

## 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*

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**Familia e hijos**

*guardería*

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**Médico**

*lista de medicamentos recetados*

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**Planificación para la Seguridad Familiar**

**Comunidad e iglesia**

*cuidado espiritual*

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**Información importante**

*actas de nacimiento*

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## 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

## Recursos de la Comunidad

### 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.

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 #: \_\_\_\_\_

## 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



## 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.

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:

<input type="checkbox"/>	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. <span style="font-size: small; text-align: center;">Name of Court</span>
<input type="checkbox"/>	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:
<input type="checkbox"/>	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. <i>(If you check this item, also check item 1 or 2 whichever is appropriate.)</i>
<input type="checkbox"/>	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.)

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.

Form G-28 (09/26/00)Y