Family Safety Planning Toolkit

Materials in This Toolkit
An important part of creating your family safety plan is gathering important information. This toolkit provides a starting point for you to identify what information you will need in case of an emergency. It contains helpful legal forms you may consider preparing ahead.

- **Family Safety Planning Worksheet**
  This worksheet helps identify important documents, contacts and resources.

- **Community Resources**
  This form will help you identify resources in your community that you can access in case of an immigration-related emergency.

- **General Power of Attorney**
  This legal document gives authority to your spouse or another person you choose to make decisions for you in the event you are separated. For example, with a signed power of attorney document, your spouse could sell your car even if the title is in your name.

- **Authorization for Temporary Guardianship**
  This legal document will help you prepare for long-term separation. Consider selecting a family member or trusted friend to serve as a temporary guardian for your children. As guardian, this person will be able to make decisions to care for your children and communicate with their school. You will need to copy and complete the form for each of your children.

- **United States Customs and Immigration Service (USCIS) Form G28**
  This form allows you to secure legal representation before you need it. You sign it, but an attorney does not have to sign it at the same time. If you are arrested, the form signed by you makes it easier for an attorney to meet with you.

How to Assemble Your Family Safety Plan
The forms in this handout will serve as the core of your family safety plan. You will also identify additional documents and information such as your family’s birth certificates and contact information to include in your plan. As you collect these various pieces of paperwork, you will want to store them in a folder or envelope and keep it in a safe but easily accessible place. If possible, create a second set of materials and give to a friend or to your church for safekeeping.
Family Safety Planning Worksheet

In each box, list items and resources you will need to have available and issues you will need to address in the event of a family emergency. Some initial ideas have been provided for you.

- **Legal**
  - guardianship form

- **Family & Children**
  - childcare

- **Medical**
  - list of prescriptions

- **Community & Church**
  - spiritual care

- **Important Information**
  - birth certificates
# Community Resources

## Social Service Providers

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<tr>
<th>Name</th>
<th>Contact Information</th>
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## Legal Service Providers and Low-Cost Attorneys

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## Food Pantries

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# Community Resources

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## Churches

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## Transportation Assistance

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## Local Authorities and Civic Leaders

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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.
7. Maintain and/or operate any business that I may own.
8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.
10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:
   a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
   b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
   c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).
11. Make gifts from my assets to members of my family and to such other persons or charitable organizations with whom I have an established pattern of giving. However, my Agent may not make gifts of my property to the Agent. I appoint ________________________________, of ________________________, _____________________________, as my substitute Agent for the sole purpose of making gifts of my property to my Agent, as appropriate.
12. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.
13. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.
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 #: ______________________________

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 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: ____________________________________________________________________________
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.

__________________________________________ Date
Signature of Parent/Legal Guardian #1

__________________________________________ Date
Signature of Parent/Legal Guardian #2

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.

__________________________________________ Date
Signature of Temporary Guardian #1

__________________________________________ Date
Signature of Temporary Guardian #2
CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE: _______________________________  COUNTY: _______________________________

This document was acknowledged before me on _________________ [date] by
________________________________________________ [name of principal].

[Notary Seal, if any]:

_______________________________
Notarial Officer’s Signature

_______________________________
Notarial Officer’s Printed Name

Notary Public for the State of __________________

My commission expires _________________________
Notice of Entry of Appearance as Attorney or Representative

**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.

**Notice of Entry of Appearance**

U.S. Department of Justice
Immigration and Naturalization Service

Date:  
File No.:  

In re:  

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Applicant</th>
<th>Petitioner</th>
<th>Beneficiary</th>
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<tr>
<td>Address:</td>
<td>(Apt. No.)</td>
<td>(Number &amp; Street)</td>
<td>(City)</td>
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<tr>
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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, disbarring, or otherwise restricting me in practicing law.

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:**

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<th>Name of Person Consenting</th>
<th>Signature of Person Consenting</th>
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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.)

This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is contained in 8CFR 103.10 and 103.20 et seq.