

DC Metro Families United Guide
A Comprehensive Resource on Legal Protections for Child Custody,
Financial Asset Security, and Immigration Rights
for Individuals in the DC Area Facing Detention or Deportation



[www. Familiesuniteddcmetro.org](http://www.Familiesuniteddcmetro.org)

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PURPOSE OF THIS GUIDE

The purpose of this site is to help immigrant families and their allies understand their rights and to prepare for immigration emergencies that might happen. You will find resources and learn information and steps you can take to:

- Create a childcare plan so another adult has authority to take care of your children if you are unable to do so.
- Make a financial plan so another adult has authority to take care of your financial matters.
- Know your immigration rights if the government tries to arrest you related to immigration issues; if you are arrested and are detained; and if you are ordered to be deported.
- Learn about what schools can do to support students and families if there is immigration enforcement activity at school. in.
- Get information about what organizations might be able to help you if you want to talk to a lawyer about your family law or immigration questions.

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Part 1: Make a Plan to Care for Your Children and Financial Affairs

There are things you can do now to plan for a family emergency where you might not be available to take care of your children and your affairs. If you are arrested, detained, or deported by immigration, it is important that there is someone who can legally care for your children. DC, Maryland, and Virginia all have different rules about how to do this. Look at the DC, Maryland, or Virginia sections for specific information.

You can identify a caretaker for your children, make a financial plan for someone to handle your finances, gather documents, and prepare legal documents that reflect your wishes and plans.

Before you fill out the paperwork for your state, you will need to make decisions and gather certain information. The decisions and information to gather is the same for all states.

Identify a Caretaker for Your Children

What is a caretaker?

A caretaker is a term used in the US to describe a person who would take care of your children if something were to happen to you.

Who can be a caretaker?

Anyone over 18 who you trust to care for your child can be named a caretaker. But, if that person does not have legal immigration status, they may also be at risk for detention or deportation. If you pick someone who does not have legal immigration status, you may want to pick another back up caretaker. If you have a back up caretaker, fill out the forms to show that there is a backup caretaker.

Do I have to pick a caretaker formally?

It's a good idea to choose a caretaker and create a written plan which you will learn how to do in this guide. If you do not pick a caretaker and fill out the legal paperwork, then it will be more difficult for your chosen caretaker to show proof that you made a plan for your children to be cared for by them. If you do not make a plan, the caretaker may need to rush to court to ask a judge to name them a caretaker without any proof that you want them to be the caretaker. A judge might not let them become a caretaker. There is also a risk that child protective services will become involved because there is no one with legal rights to take care of your child.

Should I tell the caretaker that I picked them?

Yes, you should talk to the caretaker and make sure that they agree to take care of your

children. You should give them a copy of all the paperwork in the custody checklist in section here.

Identify who you want to manage your finances and accounts for you

You can create a legal document to have someone pick up your last check, manage your bank account, your cell phone, public benefits (or your child's public benefits) handle any other financial matters you want. The document you create can be called a Financial Power of Attorney or a Durable General Power of Attorney. There are two names for the same document.

Who should I pick?

You can pick anyone over 18 who you trust to manage your financial accounts.

Do I need to pick the same person as my child's caretaker?

No. But if you do not, you need to trust them to give the caretaker money to take care of your child if you want that.

Gather and Prepare Documents

What documents do I need to pick a caretaker?

You should use the checklist to gather needed documents and fill out forms about your family. Please make copies of these documents to keep with the legal documents picking your caretaker.

What documents do I need to have someone help with my finances?

You can use a General Durable Power of Attorney (Financial Power of Attorney) in Maryland, DC, and Virginia. This document for each state is in this guide.

Complete and Sign Legal Documents

More information on each of these options is in Part 2: Legal Protections for Family and Finances in DC, Maryland, and Virginia

DC:

- Custodial Power of Attorney
- Financial Power of Attorney (Durable Power of Attorney)

Maryland:

- Standby Guardianship
- Financial Power of Attorney (Durable Power of Attorney)

Virginia:

- Financial Power of Attorney (Durable Power of Attorney)
- complete court paperwork to be ready for caretaker to file if needed

Know your immigration rights!

Look at the part of the guide that tells you about what your rights are:

If you encounter ICE

If ICE comes to your door without a warrant

If ICE comes with a warrant

If you are detained

If you are deported

Part 2:

Legal Protections for Families & Finances in

DC, Maryland, and Virginia

What Documents and Information Should I Gather?

There are many important documents and information to organize now so you are prepared. These checklists can help you collect the papers and information you might need to share with caregivers about your kids and your money. It's important to have these papers along with any legal papers that let people make decisions and take actions for you.

The first section is forms that anyone from any state can use to gather information and documents for a caretaker for their children.

The next sections are for DC, Maryland, or Virginia to learn about the specific legal documents needed in each state for (1) a caretaker or (2) to choose someone to take care of your finances.

Fillable Forms to Leave with Family Planning Documents Important Information About Each of Your Children

You should have several sets of copies of each of these documents for each of your children. Make separate sets of copies even if the information is the same for each child.

The documents you should gather for each of your children include:

- Birth certificate
- Social Security card
- Two originals, with notary seal, of the Custodial Power of Attorney, and also two originals in your first language if you have trouble reading English well
- Two originals, with notary seal, of the Financial Power of Attorney, and also two originals in your first language if you have trouble reading English well
- Passport (if your children do not have a passport, you should get each child a passport as soon as possible)
- Medical information sheet
- School, activity, and church information sheet
- Helpful things to know about each child
- Names, phone numbers, and email addresses of family, friends, and neighbors who your designated caretaker or others may wish to communicate with
- Emergency Contact Sheets
- You should put your A number on these forms so they can find you in case you are detained or deported

Make three photocopies of each child's documents and then put the original documents in a safe place.

- Give the designated caretaker one photocopy of all the documents for each child. Also give the designated caretaker one of the original Custodial Power of Attorney (including, if you have one, an original in your first language) with notary seal.
- Put the second photocopy of all the documents for each child in a safe place where your designated caretaker, a trusted relative or friend, and an older child knows to find them.
- Put the third photocopy of each child's individual documents in a plastic bag in that child's backpack.
- Also make an electronic copy for yourself and your designated caretaker.

MEDICAL INFORMATION SHEET FOR

_____ name of child

use back of page for additional space for answers

Name of Doctor or Medical Practice _____

Address & Telephone Number _____

Health Insurance Information _____

Date of Last Physical Exam _____

Name of Medications taken by Child _____

Reason for the Medication _____

Dose & Frequency _____

Allergies to Food or Medication, Seasonal Allergies _____

Frequent Illness or Medical Conditions of Child, such as ear infections, allergies, etc.
and treatment _____

Name of Dentist or Dental Practice _____

Address and Phone Number _____

Date of Last Dental Exam _____

Ongoing Dental Treatment _____

Name of Eye Doctor or Practice, if any _____

Wears glasses? Yes/ No _____

SCHOOL ACTIVITY, AND CHURCH INFORMATION SHEET FOR

_____ name of child

[Make sure that designated caretaker and emergency contact are on the list of people authorized to pick up your children from school or other activities.]

use back of page for additional space for answers

School

Name, Address, and Phone Number of School _____

Grade and Name of Teacher (younger children) or Guidance Counselor (older children) _____

Special Educational or Language Services, if any _____

If your child has an Individualized Educational Plan (IEP), attach a copy to this form.

Medications Child Receives at School, if any _____

Frequency of Medication _____

Activities

Weekday Activities: Activity (e.g., music, sports, dance, etc.), Time, Address, Phone

Number Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Weekend Activities: Activity (e.g., music, sports, dance, church group, etc.), Time,
Address, Phone Number,

Saturday _____

Sunday _____

Church

Name, Address, and Phone Number of Church attended, if any

Religious School and Religious Activities, Days, Times, Addresses

HELPFUL THINGS TO KNOW ABOUT child's name

use back of page for additional space for answers

Favorite Foods _____

Disliked Foods and Any Food Allergies _____

Bedtime and Bedtime Routines _____

Favorite Toys, Books, Games, and Activities _____

TV Shows, Movies, and Computer Games, and How Much Time, Allowed _____

Names of Close Friends, their Parents, and Contact Information _____

Curfew (for Older Children) _____

Driving Restrictions (for Older Children with License) _____

Other Restrictions (for Older Children, such as, where allowed to go, who they can go out with, whose car they can be a passenger in, sleepovers, etc.) _____

You can find my child's original passport _____

My A# is: _____

**NAMES, PHONES NUMBERS, AND EMAIL ADDRESSES OF
FAMILY, FRIENDS, and NEIGHBORS FOR**

_____ name of child

use back of page for additional space for answers

Adult Sisters and Brothers

Grandparents

Godparents

Aunts and Uncles

Cousins

Family Friends

Neighbors

Emergency Contact Sheet For Designated Caretaker

Dear _____,

Please keep this sheet with you at all times.

If you learn that I have been taken into custody, please get my children right away. If they are not at home or school, they may be _____
_____.

If my children cannot be located, contact the **DC Child and Family Services Agency's 24 hour, toll-free Hotline, 202-671-SAFE (202-671-7233)**. Tell them the names of my children, their birth dates, and your name and phone number or the name and phone number of other persons who may be able to care for my children.

Full Name, Date of Birth, and the Name, Phone Number, and Address
of School or Daycare

Full Name, Date of Birth, and the Name, Phone Number, and
Address of School or Daycare

Full Name, Date of Birth, and the Name, Phone Number, and
Address of School or Daycare

Names and Phone Numbers of Others to Contact

Emergency Contact Sheet for People Other Than Designated Caretaker

If you learn that I have been taken into custody, immediately call my designated caretaker _____ (name and phone number) to let them know I have been taken into custody.

If you cannot reach my designated caretaker, please get my children right away. If they are not at home or school, they may be _____

Also, please contact _____

(names and phone numbers) who also might be able to help with my children.

If my children cannot be located, contact the **DC Child and Family Services Agency's 24 hour, toll-free Hotline, 202-671-SAFE (202-671-7233)**. Tell them the names of my children, their birth dates, and the name and phone number of the designated caretaker or other persons who may be able to care for my children. Tell them that the designated caretaker has a signed DC Custodial Power of Attorney and has legal rights to take care of my children.

Full Name, Date of Birth, and the Name, Address, and Phone Number of School or Daycare

Full Name, Date of Birth, and the Name, Address, and Phone Number of School or Daycare

Full Name, Date of Birth, and the Name, Address, and Phone Number of School or Daycare

Names and Phone Numbers of Others to Contact

Financial Information Plan

1. I work at: _____. My manager is: _____. The phone number there is: _____. The address is: _____
_____. If I am detained or deported, please contact them to get my last paycheck if this section is filled out.

If you want your FPOA to pick up your last paycheck, you may want to put that specifically in the FPOA.

2. I have bank accounts at the following banks. With the FPOA, you will be able to access them to send me money and to use the money to care for my children.

Bank:
Type of Account: Checking/Savings
Account Number:

Bank:
Type of Account: Checking/Savings
Account Number:

Bank:
Type of Account: Checking/Savings
Account Number:

3. I have the following other accounts that I would like you to access to manage for me. I have specified this in the FPOA:

Cell phone
Provider:
Account number:
Login:
Password:

Internet:
Provider:
Account number:
Login:
Password:

Credit Card:
Provider/type of card:
Account number:
Login:
Password:

Family Preparedness Checklist

Preparing Your Family for Immigration Enforcement

Safety Plan for your Children

- Emergency Contact Sheet
 - for preferred caretaker
 - for other trusted people
 - for your child's daycare or school

- Medical Information
- School, Church, Activities Information
- Helpful Things to Know
- Information about Preferred Caregiver
- Family and Neighbors Contact Information
- Family Safety Documents You Signed or Gathered

Make copies of these documents. Keep one copy with the legal documents you create in a fireproof envelope and give one copy to your preferred caretaker. List you're a number on the sheet for your designated caretaker so they can find you if you are detained or deported.

