

PREPARE TO STAY!

Know your rights first!



1. You have the right to **remain silent**.
2. You have the right to **speak with a lawyer**.
3. If law enforcement shows up to your house, **DO NOT OPEN THE DOOR**. Ask them to slide the warrant under the door. It has to be signed by a judge, and have your name or address.
4. **Never** carry false documentation with you (It's a crime)
5. If detained, **only** say your name and DOB.

Prepare a Family Plan!

- Know what documents you should carry with you
 1. Know Your Rights Card
 2. Immigration attorney's phone number
 3. Any valid Identification from the US
- Make a plan to care for your family
 1. Consult with an immigration attorney about your situation and your family's
 2. Have the attorney's phone number at a visible place (on your refrigerator) and let your family know
 3. Prepare a Caregiver Affidavit where someone trusted, agrees to care for your children, in case you are arrested
- Keep a copy of all important documents in a safe and easy to access location
 1. Birth and marriage Certificate, passports, and alien number (A#) if have one
- Start Saving money for your defense (\$\$\$\$\$)
 1. Immigration procedures are expensive, including immigration bond and legal Representation.



Remember, you have **Rights under the Constitution, regardless of your immigration status.**

For more information, call us at 1-888-624-4752

2533 West 3rd Street, Suite 101 Los Angeles, CA 90057
Telephone: 213-353-1333 * Fax: 213-353-1344 * www.chirla.org

COALITION FOR HUMANE IMMIGRANT RIGHTS OF LOS ANGELES



CHIRLA
Coalition for Humane
Immigrant Rights

PREPÁRATE PARA QUEDARTE!



¡Conozca sus derechos primero!

1. Tiene el derecho a **permanecer en silencio**.
2. Tiene el derecho de **hablar con un abogado**.
3. Si las autoridades vienen a su casa, **NO ABRA LA PUERTA**.
Pida que le pasen la orden de registro, firmada por un juez, con su nombre o dirección, por debajo de la puerta.
4. **Nunca** lleve documentación falsa con usted
(Es un crimen)
5. Si es detenido, sólo diga su nombre y fecha de nacimiento.

¡Prepare un Plan Familiar!

- **Conozca los documentos que debe llevar consigo**
 1. Su tarjeta "Conozca Sus Derechos"
 2. Número de teléfono del abogado de inmigración
 3. Identificación válida de los EEUU
- **Haga un plan para cuidar a su familia**
 1. Consulte con un abogado de inmigración sobre su situación y la de su familia
 2. Tenga el teléfono de ese abogado en un lugar visible (pegado al refrigerador) e informe a todos en casa
 3. Prepare una Declaración Jurada donde alguien de su confianza se comprometa a cuidar a sus hijos en caso de ser arrestado
- **Tenga todos los documentos importantes en un lugar seguro y de fácil acceso para toda la familia**
 1. Acta de nacimiento, de matrimonio, pasaporte, número de inmigración (A#), etc
- **Comience a ahorrar dinero para su defensa (\$\$\$\$)**
 1. Los trámites de inmigración son costosos, incluyendo la fianza y la representación legal



Recuerda, tienes DERECHOS bajo la Constitución, sin importar tu estado migratorio.

Para más información, llámenos al **1-888-624-4752**

2533 West 3rd Street, Suite 101 Los Angeles, CA 90057
Telephone: 213-353-1333 * Fax: 213-353-1344 * www.chirla.org

COALITION FOR HUMANE IMMIGRANT RIGHTS OF LOS ANGELES



CHIRLA
Coalition for Humane
Immigrant Rights

LIST OF IMPORTANT DOCUMENTS & INFORMATION

Important information the whole family needs to be aware of:

- ☐ Name, phone numbers, and the date of birth of everyone living in the household
- ☐ Phone numbers of your child(ren)'s school, doctor, and work (if applicable)
- ☐ Make a list of allergies, medical conditions, and medications of everyone living in the household (if applicable)
- ☐ Phone number for the Consulate of your country of origin.
- ☐ Phone number of an Immigration Attorney who is already aware of your situation



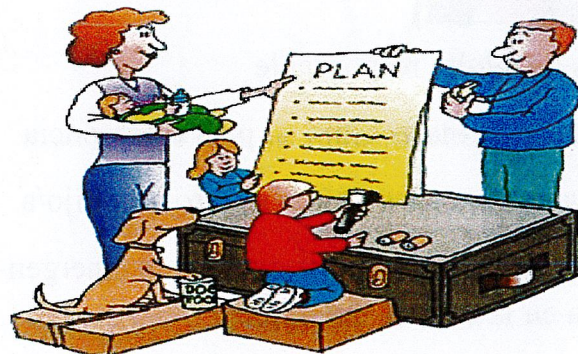
**Did you identify somebody
to care for your child(ren)?**

