

Information to Protect Yourself and Your Family

Know Your Rights! Learn How to Protect You and Your Family During Immigration Raids

Prepared by CASA of Maryland, Detention Watch Network, and National Immigration Project of the National Lawyer's Guild (available in English and Spanish at <https://www.nationalimmigrationproject.org/tools.html>)

This resource includes information about your rights; what to do if you are questioned by police; what to do if police or immigration agents come to your home or workplace or stop you in a public place; what to do if you are arrested; what to do if you are accused of a crime; and how to develop a safety plan. This resource also includes a card that you can provide to immigration or the police if you are arrested; the card will tell immigration agents or the police that you want to remain silent, want to contact an attorney immediately, and will not sign anything until you consult with an attorney.

Know Your Rights! Protect Yourself Against Immigration Raids

Prepared by United We Dream (available in Arabic, Chinese, English, Korean, and Spanish at <http://unitedwedream.org/thank-deportation-defense-card-handly-phone/>)

This resource card is a summary of things to consider if ICE comes to your home.

Protect Yourself! Learn How to Get the Best Available Immigration Help

Prepared by Immigrant Legal Resource Center (available in English and Spanish at <https://www.ilrc.org/anti-fraud-flyers>)

This flyer provides information about seeking immigration help and what to do if you have been harmed by somebody providing immigration help.

Immigration Legal Services Referral List

Prepared by the County of Santa Clara's Office of Immigrant Relations (available in English at <https://www.sccgov.org/sites/oir/documents/immigration%20legal%20services%20flyer.pdf>)

This document contains information about legal service providers, the services they provide, and their contact information.

Family Preparedness Plan

Prepared by Immigrant Legal Resource Center (available in English and Spanish at <https://www.ilrc.org/family-preparedness-plan>)

This document provides advice about how to create a Family Preparedness Plan in case you are detained or deported.

Plan de Proteccion Familiar

Prepared by Immigrant Legal Resource Center (available in Spanish at <https://www.ilrc.org/plan-de-proteccion-familiar>)

This resource includes tips for community members to remain calm, get informed, be prepared, and stay safe in the current deportation climate.

Legal Guardianship (also known as a Probate Guardianship)

What Is a Legal Guardian?

- A legal guardian is an adult who the court allows to provide care for a child (including legal and physical custody of the child), or to manage the child's assets, or both. Any relative, family friend, or other interested person can file a petition with the court to be selected as the child's legal guardian.
- A legal guardianship can be for guardianship of the person, the estate, or both.
 - **Guardianship of the person:** The guardian can make all decisions about the child's care that a parent would make. The guardian is responsible for the child's care, including the child's:
 - Food, clothing and housing
 - Safety and protection
 - Physical and emotional growth
 - Medical and dental care
 - Education and any special needs

A guardian may be responsible for any intentional damage caused by the child and for negligent supervision of the child.

- **Guardianship of the estate:** The guardian of the estate must:
 - Manage the child's money;
 - Make smart investments; and
 - Manage the child's property carefully.

A guardianship of the estate is needed when the child owns or receives valuable property, like if a child inherited a house or a large amount of money. A guardianship of the estate is not needed when a child owns only inexpensive toys and clothing or the child receives social security benefits or TANF/CalWorks (welfare).

- A legal guardian cannot move a child out of California without the court's permission. If the court agrees, the guardian must also establish guardianship in the state he/she moves to.
- A legal guardian is supervised by the court. At least once a year, the guardian must provide a status report to the court. The guardian must meet with any court investigators or social workers sent by the court and must go to court when required. The court can also order the guardian to take on other duties or can place special conditions on the guardian, if needed.
- Even after a legal guardian is appointed for a child, the child's parents have some parental rights. They can ask for reasonable contact with the child.

How Does a Legal Guardian Get Appointed?

- For information and forms to establish a legal guardianship, see: <http://www.courts.ca.gov/1212.htm>.

How Does a Legal Guardianship Get Terminated?

- A legal guardianship ends when the court ends the guardianship or the child turns 18, is adopted, gets married, enters the military, is declared an adult by court order, or dies before turning 18. Termination of guardianship can be requested by the guardian, the child's parents, or the child if he or she is 12 or older. For more information and forms to terminate a legal guardianship, see: <http://www.courts.ca.gov/1213.htm>.

Where Can I Find More Information?

- The California courts have developed a guardianship pamphlet with basic information about legal guardianships for children: <http://www.courts.ca.gov/documents/gc205.pdf>. The pamphlet is also available in other languages:

- Spanish: <http://www.courts.ca.gov/documents/gc205s.pdf>
- Chinese: <http://www.courts.ca.gov/documents/gc205c.pdf>
- Korean: <http://www.courts.ca.gov/documents/gc205k.pdf>
- Vietnamese: <http://www.courts.ca.gov/documents/gc205v.pdf>

The guardianship pamphlet includes basic information about court procedures, the duties and responsibilities of legal guardians, and other helpful information about the obligations of a legal guardian. The California courts' website also has information about the duties of a legal guardian (<http://www.courts.ca.gov/1211.htm>) and other frequently asked questions (<http://www.courts.ca.gov/1215.htm>).