Important Information About Each Of Your Children

Make three photocopies of each child's documents and then put the original documents in a safe place.

- Give the designated caretaker one photocopy of all the documents for each child. Also give the designated caretaker one of the original Custodial Power of Attorney (including, if you have one, an original in your first language) with notary seal.
- Put the second photocopy of all the documents for each child in a safe place where your designated caretaker, a trusted relative or friend, and an older child, knows to find them, as a spare set.
- Put the third photocopy of each child's individual documents in a plastic bag in that child's backpack.
- **Also make an electronic copy for yourself and your designated caretaker. This can be a picture you take on your phone of each document. You could also use a program like genius scan (which is free to download to your phone).**

Financial Information

- Job information
- Account information
- Other important financial information

Gather documents showing the length of time you have been in the US; the most recent two years are the most important. This can include:

- US income tax returns
- Utility Bills
- Leases
- School Records
- Medical Records
- Bank Records

Make copies of these documents. Keep one copy with the legal documents you create in a fireproof envelope. Make sure your emergency contact can access all of these documents.

FAMILY SAFETY PLAN FOR:



(name of child/nombre del niño/a)

INFORMACIÓN DE CONTACTO DE FAMILIARES Y VECINOS FAMILY AND NEIGHBORS CONTACT INFORMATION

Para cada persona que apunta, asegúrese de incluir su nombre, número de teléfono y dirección de email. For each person you list make sure to include the person's name, phone number, and email address.

Hermanos Adultos (Adult Sisters and Brothers):



Abuelos/as (Grandparents):



Padrino/Madrina (Godparents):



Tíos/as (Aunts and Uncles):



Primos/as (Cousins):



Amigos/as de la Familia (Family Friends):



Vecinos/as (Neighbors):



FAMILY SAFETY PLAN FOR:

(name of child/nombre del niño/a)

PLAN PARA LA SEGURIDAD FAMILIAR

FAMILY SAFETY PLAN



Use este formulario para apuntar información importante sobre su hijo/a. Si tiene más de un hijo, tiene que usar un nuevo formulario para cada hijo. Esto significa que va a tener que apuntar información más de una vez.

Use this form to write down important information about your child. If you have more than one child, you need to use a new form for each child. This means you may need to write down information more than one time.

Un plan completo incluye las siguientes secciones: (A full family safety plan includes the following sections)



(1) Hoja de Contacto de Emergencia para Personas Aparte del Cuidador Preferido
Emergency Contact Sheet for People Other than Preferred Caregiver



(2) Información médica
Medical information

(3) Información de la escuela, iglesia, y otras actividades
School, Church, and Activities Information

(4) Información útil que debe saber
Helpful Things to Know

(5) Información sobre el cuidador preferido
Information About Preferred Caregiver

(6) Información de contacto de amigos/vecinos
Family and Neighbors Contact Information

(7) Documentos de Seguridad Familiar Que Usted Firmó o Reunió
Family Safety Documents You Signed or Gathered.

(8) Hoja de Contacto de Emergencia para el/la Cuidador/a Preferido/a
Emergency Contact Sheet for Preferred Caregiver

Después de que escriba sus respuestas, ponga una copia de las secciones 1 a 6 en la mochila de su hijo.

After you write down your answers, put a copy of sections 1-6 in your child's backpack.



Entregue una copia de la sección 8 a su cuidador preferido y dígales donde encontrar su carpeta de seguridad familiar.

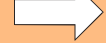
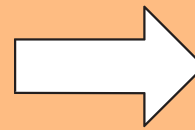
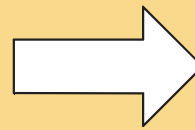
Give a copy of section 8 to your preferred caregiver, and let them know where to find your family safety folder.



Ponga las secciones 1 a 8 en su carpeta de plástico de seguridad familiar. Put sections 1-8 in your plastic family safety folder.



Pro Bono Resource Center of Maryland thanks Ayuda and Steptoe & Johnson for drafting the initial worksheets for this packet.



FAMILY SAFETY PLAN FOR:

(name of child/nombre del niño/a)

HOJA DE CONTACTO DE EMERGENCIA PARA PERSONAS APARTE DEL CUIDADOR PREFERIDO
EMERGENCY CONTACT SHEET FOR PEOPLE OTHER THAN PREFERRED CAREGIVER



NIÑOS/AS DEBEN DE GUARDAR ESTE FORMULARIO EN SUS MOCHILAS. CHILD, PLEASE KEEP THIS FORM IN YOUR BACKPACK.

(PARA PADRES COMPLETANDO ESTE FORMULARIO: Si tiene menos hijos que los espacios abajo, tache los espacios vacíos. Si tiene más hijos que los espacios abajo, escriba su información en el otro lado de esta página). (TO PARENTS FILLING OUT THIS FORM: If you have fewer children than listed below, please cross off the blank spaces. If you have more children than listed below, write their information on the other side of this page).

Querido (Dear):

Si usted se entera de que yo he estado detenido, llame de inmediato a mi cuidador preferido:
If you learn that I have been taken into custody, immediately call my preferred caregiver:

(nombre de cuidador preferido - name of preferred caregiver) #de teléfono de cuidador preferido - # of preferred caregiver
para avisarle de que yo he estado detenido. Si no puede contactar a mi cuidador preferido, por favor vaya a recoger a mis hijos de inmediato. Si no están en casa o en la escuela, tal vez están: / to let them know that I have been taken into custody. If you cannot reach my preferred caregiver, please get my children right away. If they are not at home or school, they may be:

Favor de contactar también a (please also contact): (nombres y números de teléfono), quien también tal vez podría ayudar con mis hijos / (names and phone numbers) who also might be available to help with my children.

Si no puede encontrar a mis hijos, contacte al Número directo, gratuito y 24 horas al día del Servicio de Protección de Niños del Departamento de Servicios Humanos de Maryland, 800-332-6347. Dígalos los nombres de mis hijos, sus fechas de nacimiento y el nombre y número de teléfono de usted, o el nombre y número de teléfono de otras personas que tal vez pueden cuidar de mis hijos. If my children cannot be located, contact the Maryland Department of Human Services Child Protective Services' 24 hour, toll-free Hotline, 800-332-6347. Tell them the names of my children, their birth dates, and your name and phone number or the name and phone number of other persons who may be able to care for my children.

Lo que sigue contiene los nombres completos de mis hijos, sus fechas de nacimiento y el nombre, número de teléfono y dirección de o su escuela o su proveedor de guardería. Más información se encuentra en el resto de este paquete. / The following contains the full name of my children, their dates of birth, and the name, phone number, and address of either their school or daycare provider. More information can be found earlier on in this packet.

Nombre Legal Complete de Hijo #1 / Full Legal Name of Child #1:

Fecha de Nacimiento:

DOB:

Nombre de su escuela o proveedor de guardería / Name of their school or daycare provider:

Dirección / Street Address:

Ciudad / City:

Estado / State:

Código Postal / Zip:

de Teléfono / Phone:

Nombre Legal Complete de Hijo #1 / Full Legal Name of Child #2:

Fecha de Nacimiento:

DOB:

Nombre de su escuela o proveedor de guardería / Name of their school or daycare provider: Dirección / Street Address:

Ciudad / City:

Estado / State:

Código Postal / Zip:

de Teléfono / Phone:

Nombre Legal Complete de Hijo #1 / Full Legal Name of Child #3:

Fecha de Nacimiento:

DOB:

Nombre de su escuela o proveedor de guardería / Name of their school or daycare provider:

Dirección / Street Address:

Ciudad / City:

Estado / State:

Código Postal / Zip:

de Teléfono / Phone:

Un plan completo incluye las siguientes secciones / A full family safety plan includes the following sections:



(1) Hoja de Contacto de Emergencia para Personas Aparte del Cuidador Preferido/ Emergency Contact Sheet for People Other than Preferred Caregiver



(3) Información de la escuela, iglesia, y otras actividades
School, Church, and activities Information



(5) Información sobre el cuidador preferido
Information About Preferred Caregiver



(2) Información médica
Medical information



(4) Información útil que debe saber
Helpful Things to Know



(6) Información de contacto de amigos/vecinos
Family and Neighbors Contact Information



INFORMACIÓN MÉDICA - MEDICAL INFORMATION

Información de Seguro de Salud: Health Insurance Information:

Nombre del Doctor Primario o Centro Médico: Name of Primary Doctor or Medical Practice:

Dirección y Número de Teléfono: Address & Telephone Number:

Fecha del Último Examen Físico: Date of Last Physical Exam:

Nombre(s) de Medicamentos que toma el Niño: Name of Medications taken by Child:



Razón por el Medicamento: Reason for the Medication:

Dosis y Frecuencia: Dose & Frequency:



Alergias a Comida o Medicamentos, Alergias Estacionales: Allergies to Food or Medication,

Seasonal Allergies:

Enfermedades Comunes o Condiciones Médicas del Niño (infecciones del oído, alergias, etc.) y tratamiento:
(Frequent Illness or Medical Conditions of Child, such as ear infections, allergies, etc. and treatment):



Nombre del Dentista o Centro Dental
Name of Dentist or Dental Practice:

Dirección y Número de Teléfono: Address and Phone Number:

Fecha del Último Examen Dental:
Date of Last Dental Exam:

Tratamiento Dental En Curso: Ongoing Dental Treatment:



Nombre del Doctor de Ojo, o Centro Médico, si aplicable:
Name of Eye Doctor or Practice, if any:

¿Usa lentes?
Sí/No: Wears glasses? Yes/
No:



INFORMACIÓN DE LA ESCUELA - SCHOOL INFORMATION

Asegúrese de que el cuidador designado y contactos de emergencia estén en la lista de personas autorizadas para recoger a sus hijos de la escuela y otras actividades.

Make sure that designated caretaker and emergency contact are on the list of people authorized to pick up your children from school or other activities.

Nombre de
la Escuela:
School
Name:

Dirección/Street Address:

Ciudad/City:

Estado/State:

Código Postal/Zip:

Número de Teléfono/Phone:

Grado
del
Niño:
Child's
Grade:

Nombre del Maestro o
Consejero: Name of Teacher or
Guidance Counselor:

(Para niños en la primaria, escriba el nombre de su maestro. Para niños en la media y la secundaria, escriba el nombre de su consejero.)
(Children in elementary school should write the name of their teacher. Children in middle or secondary school should write their guidance counselor.)



Servicios de Educación Especial o Lenguaje, si aplicable: Special Educational or Language Services, if any:



Si su hijo tiene un Plan Individualizado de Educación, adjunte una copia a este formulario. If your child has an Individualized Educational Plan (IEP), attach a copy to this form.



Medicamentos que su Hijo Recibe en la Escuela, si aplicable:
Medications Child Receives at School, if any:

Frecuencia del Medicamento:
Frequency of Medication:



INFORMACIÓN DE ACTIVIDADES - ACTIVITY INFORMATION

Actividades durante la Semana/Fin de Semana:

Escriba la actividad (p. ej. música, deporte, baile, iglesia, etc.), la hora, la dirección y el número de teléfono.

Week/weekend activities:

Write the activity (e.g., music, sports, dance, church group, etc.), time, address, and phone number.

