



California Planificación familiar de emergencia Kit de herramientas para familias en riesgo de separación V3.0

Este kit se proporciona sin costo alguno y las organizaciones enumeradas sugieren consultar con un abogado autorizado al completar los formularios adjuntos.

Este kit incluye lo siguiente:

- Lista de verificación de planificación familiar de emergencia
- Tarjetas de derechos constitucionales
- Hoja de información de contacto de afiliados y Forward Latino
- Poder notarial del estado de Wisconsin para finanzas y propiedades
- Poder notarial del estado de Wisconsin para delegar la potestad parental

Este kit de herramientas es proporcionado por Forward Latino y sus afiliados en California:





Lista de tareas pendientes de planificación familiar de emergencia para familias de estatus mixto V3.0

Forward Latino ha desarrollado este conjunto de herramientas para personas que corren el riesgo de ser detenidas o deportadas por funcionarios de inmigración de los EE. UU. Es importante completar estas tareas con la ayuda de un abogado de inmigración antes de ser detenido. Para las personas que tienen un estatus migratorio legal, les recomendamos que lleven consigo su tarjeta de residencia, permiso de trabajo u otra evidencia de su estatus en todo momento. Si tiene alguna pregunta, llámenos al (833)LAT-INO1.

1. Consulte y establezca una relación con un abogado de inmigración con anticipación

- o Revise su situación migratoria para determinar si existe un camino hacia la legalización.
- o Establezca una relación en caso de ser detenido y necesitar representación legal.
- o Revise sus derechos legales.
- o Mantenga consigo en todo momento el número de teléfono de su abogado de inmigración y compártalo con sus familiares.

2. Organiza todos sus documentos relacionados con la inmigración

- o Organiza todos sus documentos, incluyendo su visa, pasaporte, tarjeta de residencia, acta de nacimiento, permisos de trabajo y cualquier otro documento relacionado con su estatus migratorio.
- o Guarde copias de todos sus documentos en un lugar seguro y entregue copias a su abogado.

3. Establezca un poder notarial para gestionar sus asuntos personales en caso de ser necesario

- o Asigna a una persona de confianza para que actúe como su apoderado en los EEUU en caso de que lo detengan o lo deporten. Esto le permitirá tomar decisiones legales y actuar de su parte.
- o Asegúrese de que el documento de poder notarial sea legalmente vinculante e incluya instrucciones específicas sobre sus finanzas, propiedades y otros activos, y el cuidado de sus hijos y otros dependientes.

4. Evite la actividad delictiva

- o Cumpla con todas las leyes para evitar cualquier acción que pueda llevarse a la deportación. Incluso las infracciones menores pueden afectar su estatus migratorio.
- o Si es arrestado por un delito, consulte con un abogado antes de aceptar cualquier acuerdo de culpabilidad o firmar cualquier acuerdo legal, ya que podría afectar su estatus migratorio.

5. Planifique financieramente

- o Asegúrese de tener acceso a fondos para cubrir los honorarios legales, multas y otros gastos relacionados con su caso. Considere abrir una cuenta de ahorros separada para estos gastos.

6. Si es detenido

- o Mantenga la calma y siga las instrucciones, pero no firme documentos legales sin que los revise su abogado.
- o Llame a su abogado de inmigración inmediatamente. Los funcionarios de inmigración están obligados a permitirle llamar a su abogado. También tiene derecho a permanecer en silencio hasta que su abogado esté presente.
- o Anote el nombre y el número de teléfono del oficial a cargo de su caso, así como su número A (número de registro de extranjero). Si aún no tiene un número A, se le asignará uno. Comparta esta información con su abogado y su familia. Les ayudará a localizarlo en caso de que lo trasladen a otro centro de detención.
- o Familiares pueden visitar <https://locator.ice.gov/odls/#/search> o llamar al (888)351-4024 para saber dónde se encuentra detenido.

“Avanzando juntos”

www.forwardlatino.org

(833)LAT-INO1

www.forwardlatinoespanol.org



Tarjetas de derechos constitucionales

V3.0



DERECHOS CONSTITUCIONALES

NO LE ABRA LA PUERTA a un agente de inmigración a menos que tenga una orden firmada por un juez. Si no es así, no abra la puerta.

NO CONTESTE NINGUNA PREGUNTA de un agente de inmigración si el trata de hablar con usted. Tiene derecho a permanecer en silencio o hablar con su abogado.

NO FIRME NADA sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.

SI ESTÁ CONDUCIENDO Y LO DETIENEN, el oficial puede exigirle que muestre su licencia, el registro del vehículo y un comprobante de seguro, pero no tiene que responder preguntas sobre su estado migratorio.

SI USTED ESTÁ AFUERA DE SU CASA, pregunte al agente si es libre para irse y si dice que sí, váyase con tranquilidad.

Números de teléfono:

Abogado: _____ Consulado: _____

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CONSTITUTIONAL RIGHTS

DO NOT OPEN THE DOOR if an immigration agent is knocking on the door unless they have a warrant signed by a judge. If they do not, do not open the door.