Power of Attorney for a Minor Child

What Is a Power of Attorney for a Minor Child?

- If parents do not want a legal guardian for their minor child but still want to identify someone to take care of their child, they can sign a power of attorney. A power of attorney is a document that allows a person to have someone represent them.
- A power of attorney for a minor child allows the person with the power of attorney to:
 - Have physical "custody" of the child
 - Make decisions about the child's education and medical care.
- Without a court-ordered legal guardianship, most health insurance companies, however, will not cover a child who is not the child of the insured.

How Do You Give Somebody the Power of Attorney to Care for Your Child?

- The power of attorney must state the name of the person being given the power of attorney, describe what the person is allowed to do, be signed by the parents, and show the date that the parents signed the document. A sample form is available online (http://www.scscourt.org/forms_and_filing/forms/Sample_Guardianship_Authorization.pdf); Even though the sample form is called a Guardianship Authorization, it has the same purpose as a power of attorney for a minor child.
- The document must be acknowledged in writing by a notary public or signed by at least two adults who witness the parents' signature of the document. The person who is being granted the power of attorney cannot sign as a witness.

How Does a Power of Attorney Get Terminated?

- A parent may cancel a power of attorney at any time by providing written notice to anybody who has been given the power of attorney. The document cancelling the power of attorney should be acknowledged in writing by a notary public or signed by at least two adults who witness the parent's signature of the document. A copy of the document cancelling the power of attorney should also be provided to any person or entity that received a copy of the power of attorney (for example, your child's school or health care provider).

Where Can I Find More Information?

- For more information about powers of attorney, generally, see: <http://www.occourts.org/self-help/probate/medical-financial-eol/poa.html>.

Caregiver's Authorization Affidavit

What Is a Caregiver's Authorization Affidavit?

- If the child's parents are not available to execute a power of attorney, the child's caregiver (the adult who the child is living with instead of his/her parents) can complete the Caregiver's Authorization Affidavit.
- The Caregiver's Authorization Affidavit allows the caregiver to do the following for the child:
 - Enroll them in school
 - Get them school-related medical care
 - Seek other medical care for them (only if the caregiver is a qualified relative), including mental health treatment
 - "Qualified relative" means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person with the prefix "grand" or "great," or the spouse of any of the persons in this definition, even after the marriage has been terminated by death or dissolution.
- Schools and medical facilities are required by law to accept the Caregiver's Authorization Affidavit.
- Without a court-ordered legal guardianship, most health insurance companies will not cover a child who is not the child of the insured.
- The Caregiver's Authorization Affidavit does not affect the rights of the parents or legal guardian regarding the care, custody, and control of the child, and it does not mean that the caregiver has legal custody of the child.

Where Can You Find a Caregiver's Authorization Affidavit?

- The form is available online (<http://www.courts.ca.gov/documents/caregiver.pdf>) and should be notarized once completed. A Spanish translation is available at: <http://kids-alliance.org/wp-content/uploads/2013/01/Caregivers-Affidavit-Spanish2.pdf>.

How Does a Caregiver's Authorization Affidavit Get Terminated?

- A Caregiver's Authorization Affidavit expires one year after the date it is signed.
- A parent may cancel the Caregiver's Authorization Affidavit at any time. The parent should notify the caregiver in writing, along with any school, health care provider, or health care service plan that was given the Affidavit.
- If the child stops living with the caregiver, the Caregiver's Authorization Affidavit is not valid, and the caregiver is required to notify any school, health care provider, or health care service plan that was given the Affidavit.

How Do You Authorize a Non-Relative Caregiver to Consent to Non-School Related Medical Care?

If the caregiver is a non-relative, parents can sign an authorization for the caregiver to consent to medical treatment for the minor. This will allow the caregiver to make medical decisions beyond school-related health care needs. A sample authorization form is available in this packet.

Free or Low-Cost Legal Service Providers

The following organizations can provide advice, information, and answers to questions about guardianships. They may be able to provide advice, information, and answers to questions about powers of attorney for a minor child, and/or Caregiver's Authorization Affidavits:

Santa Clara County Superior Court's Self-Help Center has court staff (not attorneys) to provide information about the court system, as well as information and forms about *guardianship cases*. They can also review any guardianship forms that you complete. The Self-Help Center is located at 201 N. First Street in San Jose. It is open on Mondays, Tuesdays and Thursdays from 8:30 am - 3 pm. Plan to arrive well before 8 am due to the large number of people seeking help; individuals will be helped on a first-come, first-served basis. If you do not speak, read or write English well, you should bring an adult friend or relative who can translate for you. The phone number for the Self-Help Center is (408) 882-2926.