Lunes
(Monday):

Martes
(Tuesday)

Miércoles
(Wednesday):

Jueves
(Thursday):

Viernes
(Friday):

Sábado
(Saturday):

Dom
(Sun

--	--	--	--	--	--	--	--



INFORMACIÓN DE LA IGLESIA - CHURCH INFORMATION

Si su hijo no va a una iglesia o centro de educación religiosa, tache esta sección y siga a la próxima sección. If your child does not go to church or religious education, cross this section out, and move onto the next section

Nombre de la Iglesia:
Church Name:

Dirección /Street Address:

Ciudad/City:

Estado/State:

Código Postal/Zip

de Teléfono/Phone:

Escuela Religiosa y Actividades Religiosas/Religious School and Religious

Activities: Día/Day:

Hora/Time:

Dirección/Address:

Comidas Favoritas/Favorite Foods:

Comidas No-Gustadas y Alergias a Comidas/Disliked Foods and Any Food Allergies:

Hora de Dormir y Rutina de Acostarse/Bedtime and Bedtime Routines:

Juguetes, Libros, Juegos y Actividades Favoritos/Favorite Toys, Books, Games, and Activities:

Programas, Películas y Juegos de Computadora, y ¿por Cuánto Tiempo? TV Shows, Movies, and Computer Games, and How Much Time Allowed:

Nombres de Amigos Cercanos y sus Padres/Names of Close Friends and their Parents:

Teléfono #1:

Teléfono #2:

Se puede encontrar el pasaporte original de mi hijo en/You can find my child's original passport:



OTRA INFORMACIÓN ÚTIL - HELPFUL THINGS TO KNOW

Otra información para hijos adolescentes/Additional Information to Know about Older Children:



Horario Límite/Curfew:

Otras restricciones: (p. ej. dónde está permitido ir, con quién puede salir, con quién puede ir en coche, dónde puede pasar la noche, etc.) Other Restrictions (such as, where allowed to go, who they can go out with, whose car they can be a passenger in, sleepovers, etc.):



Restricciones de Manejar/Driving Restrictions:

FAMILY SAFETY PLAN FOR: _____

(name of child/nombre del niño/a)



INFORMACIÓN DE CONTACTO DE FAMILIARES Y VECINOS
FAMILY AND NEIGHBORS CONTACT INFORMATION

Para cada persona que apunta, asegúrese de incluir su nombre, número de teléfono y dirección de email. For each person you list make sure to include the person's name, phone number, and email address.

Hermanos Adultos (Adult Sisters and Brothers):



Abuelos/as (Grandparents):



Padrino/Madrina (Godparents):



Tíos/as (Aunts and Uncles):



Primos/as (Cousins):



Amigos/as de la Familia (Family Friends):



Vecinos/as (Neighbors):



FAMILY SAFETY PLAN FOR:

(name of child/nombre del niño/a)



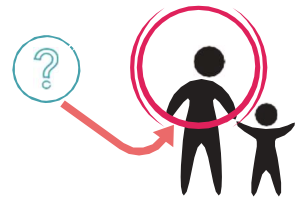
INFORMACIÓN SOBRE EL/LA CUIDADOR/A PREFERIDO Y SUS PLANES
INFORMATION ABOUT PREFERRED CAREGIVER AND YOUR PLANS

¿Qué es el nombre legal completo de la persona que usted quiere que cuide a sus hijos? What is the full legal name of the person you would like to take care of your children?

¿Qué es su información de contacto? What is their contact information?

¿QUÉ RELACIÓN TIENE ESTA PERSONA CON USTED? /WHAT IS THIS PERSON'S RELATIONSHIP TO YOU?

MADRE (MOTHER) | PADRE (FATHER) | ABUELO/A (GRANDPARENT) | PADRASTRO/MADRASTRA (STEP-PARENT)
PAREJA DE LARGO PLAZO (LONG-TERM PARTNER) | HERMANO/A (SIBLING) | PRIMO/A (COUSIN) | TIO/A
(AUNT/UNCLE) SOBRINO/A (NIECE/NEPHEW) | AMIGO ÍNTIMO DE LA FAMILIA (CLOSE FAMILY FRIEND) | OTRO
(OTHER):



¿QUÉ RELACIÓN TIENE ESTE CUIDADOR PROPUESTO CON SUS HIJOS? WHAT IS THE PROPOSED CAREGIVER'S RELATIONSHIP TO YOUR CHILDREN?

MADRE (MOTHER) | PADRE (FATHER) | ABUELO/A (GRANDPARENT) | PADRASTRO/MADRASTRA (STEP-PARENT)
PAREJA DE LARGO PLAZO (LONG-TERM PARTNER) | HERMANO/A (SIBLING) | PRIMO/A (COUSIN) | TIO/A
(AUNT/UNCLE) SOBRINO/A (NIECE/NEPHEW) | AMIGO ÍNTIMO DE LA FAMILIA (CLOSE FAMILY FRIEND) | OTRO
(OTHER):



¿Por cuánto tiempo ha conocido usted al cuidador propuesto? How long have you known the proposed caregiver?

- Menos de 1 año / Less than 1 year
- 2 años / 2 years
- 3-5 años / 3-5 years
- 5-10 años / 5-10 years
- más de 10 años / more than 10 years

¿Algo más que le gustaría apuntar?:
Anything else you want to write:



**HOJA DE CONTACTO DE EMERGENCIA PARA EL/LA CUIDADOR/A
PREFERIDO/A EMERGENCY CONTACT SHEET FOR PREFERRED
CAREGIVER**



ESTÁ RECIBIENDO ESTA CARTA PORQUE ALGUIEN QUIERE QUE USTED CUIDE A SUS HIJOS SI NO PUEDEN HACERLO DEBIDO A UNA EMERGENCIA RELACIONADA CON LA INMIGRACION.

YOU ARE RECEIVING THIS LETTER BECAUSE SOMEONE WANTS YOU TO TAKE CARE OF THEIR CHILDREN IF THEY BECOME UNABLE TO DUE TO AN IMMIGRATION RELATED EMERGENCY



Haga un plan para ser notificado sobre la emergencia.
Make a plan to be notified about the emergency.



Discuta lo que ellos quieren que usted haga.
Discuss what they want you to do.

Aprenda sobre los papeles en su carpeta de seguridad familiar.
Learn about the papers in their family safety folder.



Por favor, guarde esta hoja con usted en todo momento (Please keep this sheet with you at all times.)

(PARA PADRES COMPLETANDO ESTE FORMULARIO: Si tiene menos hijos que los espacios abajo, tache los espacios vacíos. Si tiene más hijos que los espacios abajo, escriba su información en el otro lado de esta página).

(TO PARENTS FILLING OUT THIS FORM: If you have fewer children than listed below, please cross off the blank spaces. If you have more children than listed below, write their information on the other side of this page).

Querido (Dear) _____,

Si usted se entera de que yo he estado detenido, por favor, vaya a recoger a mis hijos de inmediato. Si no están en casa o en la escuela, tal vez están:
If you learn that I have been taken into custody, please get my children right away. If they are not at home or school, they may be

Nombres y Números de Teléfono de Otras Personas que Se Pueden Contactar / Names and Phone Numbers of Others to Contact:

Si no puede encontrar a mis hijos, contacte al Número directo, gratuito y 24 horas al día del Servicio de Protección de Niños del Departamento de Servicios Humanos de Maryland, 800-332-6347. Dígales los nombres de mis hijos, sus fechas de nacimiento y el nombre y número de teléfono de usted, o el nombre y número de teléfono de otras personas que tal vez pueden cuidar de mis hijos.

If my children cannot be located, contact the Maryland Department of Human Services Child Protective Services' 24 hour, toll-free Hotline, 800-332-6347. Tell them the names of my children, their birth dates, and your name and phone number or the name and phone number of other persons who may be able to care for my children..

Lo que sigue contiene los nombres completos de mis hijos, sus fechas de nacimiento y el nombre, número de teléfono y dirección de o su escuela o su proveedor de guardería. Más información se encuentra en el resto de este paquete.

The following contains the full name of my children, their dates of birth, and the name, phone number, and address of either their school or daycare provider. More information can be found earlier on in this packet.

Nombre Legal Complete de Hijo #1 / Full Legal Name of Child #1:

Fecha de Nacimiento:
DOB:

Nombre de su escuela o proveedor de guardería / Name of their school or daycare provider:

Dirección / Street Address:

Ciudad / City:

Estado / State:

Código Postal / Zip:

de Teléfono / Phone:

Nombre Legal Complete de Hijo #1 / Full Legal Name of Child #2:

Fecha de Nacimiento:

DOB:

Nombre de su escuela o proveedor de guardería / Name of their school or daycare provider: Dirección / Street

Address:

Ciudad / City:

Estado / State:

Código Postal / Zip:

de

Teléfono / Phone:

Nombre Legal Complete de Hijo #1 / Full Legal Name of Child #3:

Fecha de Nacimiento:
DOB:

Nombre de su escuela o proveedor de guardería / Name of their school or daycare provider:

Dirección / Street Address:

Ciudad / City:

Estado / State:

Código Postal / Zip:

de Teléfono / Phone:

Financial Information Plan

1. I work at: _____ . My manager is: _____ . The phone number there is: _____ . The address is: _____ . If I am detained or deported, please contact them to get my last paycheck if this section is filled out.

If you want your FPOA to pick up your last paycheck, you may want to put that specifically in the FPOA.

2. I have bank accounts at the following banks. With the FPOA, you will be able to access them to send me money and to use the money to care for my children.

Bank:

Type of Account: Checking/Savings

Account Number:

Bank:

Type of Account: Checking/Savings

Account Number:

Bank:

Type of Account: Checking/Savings

Account Number:

3. I have the following other accounts that I would like you to access to manage for me. I have specified this in the FPOA:

Cell phone

Provider:

Account number:

Login:

Password:

Internet:

Provider:

Account number:

Login:

Password:

Credit Card:

Provider/type of card:

Account number:

Login:

Password:

Washington, DC
Family Law and Financial
Resources

Washington, DC Family Law

If you want to choose a caretaker in Washington, DC, you can do so without going to court by completing a document called a Custodial Power of Attorney.

DC CUSTODIAL POWER OF ATTORNEY

What is a Custodial Power of Attorney?

A Custodial Power of Attorney (CPOA) temporarily gives someone else the authority to make decisions for your child, such as enrolling them in school or obtaining medical care. It is an agreement between you and the person you are giving the power to, and you do not need to go to court to create it.

Who Signs a Custodial Power of Attorney?

At least one parent should sign the CPOA, but it's best if both parents sign it. The caretaker does not need to sign.

When does a Custodial Power of Attorney start?

A CPOA can begin once both parents sign the document or upon a specified event, such as being detained by immigration authorities.

What rights can you give by creating a Custodial Power of Attorney?

You determine the custodial powers given to the caretaker. The CPOA can grant general authority over all parenting decisions or specify particular actions the caretaker is permitted to take.

Can someone who is not a parent get a passport for my child?

Yes, someone who is not a parent can get a passport for your child, but it can be challenging. If both parents have legal rights to the child, both must sign the CPOA to authorize a caretaker to get a passport or travel internationally with the child. To have the caretaker obtain your child's

passport, complete this form and provide copies of the front and back of both parents' valid IDs. More information is available [here](#).

Can someone who is not a parent travel internationally with my child?

Yes. If both parents have legal rights to the child, both must sign the CPOA to authorize a caretaker to travel internationally with the child. Additionally, provide written permission from both parents and a copy of their IDs if another adult will travel with your child. More information is available [here](#).