- First, you will need to make sure that he/she is:

- ☐ A responsible adult
- ☐ Knows what to do in the case of an emergency
- ☐ Will be able to provide a safe place for your child(ren)
- ☐ Is included as Emergency contact in your child(ren)'s school

Important Documents to keep safe and easily accessible:

- ☐ Birth & Marriage certificate (if applicable)
- ☐ Valid Passport (for everyone in household)
- ☐ Immunization Card (of children)
- ☐ Social Security Card (if applicable)
- ☐ Identification Card
- ☐ A # (if applicable)
- ☐ Caregiver Affidavit of the person willing to care for your child(ren) in case of your sudden absence
- ☐ Important instructions for persons assigned as temporary guardians (if applicable)
- ☐ Title Property (if you're a home owner)



For more information, call CHIRLA at 1-888-624-4752

2533 West 3rd Street, Suite 101 Los Angeles, CA 90057
Telephone: 213-353-1333 * Fax: 213-353-1344 * www.chirla.org



CHIRLA
Coalition for Humane
Immigrant Rights

LISTA DE DOCUMENTOS Y CONTACTOS IMPORTANTES

Información importante que toda la familia debe conocer

- ☐ Nombre, números de teléfonos y fecha de nacimiento de todas la personas que integran su familia
- ☐ Números de teléfonos de la escuela de sus hijos, del doctor y del trabajo (si aplica)
- ☐ Hacer una lista de las alergias, condiciones médicas y medicamentos de cada una de las personas que viven en su hogar (si aplica)
- ☐ Teléfono del Consulado de su país de origen
- ☐ Teléfono de un Abogado de Inmigración



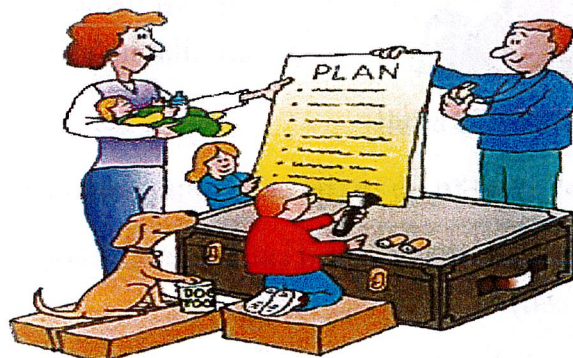
Identificó a alguien para responsabilizarse de sus hijos?

- Asegúrese de que:

- ☐ Es un adulto responsable
- ☐ Está informado sobre su plan emergencia
- ☐ Puede proveer un lugar seguro a su hijo/a
- ☐ Está incluido/a como contacto de emergencia en la escuela del niño/a

Documentos importantes que debe guardar en un lugar seguro

- ☐ Acta de nacimiento y matrimonio (si aplica)
- ☐ Pasaporte de su país (por cada persona)
- ☐ Tarjeta de vacunas (de los niños)
- ☐ Tarjeta de seguro social (si aplica)
- ☐ Tarjeta de identificación
- ☐ A # número (si aplica)
- ☐ Declaración jurada de la persona que quedará a cargo de sus niños en su ausencia
- ☐ Instrucciones necesarias para la persona que va cuidar de sus hijos (si aplica)
- ☐ Título de la propiedad (si es dueño de casa)



Para más información, llámenos al 1-888-624-4752

2533 West 3rd Street, Suite 101 Los Angeles, CA 90057

Telephone: 213-353-1333 * Fax: 213-353-1344 * www.chirla.org

COALITION FOR HUMANE IMMIGRANT RIGHTS



CHIRLA
Coalition for Humane
Immigrant Rights



Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:

TO CAREGIVERS:

1. "Qualified relative," for purposes of item 7, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 6 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.



Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1 - 4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. **Print clearly.**

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____.

2. Minor's birth date: _____.

3. My name (adult giving authorization): _____.

4. My home address: (street, apartment number, city, state, zip code):

5. My date of birth (adult giving authorization): _____.

6. My California driver's license or identification card number: _____.

7. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of "qualified relative").

8. Check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed: _____ Dated: _____

Parent Acknowledgement of Caregiver's Authorization:

I _____, parent/legal guardian of _____ a minor child, have asked the above-mentioned caregiver to care for my child in case of my unexpected absence.

Signed: _____ Dated: _____

Yo, como padre/guardián del menor mencionado anteriormente, he seleccionado a _____
_____ como adulto responsable del cuidado de mi hijo/a en caso de mi ausencia.