The **Santa Clara County Bar Association** provides referrals to qualified, pre-screened lawyers who can provide advice about guardianship, immigration, and family law. Reduced rates are available for individuals with limited financial resources. For more information in English or Spanish, call (408) 971-6822.

AUTHORIZATION FOR THIRD PARTY TO CONSENT TO TREATMENT OF MINOR

I am the: Parent
 Guardian
 Other person having legal custody _____
(describe your legal relationship to minor)

of _____, a minor.
(name of minor)

I hereby authorize _____
(name of agent)

to act as my agent to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care that is recommended by, and to be rendered under the general or special supervision of, any licensed doctor or dentist, whether such diagnosis or treatment is rendered at the doctor's office or at a hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority to the above-named agent to consent to any and all such diagnosis, treatment, or hospital care that a licensed doctor or dentist recommends.

This authorization is given pursuant to the provisions of Family Code Section 6910.

I hereby authorize any hospital providing treatment to the above-named minor pursuant to the provisions of Family Code Section 6910 to surrender physical custody of the minor to the above-named agent upon the completion of treatment. This authorization is given pursuant to Health and Safety Code Section 1283.

These authorizations shall remain effective until _____, 20_____,
(month and day)
unless sooner revoked in writing delivered to the agent named above.

Date: _____ Time: _____ AM / PM

Print name: _____
(circle relationship: parent/legal representative/person having legal custody)

Signature: _____

Print name: _____
(circle relationship: parent/legal representative/person having legal custody)

Signature: _____

(see other side)

MEDICALLY RELEVANT INFORMATION

Minor's Name: _____

Minor's date of birth: _____

Allergies to drugs or food: _____

Conditions for which minor is currently being treated: _____

Current medications: _____

Restrictions on activity: _____

Primary care physician (name and telephone number): _____

Insurance Company: _____

Mother's name: _____

Mother's address: _____

Mother's telephone numbers: _____
(work) *(home)* *(other)*

Father's name: _____

Father's address: _____

Father's telephone numbers: _____
(work) *(home)* *(other)*

AUTORIZACIÓN PARA QUE UN TERCERO PUEDA DAR SU CONSENTIMIENTO AL TRATAMIENTO DE UN MENOR DE EDAD

Yo soy: El padre o la madre
 El tutor
 Otra persona que tiene la custodia legal _____
(describa la relación legal)

de _____, menor de edad.
(nombre del menor)

Por medio del presente autorizo a _____
(nombre del representante)

a actuar como mi representante y dar consentimiento para todo estudio de radiografías, diagnóstico o tratamiento anestésico, médico, quirúrgico o dental y atención hospitalaria que sea recomendada por cualquier médico o dentista con licencia quien prestará supervisión general o especial del mismo, ya sea que dicho diagnóstico o tratamiento se brinde en el consultorio del médico o en un hospital.

Entiendo que esta autorización se otorga antes de cualquier diagnóstico, tratamiento o atención hospitalaria que se requiera, pero se otorga a fin de dar autoridad al representante nombrado anteriormente a dar consentimiento para todo y cualquiera de dichos diagnósticos, tratamientos u atención hospitalaria que recomiende un médico o dentista con licencia.

Esta autorización se otorga en conformidad con las disposiciones del Artículo 6910 del Código de Familia.

Por medio del presente autorizo a todo hospital que brinde tratamiento al menor de edad nombrado anteriormente en conformidad con las disposiciones del Artículo 6910 del Código de Familia a entregar la custodia física del menor al representante nombrado anteriormente al finalizar el tratamiento. Esta autorización se otorga en conformidad con el Artículo 1283 del Código de Salud y Seguridad.

Estas autorizaciones tendrán vigencia hasta _____ del 20____
(mes y día)

a menos que sea antes revocada por escrito entregada al representante nombrado anteriormente.

Fecha: _____ Hora: _____ AM / PM

Nombre en letra de imprenta: _____
(haga un círculo en la relación con el menor: padres/tutor legal/persona que tiene la custodia legal)

Firma: _____

Nombre en letra de imprenta: _____
(haga un círculo en la relación con el menor: padres/tutor legal/persona que tiene la custodia legal)

Firma: _____

(sobre)

INFORMACIÓN MÉDICA PERTINENTE

Nombre del menor: _____

Fecha de nacimiento del menor: _____

Alergias a medicamentos o alimentos: _____

Padecimientos por los cuales el menor está recibiendo tratamiento: _____

Medicamentos actuales: _____

Restricciones de las actividades: _____

Médico de atención primaria (*nombre y teléfono*): _____

Compañía de seguros: _____

Nombre de la madre: _____

Dirección de la madre: _____

Teléfonos de la madre: _____
(trabajo) *(casa)* *(otro)*

Nombre del padre: _____

Dirección del padre: _____

Teléfonos del padre: _____
(trabajo) *(casa)* *(otro)*