Does the Custodial Power of Attorney have to be notarized?

In DC, the law does not say the CPOA must be notarized, but it's a smart idea. Notarizing it helps prove you gave your caretaker the power to make decisions for your child, especially if you can't be there to confirm it.

How do I get my Custodial Power of Attorney notarized?

You get your CPOA notarized by having a notary public sign the document. A notary public is an individual with a special license to notarize someone's signature on a document. The notary public must check that you are who you say you are when you sign the CPOA. A notary public can be a lawyer but is not always a lawyer. A notary public often charges \$10 or less to notarize a document. To get your document notarized, you need to show the notary a current (not expired) ID from any government office. This can be a passport, driver's license, or a non-driver identification card. If you use a different government ID, it must have your signature or photo. If you do not have an ID, the notary public may be able to use another identity verification process. You may contact the notary to ask them how they want to do this. You can search [here](#) for a notary licensed in DC or you can go to your bank to ask for a notary.

How many copies of the Custodial Power of Attorney should I make?

You should complete two originals in English. If English is not your first language, you should also do two originals in your preferred language. Take a photo of each page of the CPOA in

English and in your preferred language. Or, if possible, scan a copy for both you and the caretaker you picked. If you are getting the documents notarized, many of the places you go to get this service will make copies of the document for you if you ask.

How does a Custodial Power of Attorney end?

As a parent, you can cancel or take back in writing a CPOA at any time. To cancel or take back a CPOA is called “revocation” of a CPOA. To revoke is to take back. A court may also issue an order that cancels or changes the CPOA.

When one parent is signing, please use the version on the next page.

DISTRICT OF COLUMBIA CUSTODIAL POWER OF ATTORNEY
PURSUANT TO D.C. CODE § 21-2301

1. I, _____, am the parent of the child(ren) listed below. My address is _____. There are no court orders now in effect which would prohibit me from exercising the power that I now seek to convey.

2. I wish to give _____ the parental rights and responsibilities listed below regarding the care custody and control of my child, _____, whose date of birth is _____.

3. This custodial power of attorney shall take effect on _____ (insert a specified date) or [the day on which] I experience an “adverse immigration event.” For the purposes of this power of attorney, an “adverse immigration event” means any event resulting in my temporary or sustained incarceration, or any of the following events:

(A) My arrest or apprehension by any local, state, or federal law enforcement officer for an alleged violation of federal immigration law;

(B) My arrest, detention, or custody by the Department of Homeland Security or a federal, state, or local agency authorized or acting on behalf of the Department of Homeland Security;

(C) My departure from the United States under an order of removal, deportation, exclusion, voluntary departure, or expedited removal, or a stipulation of voluntary departure;

(D) The denial, revocation, or delay of the issuance of a visa or transportation letter by the Department of State;

(E) The denial, revocation, or delay of the issuance of a parole document or reentry permit by the Department of Homeland Security; or

(F) The denial of admission or entry into the United States by the Department of Homeland Security or other local or state officer acting on behalf of the Department of Homeland Security.

4. The powers I wish to grant are as follows:

[initial every line that is appropriate]

_____ physical custody of the child listed above;

_____ the authority to enroll the child listed above in school;

_____ the authority to obtain educational records regarding the child(ren) listed above;

_____ the authority to make all school-related decisions for the child(ren) listed above;

_____ the authority to obtain medical, mental health, or dental records regarding the child listed above;

_____ the authority to consent to medical, mental health, or dental treatment for the child listed above;

_____ the authority to act as representative payee for any Social Security benefits for the child listed above may be eligible;

_____ the authority to receive any other benefits for which the child listed above may be eligible; and

_____ the authority to obtain a passport for my child [Note to draft: For detailed instructions on how a custodian can obtain a passport for a child, please refer to Question of _ the FAQ section above.]

_____ the authority to travel internationally with my child for the purpose of reuniting my child with me or another family member who I authorize reunification with [Note to draft: For detailed instructions on how a custodian can travel with a child, please refer to Question of _ the FAQ section above.]

_____ all of the rights and responsibilities listed above and, to the greatest extent possible by law, the authority to make any other decision or obtain any other benefits necessary for the welfare of the child(ren) listed above.

5. This custodial power of attorney does not include authority to consent to the marriage or adoption of the child. In addition, unless otherwise agreed by the parties in writing, the custodial power of attorney granted in this form does not affect:

- (a) the right of the above-listed child to inherit from his or her (their) parent;
- (b) the parent's right to visit or contact the child;
- (c) the parent's right to determine the child's religious affiliation;
- (d) the parent's responsibility to provide financial, medical, and other support for the Child.

6. As set forth in D.C. Code § 21-2301, the custodial power of attorney granted in this form does not affect my rights in any future proceeding concerning custody of or the allocation of parental rights and responsibilities for the child listed above.

7. The custodial power of attorney granted in this form shall take effect immediately. It shall continue to be effective even if I become disabled, incapacitated, or incompetent.

8. The custodial power of attorney granted in this form shall continue until I revoke it in writing and notify the third party of my revocation in writing.

9. A person or entity that relies on this custodial power of attorney in good faith has no obligation to make any further inquiry or investigation into the authority of the attorney to act as described in this document. Revocation of this custodial power of attorney is not effective as to a person or entity that relies on it in good faith until that person or entity learns of the revocation.

Signed this _____ day of _____, 20__.

(Parent's Signature) District of Columbia

Parent name

_____, SS:

(State/District of Columbia)

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, 20__.

Notary Public

My commission expires: _____

When Two Parents are signing, please use the version on the next page.

DISTRICT OF COLUMBIA CUSTODIAL POWER OF ATTORNEY

PURSUANT TO D.C. CODE § 21-2301

1. We, _____, and _____ are the parents of the child(ren) listed below. Our address is

_____. There are no court orders now in effect which would prohibit us from exercising the power that we now seek to convey.

2. We wish to give _____ the parental rights and responsibilities listed below regarding the care custody and control of our child,

_____, whose date of birth is _____.

3. This custodial power of attorney shall take effect on _____ (insert a specified date) or [the day on which] when [one/both- PLEASE CHOSE RELEVANT OPTION] of us experience an “adverse immigration event.” For the purposes of this power of attorney, an “adverse immigration event” means any event resulting in our temporary or sustained incarceration, or any of the following events:

(A) Our arrest or apprehension by any local, state, or federal law enforcement officer for an alleged violation of federal immigration law;

(B) Our arrest, detention, or custody by the Department of Homeland Security or a federal, state, or local agency authorized or acting on behalf of the Department of Homeland Security;

(C) Our departure from the United States under an order of removal, deportation, exclusion, voluntary departure, or expedited removal, or a stipulation of voluntary departure;

(D) The denial, revocation, or delay of the issuance of a visa or transportation letter by the Department of State;

(E) The denial, revocation, or delay of the issuance of a parole document or reentry permit by the Department of Homeland Security; or

(F) The denial of admission or entry into the United States by the Department of Homeland Security or other local or state officer acting on behalf of the Department of Homeland Security.

4. The powers we wish to grant are as follows:

[initial every line that is appropriate]

_____ physical custody of the child listed above;

_____ the authority to enroll the child listed above in school;

_____ the authority to obtain educational records regarding the child(ren) listed above;

_____ the authority to make all school-related decisions for the child(ren) listed above;

_____ the authority to obtain medical, mental health, or dental records regarding the child listed above;

_____ the authority to consent to medical, mental health, or dental treatment for the child listed above;

_____ the authority to act as representative payee for any Social Security benefits for the child listed above may be eligible;

_____ the authority to receive any other benefits for which the child listed above may be eligible; and

_____ the authority to obtain a passport for my child [NOTE TO DRAFT: FOR DETAILED INSTRUCTIONS ON HOW A CUSTODIAN CAN OBTAIN A PASSPORT FOR A CHILD, PLEASE REFER TO QUESTION OF _ THE FAQ SECTION ABOVE.]

_____ the authority to travel internationally with my child for the purpose of reuniting

my child with me or another family member who I authorize reunification with [NOTE TO DRAFT: FOR DETAILED INSTRUCTIONS ON HOW A CUSTODIAN CAN TRAVEL WITH A CHILD, PLEASE REFER TO QUESTION OF _ THE FAQ SECTION ABOVE.]

_____ all of the rights and responsibilities listed above and, to the greatest extent possible by law, the authority to make any other decision or obtain any other benefits necessary for the welfare of the child(ren) listed above.

5. This custodial power of attorney does not include authority to consent to the marriage or adoption of the child. In addition, unless otherwise agreed by the parties in writing, the custodial power of attorney granted in this form does not affect:

- (a) the right of the above-listed child to inherit from his or her (their) parent;
- (b) the parent's right to visit or contact the child;
- (c) the parent's right to determine the child's religious affiliation;
- (d) the parent's responsibility to provide financial, medical, and other support for the Child.

6. As set forth in D.C. Code § 21-2301, the custodial power of attorney granted in this form does not affect my rights in any future proceeding concerning custody of or the allocation of parental rights and responsibilities for the child listed above.

7. The custodial power of attorney granted in this form shall take effect immediately. It shall continue to be effective even if I become disabled, incapacitated, or incompetent.

8. The custodial power of attorney granted in this form shall continue until I revoke it in writing and notify the third party of my revocation in writing.

9. A person or entity that relies on this custodial power of attorney in good faith has no obligation to make any further inquiry or investigation into the authority of the attorney to act as described in this document. Revocation of this custodial power of attorney is not effective as

to a person or entity that relies on it in good faith until that person or entity learns of the revocation.

Signed this _____ day of _____, 20__.

(Parent's Signature)

Parent name

Signed this _____ day of _____, 20__.

(Parent's Signature)

Parent name

District of Columbia

_____, ss:

(State/District of Columbia)

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, 20__.

Notary Public

My commission expires: _____

REVOCATION OF A DISTRICT OF COLUMBIA CUSTODIAL POWER OF ATTORNEY PURSUANT TO D.C. CODE § 21-2301

1. I, _____, am the parent of the child(ren) listed below. My
Parent's name

address is:

2. _____ is an adult whose address is:
Third party's name

3. On _____ I signed a custodial power of attorney granting to
Date
_____ parental rights and responsibilities regarding the care,
Third party's name

physical custody, and control of the following child(ren):

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

4. I hereby revoke the above-reference custodial power of attorney. I have sent written notice of this revocation in person, by regular mail, or by fax to _____ on _____. This revocation will take
Third party's name **Date**

effect upon that person's receipt of that written notice.

Signed this _____ day of _____, 20__

(Parent's Signature)

This document was acknowledged before me on _____ (Date) by _____ (name of principal)

(Signature of notarial officer)

My commission expires: _____

FINANCIAL POWER OF ATTORNEY

(Durable General Power of Attorney)

A Financial Power of Attorney (FPOA) is a document that lets someone you trust manage your property and finances temporarily. The person you choose is called your agent. Your agent can do things like pay bills, cover your children's expenses, and sell or rent out your home. You decide what powers your agent has. There is a sample Financial Power of Attorney on this website.

Who should I pick as my agent?

Your agent can be any trusted adult. Your agent can be your child's caretaker. If you choose different people to be your agent and child's caretaker, you should provide instructions in your FPOA about providing money to the caretaker of your child.

You should pick someone you trust because they will have power over your bank accounts and any other property you want them to manage.

