad a su cónyuge u otra persona que usted elija para que tome decisiones en nombre de usted en caso de que los separen. Por ejemplo, con un documento de carta poder firmado, su cónyuge podría vender su carro, incluso si el título está a nombre suyo.
- **Autorización para Tutoría Temporal (Authorization for Temporary Guardianship, en inglés)**
Este documento legal le ayudará a prepararse para una separación de largo plazo. Considere seleccionar a un integrante de la familia o una amistad de confianza para que sea el tutor temporal de sus hijos. Como tutor, esta persona podrá tomar decisiones para cuidar a sus hijos y comunicarse con su escuela. Es necesario que copie y llene un formulario para cada uno de sus hijos.
- **Formulario G28 del Servicio de Aduanas e Inmigración de Estados Unidos (USCIS Form G28, en inglés)**
Este formulario le permite obtener representación legal antes de necesitarla. Aunque usted debe firmarlo, el abogado no necesita firmarlo al mismo tiempo. Si le arrestan, el formulario ya firmado por usted hace más fácil que un abogado se reúna con usted.

Cómo preparar su Plan de Seguridad Familiar

Los formularios en estos materiales serán las bases de su plan de seguridad familiar. Asimismo, identificará información y documentos adicionales, como las actas de nacimiento de su familia e información de contacto que debe incluir en su plan. A medida que reúna estos diversos documentos, es buena idea irlos guardando en un sobre o carpeta y mantenerlos en un lugar seguro pero fácil de acceder. Si es posible, prepare un segundo conjunto de materiales y déselos a un amigo o su iglesia para que se los guarden.

Hoja de Trabajo de Planificación para la Seguridad Familiar

En cada recuadro, enumere los artículos y recursos que necesitará tener disponibles y asuntos que deberá enfrentar en el evento de que se presente una emergencia familiar. Se le han brindado algunas ideas para comenzar.



Legales
formulario de tutoría

Familia e hijos
guardería

Médico
lista de medicamentos recetados

Planificación para la Seguridad Familiar

Comunidad e iglesia
cuidado espiritual

Información importante
actas de nacimiento

Recursos de la Comunidad

Proveedores de Servicios Sociales

Nombre	Información de contacto	Servicios que ofrecen	Notas

Proveedores de Servicios Legales y Abogados de Bajo Costo

Nombre	Información de contacto	Servicios que ofrecen	Notas

Bancos de Alimentos

Nombre	Información de contacto	Servicios que ofrecen	Notas

Refugios

Nombre	Información de contacto	Servicios que ofrecen	Notas

Escuelas

Nombre	Información de contacto	Servicios que ofrecen	Notas

Iglesias

Nombre	Información de contacto	Servicios que ofrecen	Notas

Asistencia con Transporte

Nombre	Información de contacto	Servicios que ofrecen	Notas

Líderes Civiles y Autoridades Locales

Nombre	Información de contacto	Servicios que ofrecen	Notas

GENERAL POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____ [YOUR FULL LEGAL NAME],
residing at _____
[YOUR FULL ADDRESS], hereby appoint _____,
of _____,
as my Attorney-in-Fact ("Agent").

If my Agent is unable to serve for any reason, I designate _____,
of _____,
as my successor Agent.

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Dated _____, 20____ at _____, _____.

Your Signature

First Witness' Signature

Your Printed Full Legal Name

First Witness' Printed Full Legal Name

Second Witness' Signature

Second Witness' Printed Full Legal Name

Acknowledgement:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____ by _____ [FULL LEGAL NAME], who is personally known to me or who has produced _____ as identification.

Signature of person taking acknowledgment

Title or rank

Name typed, printed, or stamped

Serial number (if applicable)

This document was prepared by:

Name

Address

City, State ZIP

AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR

The Child

Full Legal Name: _____

Date of Birth: _____ Age: _____ Sex: Male Female

The Child's Doctor

Doctor's Name: _____

Doctor's Address: _____

Doctor's Office Phone: _____ Doctor's Emergency Phone: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Other Allergies: _____

If applicable, please note any medical conditions for which the child is currently receiving treatment:

Note any other significant medical information: _____

The Child's Dentist

Dentist's Name: _____

Dentist's Address: _____

Dentist's Office Phone: _____ Dentist's Emergency Phone: _____

Dentist's Insurer/Health Plan: _____ Policy #: _____

The Child's Parent(s) or Legal Guardian(s)

Parent or Guardian #1

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

E-mail address: _____

Additional Contact Information: _____

Parent or Guardian #2

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

E-mail address: _____

Additional Contact Information: _____

Person(s) to Be Granted Temporary Guardianship of the Child

Temporary Guardian #1

Name: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____
E-mail address: _____
Additional Contact Information: _____

Temporary Guardian #2

Name: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____
E-mail address: _____
Additional Contact Information: _____

Person(s) to Be Contacted in Case of Emergency

Emergency Contact #1

Name: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____
E-mail address: _____
Additional Contact Information: _____

Emergency Contact #2

Name: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Pager: _____
E-mail address: _____
Additional Contact Information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. I hereby declare that I have legal custody of the above named child.
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This authorization is effective commencing on the _____ day of _____, 20____ and expiring on the _____ day of _____, 20____.
6. For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows:
7. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Signature of Parent/Legal Guardian #1

Date

Signature of Parent/Legal Guardian #2

Date

CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms.

Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Signature of Temporary Guardian #1

Date

Signature of Temporary Guardian #2

Date

Appearances - An appearance shall be filed on this form by the attorney or representative appearing in each case. Thereafter, substitution may be permitted upon the written withdrawal of the attorney or representative of record or upon notification of the new attorney or representative. When an appearance is made by a person acting in a representative capacity, his personal appearance or signature shall constitute a representation that under the provisions of this chapter he is authorized and qualified to represent. Further proof of authority to act in a representative capacity may be required. **Availability of Records** - During the time a case is pending, and except as otherwise provided in 8 CFR 103.2(b), a party to a proceeding or his attorney or representative shall be permitted to examine the record of proceeding in a Service office. He may, in conformity with 8 CFR 103.10, obtain copies of Service records or information therefrom and copies of documents or transcripts of evidence furnished by him. Upon request, he/she may, in addition, be loaned a copy of the testimony and exhibits contained in the record of proceeding upon giving his/her receipt for such copies and pledging that it will be surrendered upon final disposition of the case or upon demand. If extra copies of exhibits do not exist, they shall not be furnished free on loan; however, they shall be made available for copying or purchase of copies as provided in 8 CFR 103.10.

In re:	Date:
	File No.

I hereby enter my appearance as attorney for (or representative of), and at the request of the following named person(s):

Name:	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	
Address: (Apt. No.)	(Number & Street)	(City) (State) (Zip Code)
Name:	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Beneficiary	
Address: (Apt. No.)	(Number & Street)	(City) (State) (Zip Code)

Check Applicable Item(s) below:

- 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia _____ and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
Name of Court
- 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
- 3. I am associated with _____ the attorney of record previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
- 4. Others (Explain Fully.)

SIGNATURE	COMPLETE ADDRESS
NAME (Type or Print)	TELEPHONE NUMBER

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS:

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSURE IS IN CONNECTION WITH THE FOLLOWING MATTER:

Name of Person Consenting	Signature of Person Consenting	Date
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(NOTE: Execution of this box is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)