DO NOT ANSWER ANY QUESTIONS from an immigration agent if he tries to talk to you. You have the right to remain silent or talk to your attorney.

DO NOT SIGN ANYTHING without first talking to an attorney. You have the right to talk to an attorney.

IF YOU ARE DRIVING AND ARE STOPPED, the officer may require you to show your license, vehicle registration, and proof of insurance, but you do not have to answer questions about your immigration status.

IF YOU ARE OUTSIDE YOUR HOME, ask the agent if you are free to leave and if he or she says yes, leave quietly.

Phone Numbers:

Attorney: _____ Consulate: _____

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Forward Latino y Afiliados

Información del contacto

V3.0

Forward Latino, Inc.

Ubicación de la oficina: Franklin, WI

Teléfono: (833)LAT-INO1 or (833)528-4661

www.forwardlatino.org & www.forwardlatinoespanol.org

Afiliada de California:

Latino Coalition of San Benito County

Ubicación de la oficina: San Benito County, CA

Teléfono: (831)673-2009

<https://latinocoalitionofsanbenitocounty.co>

www.renaceusa.org

Uniform Statutory Form Power of Attorney

(California Probate Code Section 4401)

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465). THE POWERS LISTED IN THIS DOCUMENT DO NOT INCLUDE ALL POWERS THAT ARE AVAILABLE UNDER THE PROBATE CODE. ADDITIONAL POWERS AVAILABLE UNDER THE PROBATE CODE MAY BE ADDED BY SPECIFICALLY LISTING THEM UNDER THE SPECIAL INSTRUCTIONS SECTION OF THIS DOCUMENT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTHCARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I, _____ (your name and address) appoint _____ (name and address of the person appointed, or of each person appointed if you want to designate more than one) as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

- _____ (A) Real property transactions.
- _____ (B) Tangible personal property transactions.
- _____ (C) Stock and bond transactions.
- _____ (D) Commodity and option transactions.
- _____ (E) Banking and other financial institution transactions.
- _____ (F) Business operating transactions.
- _____ (G) Insurance and annuity transactions.
- _____ (H) Estate, trust, and other beneficiary transactions.
- _____ (I) Claims and litigation.
- _____ (J) Personal and family maintenance.
- _____ (K) Benefits from social security, medicare, medicaid, or other governmental programs, or civil or military service.
- _____ (L) Retirement plan transactions.
- _____ (M) Tax matters.
- _____ (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

EXERCISE OF POWER OF ATTORNEY WHERE MORE THAN ONE AGENT DESIGNATED

If I have designated more than one agent, the agents are to act _____.

IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD IN THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY," THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this _____ day of _____, _____.

(your signature)

State of _____, County of _____,

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of California
County of _____

On _____ before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

CALIFORNIA MINOR (CHILD) POWER OF ATTORNEY FORM

1. For the Minor named _____, born on _____ (mm/dd/yyyy) (hereinafter known as the "Minor"), I, _____, the Parent or Court Appointed Guardian with a street address of _____,

If a co-guardian/parent exists:

And I, _____, the Parent or Court Appointed Guardian with a street address of _____,

2. Hereby appoint _____ as the Attorney-in-Fact for the Minor who is their _____ (relation) with a street address of _____, (hereinafter referred to as the "Attorney-in-Fact").

3. I/We delegate to the Attorney-in-Fact the following powers:
(Initial and Check just ONE)

A. - All authority that I have as the minor's parent/guardian legal under the State of California.

B. - Only the authority to (describe authority below):

4. This power of attorney document shall commence on _____ (mm/dd/yyyy) and end on:

(Initial and Check all that apply)

A. - _____ (mm/dd/yyyy).

B. - In the event of my disability (incapacitation).

C. - In the event of my death.

This document can be terminated at any time by completing a revocation or by creating a new minor power of attorney form.

5. This power of attorney shall be governed under the laws in the State of California and terminates any prior written form.

Parent/Court Appointed Guardian Signature: _____

Print Name: _____ Date: _____

Parent/Court Appointed Guardian Signature: _____

Print Name: _____ Date: _____

ACCEPTANCE BY ATTORNEY-IN-FACT

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment; (B) understand the duties under the Power of Attorney and under the law.

Attorney-in-Fact's Signature: _____

Print Name: _____ Date: _____

AFFIRMATION BY WITNESS(ES)

I witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature: _____

Print Name: _____ Date: _____

Address: _____

Witness 2 Signature: _____

Print Name: _____ Date: _____

Address: _____

NOTARY ACKNOWLEDGMENT

State of _____

_____ County, ss.

On _____ (mm/dd/yyyy), before me appeared

_____ (Parent/Guardian Name), as the
Parent(s)/Court Appointed Guardian(s) who proved to me through government issued photo
identification to be the above-named person(s), who in my presence executed the foregoing
instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Notary Public

Print Name: _____

My Commission Expires: _____

(Notary Seal)