Key points about an FPOA:

- It is a private agreement, not a court order. You do not need to go to court for this document to be in effect.
- You specify which accounts and property your agent can access and control.
- You can decide when the FPOA starts and ends.
- You can end the FPOA in writing anytime using a special form called the can a Revocation of Financial Power of Attorney. A sample Revocation of FPOA is on this website.
- Your bank may have additional forms to give someone access to your account. Please contact your bank to ask if your agent will need any forms other than the power of attorney to access your account.

Steps to Complete an FPOA:

1. Complete the form

- Fill out all the blanks on the FPOA form. You need to say:
 - who should be your agent
 - what powers you want your agent to have
 - when the FPOA should start

2. Notarization:

- Sign and notarize two original copies of the FPOA.
- If you are signing the FPOA in a language other than English, you should sign two copies in that language and two in English.

- The FPOA must be notarized. This means a notary public must check that you are who you say you are when you sign the FPOA.
- To get your document notarized, you need to show the notary a current (not expired) ID from any government office. This can be a passport, driver's license, or a non-driver identification card. If you use a different government ID, it must have your signature or photo. If you do not have an ID, the notary public may be able to use another identity verification process. You may contact the notary to ask them how they want to do this.

3. Keeping Copies:

- Make two original copies of the FPOA.
- Keep one for yourself. Give one to your agent. Keep your copies in a safe place like a fireproof box nearby for when you need to access it.
- Make a digital copy of the FPOA. You can take photos or scan it into your phone. Send a copy to your agent.

Frequently Asked Questions

Q: I own a home, and if I can't pay my mortgage, I will lose my house. What can I do to protect my home if I am deported?

A: There are two main things you can consider:

1. **Selling your home:** You can use a FPOA to have an agent help you sell your home. You should keep the documentation of any sale to document any cash you get.
2. **Have an agent care for your property:** You can use a FPOA to have an agent pay your mortgage and care for your property while you are unavailable.

You may want to consult with a real estate attorney and/or an estate planning attorney about whether you should transfer the deed to your home to your agent or your children.

Q: What can I do with a car I own?

A: Here are some options for a car:

- **Sell Your Car for Cash:** This is the straightforward solution if you don't plan to use the car in the near future. You should keep the documentation about the title and how you got the cash in order to be able to deposit that cash in many bank accounts in other countries.
- **Give the power to care for your car through an FPOA:** Have your agent care for your car. You can give the power to care for your car through a FPOA.
- **Transfer Ownership or Add Someone to the Title:** You can transfer your car to someone else or add them to the title, which is the record of ownership.

However, simply adding someone to the title or executing an FPOA isn't enough if you plan to keep the car. Make sure to also consider the following:

- **Maintain Car Insurance:** Ensure your car remains insured. Discuss with your insurance provider the implications of transferring ownership or having someone else drive your car for an extended period.
- **Update Car Registration:** Make sure your car's registration accurately reflects its current ownership status. Your agent can do this with a FPOA.
- **Consult Professionals:** It's crucial to seek advice from an experienced attorney, your insurance provider and the Department of Motor Vehicles (DMV) for proper guidance, especially if you don't own your car outright and still owe money on a car loan.

FINANCIAL DURABLE POWER OF ATTORNEY

OF INSERT NAME

I. THIS POWER OF ATTORNEY AUTHORIZES THE PERSON NAMED BELOW AS MY AGENT TO SELL, LEASE, GRANT, ENCUMBER, RELEASE, OR OTHERWISE CONVEY AN INTEREST IN MY REAL PROPERTY AND TO EXECUTE DEEDS AND OTHER INSTRUMENTS FOR ME. I GIVE MY AGENT THIS POWER FOR (INITIAL ONE):

II. (___) ALL MY REAL PROPERTY.

III. (___) ONLY THE SPECIFIC PROPERTY DESCRIBED AS FOLLOWS:

IV. _____.

V. Article I. Declarations

I, **FULL NAME**, presently residing at **FULL ADDRESS**, appoint **NAME**, presently residing at **FULL ADDRESS**, as my Attorney-in-Fact (hereinafter called my Agent). If SHE/HE is unable or unwilling to act for any reason, I appoint **NAME**, presently residing at **FULL ADDRESS**, as my successor Agent. I hereby revoke all other financial powers of attorney that I have executed prior to my signing of this document.

This is intended to be a durable power of attorney *which shall become* effective either (1) upon my incapacity, as determined by two physicians, one of whom shall be my attending physician; or (2) upon the occurrence of an adverse immigration event. For the purposes of this power of attorney, an “adverse immigration event” means any event resulting in my temporary or sustained incarceration, or any of the following events:

(A) My arrest or apprehension by any local, state, or federal law enforcement officer for an alleged violation of federal immigration law;

(B) My arrest, detention, or custody by the Department of Homeland Security or a federal, state, or local agency authorized or acting on behalf of the Department of Homeland Security;

(C) My departure from the United States under an order of removal, deportation, exclusion, voluntary departure, or expedited removal, or a stipulation of voluntary departure;

(D) The denial, revocation, or delay of the issuance of a visa or transportation letter by the Department of State;

(E) The denial, revocation, or delay of the issuance of a parole document or reentry permit by the Department of Homeland Security; or

(F) The denial of admission or entry into the United States by the Department of Homeland Security or other local or state officer acting on behalf of the Department of Homeland Security.

Once effective, this power of attorney shall not be affected by my subsequent disability or incapacity, or by lapse of time. It shall remain in effect until my death unless revoked in accordance with Article III below. All acts lawfully done by my Agent during any period in which this power of attorney is in effect shall have the same effect and inure to the benefit of and bind me, my heirs, devisees, legatees and personal representatives as if I were mentally competent and not disabled. I hereby, for myself, my heirs, devisees, legatees and personal representatives, ratify and confirm whatever my Agent may do under this instrument.

VI. Article II. Powers Of My Agent

My Agent shall have the below described powers to act for me and in my name in all matters enumerated below and to do all those things that I could if personally present.

The following powers that I have initialed are granted to my Agent to be used for my benefit and on my behalf.

_____ **Banking.** To open, enter, withdraw, deposit, close, negotiate, endorse and transfer any instrument affecting any commercial, checking, savings, savings and loan, money market and mutual fund accounts in my name or opened for my benefit.

_____ **Safety Deposit Box.** To enter any safety deposit box I may have rented or leased in my name at any financial institution and to withdraw the contents thereof at any time, and to lease a safety deposit box in my name or in my Agent's name in his or her capacity as my Agent.

_____ **Arranging Care and Family Maintenance.** To do all acts necessary for maintaining my customary standard of living and those whom I have customarily supported, to provide living quarters by purchase, lease or other arrangement, or by payment of the operating costs of my or those whom I have customarily supported existing living quarters, including interest, amortization payments, repairs and taxes, to provide clothing, transportation, medicine, food, homemakers, care aids and incidentals and if necessary to make all necessary arrangements, contractual or otherwise, for me and my dependents at any hospital, hospice, nursing home, convalescent home or similar establishment.

_____ **Employment of Experts.** To hire and pay from my funds for physicians, dentists, any other health care provider, accountants, attorneys at law, custodians, investment counsel, real estate agents, or other persons, and to do so without liability for any neglect, omission or misconduct of any such persons, and to dismiss any such persons at any time with or without cause.

_____ **Provide for My Welfare and That of My Family.** To arrange, for myself and those I have customarily supported, for transportation, recreation and travel, to provide for my spiritual needs, and to provide for companionship, support groups, community events, and so forth.

_____ **Securities.** To open accounts with stockbrokers to buy, sell, endorse, transfer, hypothecate and borrow against any shares of stock, bonds, or U.S. Treasury Bills and Notes and any other type of U.S. Treasury security, and any other documents or instruments defined as securities under law, and to vote securities in person or by proxy.

_____ **Notes Receivable.** To collect on, compromise, endorse, borrow against, hypothecate, release and convey any promissory note receivable, secured or unsecured, or any accounts receivable note and any related deed of trust.

_____ **Real Property.** To collect rents, disburse funds, keep in repair, hire professional property managers, lease to tenants, negotiate and renegotiate leases, borrow against, renew any loan, sign any documents required for such transactions, and to buy or sell any real property without the need for prior court approval.

_____ **Manage Property.** To partition property to create separate property for me, to disclaim or release any powers or interest which I may have in any property, to manage tangible personal property, including but not limited to, moving, storing, selling, donating, or otherwise disposing of it.

_____ **Contracts.** To enter into, perform, modify, extend, cancel, compromise, enforce, or otherwise act with respect to any contract, instrument or similar document of any sort whatsoever, including but not limited to, deeds, leases, and mortgages, and to pay any money or to transfer title and possession to any real or personal property that may be

required to be paid or transferred by any such contract, instrument, or similar document or in the performance of any obligation entered into or incurred by me or on my behalf.

_____ **Taxes.** To sign my name to income and other tax returns, to hire preparers and advisors and pay for their services from my funds, to execute IRS Form 2848, Power of Attorney and Declaration of Representation, and other documents, to receive and cash refunds, to prepare, sign and file estimates, waivers, consents, protests, refund claims, requests for rulings, agreements and petitions (including petitions to the Tax Court of the United States); and to represent me and to hire counsel to represent me before any governmental agency or court.

_____ **Retirement Accounts, Social Security, Benefits, Insurance.** To execute other local or national governmental reports, applications and documents and vouchers, including retirement and disability elections, and to apply for, receive and manage all aspects of my interests in retirement benefit plans (including but not limited to IRA, 401K, Keogh, and ESOP accounts), Social Security, Medicare and other life, health, long term care or disability insurance including but not limited to applying for, amending and terminating such policies, and in connection with any plan or policy, to execute options under, borrow against, cancel, surrender for cash value, and change beneficiaries.

_____ **Legal Action.** To institute, prosecute, defend, collect, compromise and settle any legal or equitable actions, claims, debts, bequests, devises, inheritances or interest which I now have or may hereafter have.

_____ **Advance Funeral Arrangements.** To make advance arrangements for my funeral or disposition of my remains on my behalf.

Borrow Money, Credit Cards.

My agent **CHOOSE ONE: shall or shall not** be empowered to borrow money on my behalf, except in the use of credit card accounts in existence at the time of my incapacity.

My agent **CHOOSE ONE: shall or shall not** be empowered to use my credit cards on my behalf if prudent to obtain necessary items and services to meet my needs.

_____ **Loans.** To repay loans on my behalf from my funds.

_____ **Trusts.** To create one or more trusts for my benefit and to contribute and receive income and principal from them; to represent me in any and all matters arising out of my interest in any trust of which I am the settlor or beneficiary, and to exercise any power which I now or may hereafter have with respect to any trusts, including the power to make withdrawals, alter, amend or revoke, in whole or in part, any trust.

_____ **Renounce or Resign Fiduciary.** To renounce or resign any fiduciary position to which I have been appointed or in which I am serving, including, but not limited to any position as executor, administrator, trustee, guardian, attorney-in-fact, agent or officer or director of a corporation, and in connection with such resignation, to file an accounting with a court of competent jurisdiction or agree to settlement by way of receipt and release or such other informal method as my Agent shall deem advisable.

_____ **Renounce or Disclaim Property.** To renounce or disclaim any property or interest in property or powers to which I may become entitled, whether by gift, bequest, testate or intestate succession, beneficiary, or any other means.

Gifts.

My Agent **CHOOSE ONE: shall or shall not** be empowered to make gifts on my behalf.

_____ **Execute Documents.** To execute on my behalf the documents necessary to carry out the authorizations described above.

_____ **HIPAA: Medical Records.** I authorize all health care providers to release to my agent and I give consent to the use and disclosure by my agent of protected health information about me for treatment, payment and health care operations. I further consent to the use and disclosure by my agent of my protected health information for the purposes of treatment, payment for services and healthcare operations.

_____ **Electronic Access.** My Agent shall have full power over and authority to access, continue, or cancel any email accounts, cloud accounts, website accounts, blogs, or other electronic accounts that I may own or have access to, including, but not limited to, Facebook, eBay, PayPal, Google, Twitter, Apple, LinkedIn, Amazon, MySpace, or any other such electronic service, website or account in the same manner that I could (and to receive a refund of any monies or property owed to or owned by me). **I also authorize my Agent to access all of my digital assets and the content of all of my electronic communications. I am the sole user of the Apple ID, WhatsApp, Facebook, and Google accounts associated with _____ (Email address). For the purpose of accessing digital assets and the content of electronic communications, my Agent acts with my authorization and lawful consent.**

VII. Article III. Revocation, Termination, Indemnification

This Financial Durable Power of Attorney may be amended or revoked by me, and any Agent or successor Agent may be removed by me at any time by the execution by me of a written instrument of revocation, amendment, or removal delivered to my Agent and all successor Agents.

Any persons or institutions to which this Financial Durable Power of Attorney is presented may continue to rely on it until they receive written notice that it is revoked or actual notice of my death. They shall be held harmless by me, my estate, legal and personal representatives, heirs and beneficiaries against any liability or loss that they may incur by relying on this Financial Durable Power of Attorney after termination or revocation but before they receive notice of revocation, or at any time because of wrongful acts, omissions, or representations of my Agent.

My Agent is authorized to take appropriate legal action against any person or institution that refuses to honor this Financial Durable Power of Attorney unless such person or institution has received written notice that this Financial Durable Power of Attorney is revoked or has actual knowledge of my death. Further, my Agent shall be indemnified and held harmless for all acts lawfully performed hereunder and for all decisions made by my Agent in his or her sound discretion not to perform acts that he or she could lawfully perform hereunder.

VIII. Article IV. Other Provisions

My Agent shall serve without compensation, except for reimbursement of out-of-pocket expenses incurred in the course of conducting affairs on my behalf.

In the event an action is brought by any party in a court of competent jurisdiction for appointment of a guardian or conservator, and such action is not dismissed by the court due to my execution of this instrument, I nominate my Agent to serve as guardian or conservator, unless such action was brought as a result of allegation that my Agent has acted contrary to the instructions herein, or my best interests, and such allegation is found to be warranted by the court.

If any of the provisions of this Financial Durable Power of Attorney are held to be invalid, only the specific provision declared invalid shall be affected, and all other provisions not directly dependent thereon shall remain in full force and effect.

The headings in this Financial Durable Power of Attorney have been inserted for convenient reference and shall be ignored in its construction.

I HEREBY sign my name to this Power of Attorney this ____ day of _____,
_____.

FULL NAME

**AFFIRMATION OF IDENTIFICATION [NOTE FOR DRAFTING PURPOSES: THIS SECTION
(AFFIRMATION OF IDENTIFICATION) IS TO BE USED ONLY IF THE INDIVIDUAL DOES NOT HAVE
VALID IDENTIFICATION].**

I, _____, NAME of AFFIRMANT,
do solemnly declare and affirm under penalty of law, including penalty of perjury, that FULL
NAME is personally known to me and that she is the person who appeared and executed the
foregoing Financial Durable Power of Attorney on, _____.

NAME OF AFFIRMANT

District of Columbia

I, _____, a Notary Public, within and for the
District of Columbia, do hereby certify that the foregoing Power of Attorney was this day
produced to me in the District of Columbia by FULL NAME was executed and acknowledged by
FULL NAME to be her free act and voluntary deed.

SUBSCRIBED AND SWORN TO before me this ____ day of _____, _____.

Notary Public

My Commission expires: _____

First Witness

Signature: _____

Print Name: _____

Address: _____

Date: _____

Second Witness

Signature: _____

Print Name: _____

Address: _____

Date: _____

a.

b.

EXHIBIT B

REVOCATION OF FINANCIAL POWER OF ATTORNEY

I, _____, presently residing at _____, hereby revoke all powers of attorney executed by me at any time prior to the date of this revocation, including any and all documents granting a Power of Attorney to _____.

I do not authorize _____ or any other person to take any legal or financial action on my behalf.

I HEREBY sign my name to this Power of Attorney Revocation this _____ day of _____, 20_.

(1) District of Columbia

Name

District of Columbia

I, a Notary Public, within and for the District of Columbia, do hereby certify that the foregoing Power of Attorney Revocation was this day produced to me in the District of Columbia by the Principal and was executed and acknowledged by the Principal to be the Principal's free act and voluntary deed. SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20_.

Notary Public

My Commission expires: _____

Maryland Family Safety Planning Legal Resources

In Maryland, you can plan for who will take care of your kids by filling out standby guardianship papers.

For information on Standby Guardianship in Maryland, please look at: Home - Standby Guardianship Project

[You can go directly to the forms](#) here.

You can choose someone to take care your finances through a Financial Power of Attorney (Durable Power of Attorney). For information on Financial Power of Attorney (Durable Power of Attorney), please see this FAQ. More information is available here and here. The forms can be downloaded here.

Virginia Family Safety Planning Legal Resources

For information on Financial Power of Attorney (Durable Power of Attorney), please see this FAQ.

More information is available here.

Part 3: Know your Rights about Immigration Law

What Should You Do if you Encounter ICE?

This information is adapted from the ACLU We have Rights and InformedImmigrant.com.

If ICE knocks on your door...

- You have special rights at home.
- Do not open the door.
- ICE can only come in if they have a judicial warrant (from a judge) NOT an immigration official.
- If there is no judicial warrant, ICE can only enter with permission. You do NOT have to give permission.

Outside of Your Home....

- Stay Calm.
- Stay Silent (do NOT lie to ICE about your name or how you came into the United States).
- Do not run away.
- Ask to speak to a lawyer before answering any questions or signing any documents.
- Write down the name and badge number of who is speaking to you.

Red Card

You may want to carry a Red Card with you. This explains your rights and says you do not want to speak and want to have a lawyer. You can hand this to an ICE agent if one tries to interview or arrest you. You can download one at <https://www.ilrc.org/red-cards-tarjetas-rojas>.

General Information About the Immigration Court System

This section has information about how to keep track of your immigration case if you are apprehended. This is very important because the government can order your deported if you do not appear in court.

What Is An “A Number”?

An “A Number” is a unique number given to immigrants in the United States who entered without permission from the United States government. You can get an A number by several ways, including:

- if you entered the United States without permission and were found by or you presented to Customs and Border Patrol, then you should have been given an A number.
- if someone is apprehended by ICE, ICE will assign them an A Number (or use their existing A number if they already have one).

This is the identification number for your immigration case and will follow you through the whole immigration process. It is important to remember your and your children’s “A numbers”.

Write down these numbers and give them to your designated caretaker, relatives, and close friends. If you are detained, the only way your designated caretaker and others will be able to get information about where you are detained and about your case is if they have your A Number. The A Number is also used to keep track of your immigration court case.

Keeping track of your and your children’s immigration case

If you are in the United States without permission and the government is aware that you are here, you likely have or had an immigration court case. This type of case is called “removal proceedings” and is the process by which the government removes or deports people from the United States. This process is also where you have the opportunity to defend against removal.

The court where this case takes place is called the Executive Office of Immigration Review or EOIR.

If you live in DC, you would most likely have your case heard at the Court in Hyattsville, MD. If you live in Virginia, you would most likely have your case heard at the Court in Annandale, VA.

And, If you live in Maryland, your case would either be held at the Court in Hyattsville, MD or Baltimore, MD. There is more information about EOIR here. It is important to go to all of your or your children's court hearings and to keep track of the status of your case. If you do not attend your court hearings, the judge may issue an order of removal for you. This means that the government could remove you from the US more easily. Using your A number you can look up the status of your immigration case and where the case is located on EOIR's website here. If you do not have a lawyer, you should speak with one. See the list of organizations that provide immigration legal help on page in the who can help me section.

Information about what to do if you or someone you know is detained by ICE

How To Locate A Person Who Is Detained By ICE

There are currently two immigration detention facilities in the DC-Maryland-Virginia (DMV) area, one located in Farmville, VA and the other in Bowling Green, VA. There are currently no adult detention facilities in either DC or Maryland. In general, individuals apprehended in DC and VA are taken to one of the two VA facilities mentioned above. Individuals apprehended in MD are taken to a detention facility in Pennsylvania, but someone who is detained by ICE can be placed in any detention center in the United States or moved around between detention centers. You can find a list here of this guide of the detention centers where Washington, DC residents are typically taken initially.

There is a webpage to use to search for people detained by ICE. The website is called the "ICE detainee locator" and can be found here: <https://locator.ice.gov/odls/homePage.do>. To find someone on this website, you must have:

- the exact spelling of the person's name as it was spelled by ICE (even if it was spelled incorrectly)
- the person's date of birth
- the person's country of origin, or the person's country of birth
- and the person's "A number", which is the person's immigration identification number.

What happens after I am detained by ICE?

What Is The Role Of The Deportation Officer?

You will be assigned a Deportation Officer. You should tell your Deportation Officer right away about your children and your concerns about who will take care of them if you are not released. Your Deportation Officer works for ICE and is in charge of your case while you are in detention. Most likely, this officer will be communicating with you virtually through a tablet while you are in detention, rather than meeting with you in person. Because they work for ICE, your Deportation Officer cannot give you helpful advice about your immigration case.

How Do I Find An Immigration Attorney?

The government will not provide you with an immigration attorney. If you cannot afford an immigration attorney, you may be able to get an immigration attorney from a nonprofit legal aid organization for free or at a low cost. A list of nonprofit legal aid organizations can be found in the how can I find help section of this guide. Unfortunately, there are many more people who need immigration attorneys than there are legal aid attorneys to help them. If you are unable to get a free/low cost attorney, you will have to hire and pay for a private attorney, or have someone hire and pay for one for you. However, if you are unable to get an attorney, you will not be alone. Most people in immigration detention end up fighting their cases without an immigration attorney.

Be aware of fraud or misrepresentations by immigration attorneys or people pretending to be immigration attorneys. There are many people who take advantage of immigrants and people in detention. Some immigration attorneys will take your money, even if there is little they can do to help you under the law. If you or a member of your family is going to hire a private immigration attorney to represent you, do your homework and ask the immigration attorney for a few references you can call to find out about the quality of their services. An attorney should always give you a written agreement about the legal services they will provide and how much the services will cost. You can also look up their license online to see if they are a real attorney.

Make sure you review and understand the written agreement before you sign it.

Do not hire a "notario" to be your lawyer or legal representative. In the United States, a "notario" may not be a qualified attorney. In certain Latin American countries, a "notario" is the term for someone who does actually have legal training and experience. But in the US, a "notario" is not a lawyer; a "notario" is simply a "notary public" (someone who notarizes, or authenticates, the signature on a document). The requirements to become a "notario" or "notary public" in

DC are that the person is over 18 years old, lives in DC, can read, write, and speak English, and has no felony convictions -- no legal training is required.

Is it possible to be released on Bond from detention?

You may be able to pay a money bond and be released after you have been detained. Not everyone is eligible for a bond, so you should ask your Deportation Officer or immigration attorney if a bond has been set for you. The lowest possible bond ICE or the Immigration Court will give you is typically \$1,500, and most people without a criminal record receive bonds between \$5,000 and \$15,000. You will need to pay the full amount of the bond at one time in order to be released. As part of making a plan in case you're picked up by ICE, you should think about how you or your family members may be able to pay a bond if you are detained. You might consider saving up money so you can pay cash for your bond. It is also possible to finance your bond through a bail bond company. Be careful if you use a bail bond company, as these companies sometimes require you to pay large amounts of interest or to wear an ankle bracelet once you are released.

How Do I Request A Bond Hearing?

If you aren't sure if a bond has already been set for you, you should ask the Immigration Court Judge for a bond hearing. Be sure to tell the Immigration Court Judge about your children and your need to be released to take care of them and keep custody of them.

At the hearing, you should present photocopies of documents (never give your original documents!) talked about previously to show you are not a danger to the community or a flight risk, such as:

- birth certificates for your children born in the US
- evidence that your children have lawful status in the US, such as their birth certificates or Deferred Action for Childhood Arrivals (DACA) approval notice, if that is the case
- school records for your children
- your children's medical records -- especially if any of your children have any medical conditions that need ongoing medical care
- any and all evidence that you have been in the US living responsibly, like pay stubs, tax records, bills, bank account records, medical records, car payments, rental agreements, utility bills, etc.
- letters from family and friends that can vouch for your good character and how long you have been in the US

Remember to have any documents that are not in English translated into English by a translator Anyone who is able to read and write fluently in English and Spanish can serve as a translator. Include a Certificate of Translation issued by the translator for each translated document. A sample Certificate of Translation can be found in Part 3 of this guide.

If you are granted bond, you will be released on your own recognizance. This means that you promise to return to court on a certain date. You will be asked to sign a document promising to return to court so you can be released. Before you sign any document, make sure you understand what the document says. If you cannot read the document, ask that the document be explained to you in the language you understand best.

Are There Other Ways I Can Be Released From Detention?

Humanitarian Parole and Prosecutorial Discretion are other ways to ask to be released from detention or to have the immigration case against you dismissed. To make these requests, you will explain to ICE or the Immigration Court judge that you are not a high priority for detention because for example you do not have a criminal record or you have children you need to take care of in the US. You can use the same documents (listed above) to request Humanitarian Parole and Prosecutorial Discretion as you use to request bond. Make sure to only give photocopies of these documents to your Deportation Office or to the Immigration Court Judge, and keep the originals in a safe place.



What if I Am Told to Sign for My Deportation?

From the time you are detained by ICE, officers may present you with paperwork to sign. This paperwork may be presented to you multiple times, and by different officers. You may be told that you have no case; that you must sign for your deportation; that you will face years in jail if you don't sign right away; and that you will never see your children again. An officer may even try to physically force you to sign the paperwork.

If you sign these documents and accept deportation, it will not be possible for you to come back to the US. You have the right to refuse to sign any document accepting deportation. This may be a difficult decision, as it will mean accepting additional time in detention, but if you sign for your deportation you will be unable to present your case to an Immigration Court Judge.

How Does The Immigration Court Process Work And How Do I Fight My Case?

You may be detained for weeks before you have your first hearing before an Immigration Court Judge. This hearing is called a Master Calendar Hearing. There will be other immigrants at this hearing, and you may be called individually or as a group to speak with the Immigrant Court Judge. You will be asked what language you prefer to have your hearing in. An interpreter will be available at this hearing for you if you speak Spanish. If you speak another language, such as an indigenous language, the Immigration Court Judge will use an interpreter by telephone. *If you cannot understand the interpreter, it is very important to tell this to the Immigration Court Judge, and to make sure the interpreter is changed to someone you can understand.*

If you don't have an immigration attorney, the Immigration Court Judge will probably ask you at this first hearing if you want more time to find one. It can be a good idea to *ask for more time to find an immigration attorney to get advice about your immigration case.*

After this first hearing, you will be scheduled for at least one more Master Calendar Hearing, where the Immigration Court Judge will ask if you are *applying for legal relief with the Immigration Court seeking to stay in the US.* Applying for legal relief means that you are going to fight your deportation in Immigration Court. If you have an attorney, you will get more information about whether you have a basis under the law to fight your deportation in Immigration Court. If you fight your deportation in Immigration Court, the judge will schedule a hearing called an Individual Hearing. The Individual Hearing is a trial at which you will present your case to the Immigration Court Judge. At the Individual Hearing, you will have the chance to testify and present evidence such as documents and witnesses. Every case is different, but people can be detained for months or years as they go through this Immigration Court process.

Remember this is your chance to fight your deportation. If you accept deportation at a Master Calendar Hearing or with the Deportation Officer, it will not be possible for you to come back to the US later.

To get information about your case, you can call the Immigration Court Hotline at #1-800-898-7180.

DEPORTATION

Can I Take My Children with Me if I am Deported?

If you are ordered deported, you will NOT be allowed to take your children with you at the time of your deportation, and you will not be given time to make arrangements for your children. This is why it is so important to plan, and think through your options before there is an emergency.

If you have the opportunity to talk with your Consulate, you should inform them about your children, and *ask for assistance in making travel arrangements for your children if you want them to relocate with you.* The Consulate can assist with travel arrangements.

Consulate Information

Bolivia - Consulado General def Estado Plurinacional de Bolivia
Dirección: 1825 Connecticut Avenue N.W. Suite 200C, Washington, DC 20009
Tel: (202) 232-4827 / 4828 Fax: (202) 232-8017
Horarios: Lunes a Viernes de 9:00am - 3:00pm

Colombia - Embajada y Consulado de Colombia
Dirección: 1724 Massachusetts Ave NW, Washington, DC 20036
Tel: (202) 387-8338 Atencion al ciudadano:
Linea gratuita en EEUU: 18887643326
Horario: Lunes a viernes de 9:00am a 3:00pm

Ecuador - Consulado General def Ecuador en Washington, DC
Dirección: 2535 15th St NW, Washington, DC 20009
Tel: (202) 234-7166
Horario: Lunes a viernes de 9am a 3pm

El Salvador - Embajada de El Salvador
Dirección: 1400 16th Street, Suite 100, N.W., Washington D.C. 20036
Tel: 202-595-7500
Horario: Lunes a Viernes de 9:30 am a 5:30 pm.

Consulado - General de El Salvador en Washington, DC
Dirección: 926 Philadelphia Ave, Silver Spring, MD 20910
Tel: 202-337-4032
Horario: Lunes a viernes de 7:00am a 3:30pm

Oficina de Asistencia Legal Migratoria
Dirección: 1400 16th Street, Suite 100, N.W., Washington D.C. 20036
Tel: 202-387-4766 e-mail: correo@elsalvador.org

Eritrea - Embassy of Eritrea
Address: 1708 New Hampshire Ave NW, Washington, DC 20009
Tel: (202) 319-1991
Hours: Monday to Friday from 9am to 4pm

Ethiopia - Embassy of Ethiopia in Washington, DC
Address: 3506 International Dr. NW, Washington, DC 20008
Tel: (202) 364-1200 Fax: (202)
Hours: Monday to Friday from 9am to 5 pm.
E-mail:ethiopia@ethiopianembassy.orgwww.ethiopianembassy.org

Ghana - Embassy of Ghana at Washington, DC
Address: 3512 International Dr. NW, Washington, DC 20008
Tel: (202) 686-4520
Hours: Monday to Friday from 9am to 3pm
<http://www.ghanaembassy.org/>

Guatemala - Embajada de Guatemala en Washington, DC
Dirección: 2220 R St NW, Washington, DC 20008
Tel: (202) 745-4953
Horario: Lunes a viernes de 9am a 5pm

Consulado - General de Guatemala
Dirección: 8124 Georgia Ave, Silver Spring, MD 20910
Tel: (240) 485-5050
Horario: Lunes a viernes de 8 am a 2 pm

Honduras - Consulado General de Honduras en Washington, DC
Dirección: 1014 M St NW, Washington, DC 20001
Tel: 202-525-4001
Horario: Lunes a Viernes de 9am a 3pm

Mexico - Embassy of Mexico in Washington, DC
Dirección: 1911 Pennsylvania Ave NW, Washington, DC 20006
Tel: (202) 728-1600
Horario: Lunes a Viernes de 9:00 am a 18:00 pm
E-mail: mexembusa@sre.gob.mx
<https://embamex2.sre.gob.mx/eua/index.php/es/>

Sección Consular de la Embaiada de Mexico en EUA
Dirección: 1250 23rd St NW Washington, DC
Tel: 202-736-1000
Horario: Lunes a Viernes de 8:30am a 2:30 pm

Centro de Informaci6n y Asistencia a
Mexicanos Unea de informaci6n que opera las 24 horas del dia.
Desde Estados Unidos sin costo al 18554636395
Desde Mexico llama de larga distancia al 0015206237874

Nicaragua - Embajada de Nicaragua en Washington, DC
Dirección: 1627 New Hampshire Ave NW, Washington, DC 20009
Tel: (240) 485-5050
Oscar Samora (general consulate): (202) 939- 6531
Horario: Lunes a viernes de 9am a 1pm

Nigeria - Embassy of Nigeria
Address: 3519 International Ct NW, Washington, DC 20008
Tel: (202) 986-8400
Hours: Monday to Friday from 9am to 6pm

Perú - Embajada de Peru en Washington, DC
Dirección: 1700 Massachusetts Ave NW, Washington, DC 20036
Tel: (202) 833-9860 Fax: (202) 659-8124
mail to: OIGITALDIPLOMACY@EMBASSYOFPERU.US
<https://www.embassyofperu.org/>

Consulado - General def Peru en Washington, DC
Dirección: 1225 23rd St. NW, Washington, DC 20037
Tel: 202-774-5450 Tel de emergencia: 202-230-9992
Horario: Lunes a viernes de 8:30 am a 13:00 pm.

Se atenderan los primeros 100 tramites de 8:30 am a 12:00pm de los
siguientes sabados: Enero 28, Febrero 25, Marzo 18, Abril 22, Mayo 20,
Junia 17, Julio 15, Agosto 19, Septiembre 16, Octubre 21, Noviembre 18,
Diciembre 16.

PART 5

SAMPLE FORMS, INFORMATION SHEETS, AND OTHER RESOURCES

1. Local Detention Centers
2. Who Can Help Me? Local Immigration Legal Services Organizations
3. Who Can HeLocal Family Law Legal Services Organizations
4. Consulate Information
5. Certificate Of Translation

LOCAL IMMIGRATION DETENTION CENTERS

Contact Information For Adult Jails in Virginia	
<p>ICA-FARMVILLE</p> <p>TEL: (434) 395-8114 (for information about a detainee or to leave an urgent message for a detainee).</p> <p>Jail Address: 508 Waterworks Road Farmville, VA 23901</p> <p>Website: Abyon Farmville Detention Center ICE</p> <p>Detainee Mailing Address: {Name of Detainee} {A Number} P.O. Drawer N Farmville, VA 23901</p>	<p>CAROLINE DETENTION FACILITY</p> <p>TEL: (804) 633-0043 ext. 151 or ext. 261 (for information about a detainee) TEL: (804) 633-0043 x104 (To leave an urgent message for a detainee) Note: This facility has tablets. You can access information on how to send a non-confidential message at https://www.gettingout.com/help/.</p> <p>Jail Address: 11093 SW Lewis Memorial Dr Bowling Green, VA 22427</p> <p>Website: Caroline Detention Facility ICE</p> <p>Detainee Mailing Address: {Name of Detainee} {A Number} 11093 SW Lewis Memorial Dr Bowling Green, VA 22427</p>

Contact Information For Adult Jails in PA
<p>MOSHANNON VALLEY PROCESSING CENTER</p> <p>TEL: (717) 767-2300 (for information about a detainee) TEL: (814) 768-1200 (to leave an urgent message for a detainee) NOTE: The Moshannon Valley Processing Center has ICE Talton Tablets. You can access information on how to send a non-confidential message at www.gettingout.com/help.</p> <p>Jail Address:555 GEO Drive Philipsburg, PA 16866</p> <p>Website: Moshannon Valley Processing Center ICE</p> <p>Detainee Mailing Address: {Name of Detainee} {Detainee’s A Number} 555 GEO Drive Philipsburg, PA 16866</p>

Immigration Legal Services Organizations That May Be Able To Help

To get information about your case, you can call the Immigration Court Hotline at #1-800-898-7180.

****Most of these organizations do not assist people who are detained.**

Ayuda www.ayuda.com
6925B Willow Street NW, Washington, DC 20012
(202) 387-4848
2755 Hartland Road, Ste 100, Falls Church VA 22043
(703) 444-7009

Amica Center for Immigrant Rights

1025 Connecticut Ave. , NW, Suite 701, Washington, DC 20036
Immigrants who are detained and at risk of deportation may qualify for free services. We provide services to immigrants in DC, Maryland and Virginia (regardless of where they are being detained). To get help call: 202-331-3329 or complete the on-line form at www.amicacenter.org/get-help/
We do not accept walk-ins.

CARECEN (Central American Resource Center)

<http://www.carecencdc.org/>
1460 Columbia Rd. NW, Suite C-1 -Washington, D.C. 20009
(202) 328-9799 Walk-ins Mon 9:00-11:00AM, Tues 1:00-3:00PM

Catholic Charities of the Archdiocese of DC Immigration Legal Services

<http://www.catholiccharitiesdc.org/ILS>
To schedule a virtual immigration legal consultation, call the Intake Call Center at 240-858-0958 on Mondays from 1-5 p.m., Tuesdays or Thursdays from 9 a.m. to 1 p.m., or on Wednesdays from 3-7 p.m. or use the following link to schedule a consultation <https://www.catholiccharitiesdc.org/ils-schedule-a-legal-consultation>

Catholic Charities of Baltimore

Esperanza Center <http://www.catholiccharities-md.org/immigrants/>

DC Affordable Law Firm <https://www.dcaffordablelaw.org/>

PHONE: (202) 844-5430

EMAIL: INFO@DCAFFORDABLELAW.ORG

Hogar Immigrant Services Catholic Charities of the Diocese of Arlington

<http://www.hogarimmigrantservices.org/>
6201 Leesburg Pike, Suite 307, Falls Church, VA 22044 (703) 534-9805

**Immigration Rapid Response Hotline Virginia Network: VA (855)AYU-DAR1
or (855)298-3271**

Just Neighbors <https://www.iustneighbors.org/>

5827 Columbia Pike Suite 320, Falls Church, VA 22041

1141 Eldon Street, Suite 200, Herndon, VA 20170 (703) 979-1240 Call Tuesday-
Friday 9am-5pm

KIND (Kids in Need of Defense) <https://supportkind.org/>

(202) 824-8680 Unaccompanied minors ONLY, NO Walk-ins

Legal Aid Justice Center <https://www.justice4all.org/>

6400 Arlington Blvd., Ste 600, Falls Church VA 22042 - (703) 778-3450

Charlottesville - (434) 977-0553 Petersburg - (804) 862-2205 Richmond -

(804) 643-1086

Northern Virginia Family Services <https://www.nvfs.org/>

6400 Arlington Blvd, Ste 110, Falls Church, VA 22042 (571) 748-2806 Call to
schedule consult

Whitman-Walker Clinic Legal Services <https://www.whitman-walker.org/>

1701 14th Street, NW, Washington, DC 20009 - (202) 939-7627

-LGBTQ/HIV+ cases, call for availability

Local Family Law Legal Services Organizations That May Be Able To Help

Asian Pacific American Legal Resource Center
1627 K Street NW, Suite 610
Washington, D.C. 20006
Phone: (202) 706-7150 - Fax: (202) 315-0375
<http://www.apalrc.org/> Helpline: 202-393-3572

Bread for the City

1525 Seventh Street, NW Washington, DC 20001
Northwest Center: 202-265-2400 <http://www.breadforthecity.org/>

1640 Good Hope Road, SE Washington, DC 20020
Southeast Center: 202-561-8587 <http://www.breadforthecity.org/>

Catholic Charities Location: 924 G St., NW Washington, DC 20001
Phone: (202) 350-4365; In Spanish: (202) 772-4325
Telephone Intake Hours: Monday, Tuesday, and Friday 9:30am - 12pm, 2pm-4:30pm; Wednesday and Thursday 9:30am - 12pm, 2pm - 7:30pm
<https://www.catholiccharitiesdc.org/legal-aid>

Catholic University (Clinics and Columbus Community Legal Services)

Phone: (202)319-6788
<http://www.law.edU/CCLS/index.cfm#CCLS-home>

Family Law Assistance Network (FLAN)

Phone: **(202) 844-5428** or email: FLANReferrals@dcaffordablelaw.org.

DC Affordable Law Firm

<https://www.dcaffordablelaw.org/>
PHONE: (202) 844-5430
EMAIL: INFO@DCAFFORDABLELAW.ORG

DC Bar Advice and Referral Clinic

Hours: 2nd Saturday of every month from 10am - 12pm
Locations: Bread for the City Northwest Center -1525 7th Street NW; Bread for the City Southeast Center- 1640 Good Hope Road SE -Phone: 202-626-3499 ext. 3 <https://www.dcbar.org/for-the-pLiblic/help-for-individuals/advice.cfm>

Legal Aid Society

1331 H StNW#350
Washington, DC 20005
(202)628-1161
www.legalaiddc.org

Consulate Information

Bolivia - Consulado General del Estado Plurinacional de Bolivia
Dirección: 1825 Connecticut Avenue N.W. Suite 200C, Washington, DC 20009
Tel: (202) 232-4827 / 4828 Fax: (202) 232-8017
Horarios: Lunes a Viernes de 9:00am - 3:00pm

Colombia - Embajada y Consulado de Colombia
Dirección: 1724 Massachusetts Ave NW, Washington, DC 20036
Tel: (202) 387-8338 Atención al ciudadano: Línea gratuita en EEUU:
18887643326
Horario: Lunes a viernes de 9:00am a 3:00pm

Ecuador - Consulado General de Ecuador en Washington, DC
Dirección: 2535 15th St NW, Washington, DC 20009
Tel: (202) 234-7166
Horario: Lunes a viernes de 9am a 3pm

El Salvador - Embajada de El Salvador
Dirección: 1400 16th Street, Suite 100, N.W., Washington D.C. 20036
Tel: 202-595-7500 Horario: Lunes a Viernes de 9:30 am a 5:30 pm.

Consulado - General de El Salvador en Washington, DC
Dirección: 926 Philadelphia Ave, Silver Spring, MD 20910
Tel: 202-337-4032
Horario: Lunes a viernes de 7:00am a 3:30pm

Oficina de Asistencia Legal Migratoria
Dirección: 1400 16th Street, Suite 100, N.W., Washington D.C. 20036
Tel: 202-387-4766 e-mail: correo@elsalvador.org

Eritrea - Embassy of Eritrea
Address: 1708 New Hampshire Ave NW, Washington, DC 20009
Tel: (202) 319-1991
Hours: Monday to Friday from 9am to 4pm

Ethiopia - Embassy of Ethiopia in Washington, DC
Address: 3506 International Dr. NW, Washington, DC 20008
Tel: (202) 364-1200 Fax: (202)
Hours: Monday to Friday from 9am to 5 pm.
E-mail:ethiopia@ethiopianembassy.orgwww.ethiopianembassy.org

Ghana - Embassy of Ghana at Washington, DC
Address: 3512 International Dr. NW, Washington, DC 20008
Tel: (202) 686-4520
Hours: Monday to Friday from 9am to 3pm
<http://www.ghanaembassy.org/>

Guatemala - Embajada de Guatemala en Washington, DC
Dirección: 2220 R St NW, Washington, DC 20008
Tel: (202) 745-4953
Horario: Lunes a viernes de 9am a 5pm

Consulado - General de Guatemala
Dirección: 8124 Georgia Ave, Silver Spring, MD 20910
Tel: (240) 485-5050
Horario: Lunes a viernes de 8am a 2 pm

Honduras - Consulado General de Honduras en Washington, DC
Dirección: 1014 M St NW, Washington, DC 20001
Tel: 202-525-4001
Horario: Lunes a Viernes de 9am a 3pm

Mexico - Embassy of Mexico in Washington, DC
Dirección: 1911 Pennsylvania Ave NW, Washington, DC 20006
Tel: (202) 728-1600
Horario: Lunes a Viernes de 9:00 am a 18:00 pm
E-mail: mexembusa@sre.gob.mx
<https://embamex2.sre.gob.mx/eua/index.php/es/>

Sección Consular de la Embajada de Mexico en EUA
Dirección: 1250 23rd St NW Washington, DC
Tel: 202-736-1000
Horario: Lunes a Viernes de 8:30am a 2:30 pm

Centro de Información y Asistencia a Mexicanos Unea de información que opera las 24 horas del día. Desde Estados Unidos sin costo al 18554636395
Desde Mexico llama de larga distancia al 0015206237874

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mail to: OIGITALDIPLOMACY@EMBASSYOFPERU.US

<https://www.embassyofperu.org/>

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CERTIFICATE OF TRANSLATION

I, _____, am competent to translate from _____ (language) into English, and I certify that my translation of the _____ (document name) on _____ (date), is true and accurate to the best of my abilities.

(signature of translator)

(typed/printed name of translator)

(address of translator)

(telephone number of translator)

Know Your Rights Resources

We Have Rights (Videos in English, Spanish, Korean, Russian, Mandarin, Haitian Creole, Arabic and Urdu)

Know Your Rights with ICE - Immigrant Defense Project (Informational flyers in 16 languages)

<https://wearecasa.org/know-your-rights> (Comic book style presentation in English and Spanish)

<https://www.ilrc.org/red-cards-tarjetas-rojas> (Wallet-size cards KYR cards that can also be handed to ICE when asserting the right to remain silent. Available in 16 languages.)

<https://readytostay.org/es/find-help?zip=20006&page=1> (How to find legal help near you in English and Spanish.)

https://www.dcmigrantmutualaid.org/?link_id=7&can_id=f7ed49fd400a1a5d7463b73b38e42e96&source=email-linea-de-emergencia-ice-ice-emergency-hotline-3&email_referrer=email_2588547&email_subject=linea-de-emergencia-ice-ice-emergency-hotline (Link to Mutual Aid Support Groups in the DMV and to the ICE Hotline to report ICE activity and to find out about available resources if your loved one is detained.)

<https://www.nilc.org/resources/a-guide-for-employers-what-to-do-if-immigration-comes-to-your-workplace/>

Summary report:	
Litera Compare for Word 11.9.1.1 Document comparison done on 1/26/2025	
4:05:14 PM	
Style name: Default Style	
Intelligent Table Comparison: Active	
Original filename: 2025 DC_Immigrant_Parents_Rights_Guide 1.26.25 (1).docx	
Modified filename: 2025 DC_Immigrant_Parents_Rights_Guide 1.26.25)MD.docx	
Changes:	
<u>Add</u>	18
Delete	19
Move From	0
<u>Move To</u>	0
<u>Table Insert</u>	0
Table Delete	0
<u>Table moves to</u>	0
Table moves from	0
Embedded Graphics (Visio, ChemDraw, Images etc.)	0
Embedded Excel	0
Format changes	0
Total Changes:	37