Family Plan in case of Immigration Emergency

Name(s):

_______________________________________

Date:

_______________________________________
Family Plan In Case of Emergency

Every family should have a plan in case of an emergency. While our hope is that you never have to use this plan, it's a good idea to have it ready to go.

**Know your rights!** EVERYONE, regardless of immigration status, has rights in this country. Ensure that the members of your family (including your children), roommates, neighbors, and coworkers, regardless of their immigration status, know the right to remain silent and all the other rights if immigration (ICE) or the police come to your house, neighborhood, or place of work.

**If Immigration Agents (ICE) come to your door:**
Stay calm and don't try to run away. If you do, ICE or the police could use it against you.

Keep a [Know Your Rights](#) card with you and by your door at all times. You can slip a [Know Your Rights](#) card under the door to the immigration agents - it will explain your rights and that you do not have to open the door for them.

You are not required to speak with an immigration agent (ICE) or answer their questions. **You have the right to remain silent.** You can refuse to talk to an immigration agent. Do not answer any questions, especially about your place of birth, immigration status, or how you entered the United States. Do not provide them with any personal information about yourself or any family member. Say that you want to remain silent until you can speak with a lawyer. **Have your children and other family members practice saying “No” to an immigration agent (ICE).**

**You have the right to refuse to sign any document without first speaking to an attorney.**
Do not sign anything that you do not understand or agree with. That could take away your right to speak to a lawyer or the right to have a hearing in front of an immigration judge. This could result in you being deported immediately without a hearing.

Ask to speak to a lawyer and to appear before an immigration judge. You have the right to speak to a lawyer and the right to make a phone call. Be sure to carry the phone number of an immigration attorney with you at all times.
Other resources

The Consulate of your Country!

Have the contact information of the consulate of your country. Many consulates have an emergency phone number for cases where immediate assistance from the consulate is needed.

The emergency number for the Mexican Consulate in Salt Lake City is 801-971-7305

Have that phone number written down in case an immigration agent (ICE) detains you.

Documents you **SHOULD** and **SHOULD NOT** carry with you

- At all times, carry your valid work permit or permanent resident card if you have one. If you don't have one, it is generally recommended to carry municipal or state identification, or a driver's license if it was granted within the U.S.
- At all times, carry a card of rights to exercise your right to remain silent in case you are detained or interrogated by an immigration agent or police officer.
- At all times, carry the phone number of an immigration lawyer, defender, or nonprofit organization that provides immigration services that you can call in the case of an emergency

**NEVER CARRY FALSE IDENTIFICATION OR IMMIGRATION DOCUMENTS**

Make a plan for the care of your children, and talk with them about your plan.

Have a plan so that a trusted adult can care for your children if you are unable. Ensure that the school knows who can come to pick them up and who can’t - update your child's school on the list of people your child can be picked up by. The school will only release your children to the people you list. For that reason, keep the information in the emergency letter up-to-date at your school, after-school program, daycare, or other programs. Make sure that the people who can pick up and care for your children are up to date on the location of your children as well as the school they attend.

Without worrying your children, make sure your children know who will care for them in the case that you cannot.
Ensure that all your children have a passport. If your children were born in the U.S., for more information on how to obtain a U.S. passport for them, visit www.travel.state.gov

If your children were born in your home country, consult your embassy or consulate for more information on how to obtain a passport.

If your children were born in the U.S., consult your embassy or consulate on the possibility of obtaining dual citizenship for them in both the U.S. and your home country. This will ensure that your children are kept out of foster homes in the case that you and your partner cannot care for them.

Discover your immigration options! If you have a green card, find out if you can become a U.S. Citizen. Find a local nonprofit organization that can help you discover if there is some immigration benefit to help you obtain a permanent resident card, work authorization permit, visa, or protection against deportation. Keep a list of these local organizations in case you encounter a problem with Immigration and Customs Enforcement (ICE). Organizations have attorneys who may be able to help you.

** REMEMBER: ONLY A LAWYER OR DOJ ACCREDITED REPRESENTATIVE ARE AUTHORIZED AND QUALIFIED TO ASSIST YOU IN YOUR IMMIGRATION CASE **

Do what you can now to protect yourself and your family in the United States
- If you have a green card, find out if you can become a Citizen
- If you are here on a visa, find out if you can get a green card.
- If you do not have immigration status, find out if you may be eligible for a green card, visa, or work permit.
- If you have a criminal record, or have been arrested, find out how this could affect your situation, or if there is a way to clear your record.
- If you are detained or in deportation proceedings, ask for a hearing in front of a Judge to get out of detention and fight your deportation.

Inform your family and emergency contacts on how to find out if you have been detained by ICE
Members of your family can use the Detainee Locator provided by ICE: https://locator.ice.gov/odls/homePage.do.
Important Information and Contacts

Emergency Team:

Spouse Name______________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Address_____________________________________________________________________
Place and Date of Birth______________________________________________________
Work Place__________________________________________________________________
Work Schedule ______________________________________________________________
Work Phone_________________________________________________________________
Cell Phone __________________________________________________________________
Birth Place __________________________________________________________________
Immigration status__________________________________________________________

Spouse Name______________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Address_____________________________________________________________________
Place and Date of Birth ______________________________________________________
Work Place __________________________________________________________________
Work Schedule______________________________________________________________
Work Phone_______________________________________________________________
Cell Phone __________________________________________________________________
Birthplace _________________________________________________________________
Immigration status__________________________________________________________

Family Immigration Attorney’s Name___________________________________________
Pronoun(s)____________________________________________________________________
Phone Number___________________________________________________________________
Address_______________________________________________________________________
Consulate of ____________________________________________________________
Phone Number __________________________________________________________
Address __________________________________________________________________

Church, Priest, Pastor ______________________________________________________
Pronoun(s) ________________________________________________________________
Phone Number _____________________________________________________________
Address ____________________________________________________________________

Friends:
1. Name _________________________________________________________________
Pronoun(s) _______________________________________________________________
Male, Female, Nonbinary, Other ______________________________________________
Phone Number _____________________________________________________________
Address ___________________________________________________________________

2. Name _________________________________________________________________
Pronoun(s) _______________________________________________________________
Male, Female, Nonbinary, Other ______________________________________________
Phone Number _____________________________________________________________
Address ___________________________________________________________________

3. Name _________________________________________________________________
Pronoun(s) _______________________________________________________________
Male, Female, Nonbinary, Other ______________________________________________
Phone Number _____________________________________________________________
Address ___________________________________________________________________

Community Resources
1. Name _________________________________________________________________
Phone Number _____________________________________________________________
Address ___________________________________________________________________
2. Name______________________________________________________________
   Phone Number________________________________________________________
   Address______________________________________________________________

**Family Members in the United States**

1. Name___________________________________________________________
   Pronoun(s)________________________________________________________
   Male, Female, Nonbinary, Other_______________________________________
   Phone Number_______________________________________________________
   Address____________________________________________________________
   Relation____________________________________________________________

2. Name___________________________________________________________
   Pronoun(s)________________________________________________________
   Male, Female, Nonbinary, Other_______________________________________
   Phone Number_______________________________________________________
   Address____________________________________________________________
   Relation____________________________________________________________

3. Name___________________________________________________________
   Pronoun(s)________________________________________________________
   Male, Female, Nonbinary, Other_______________________________________
   Phone Number_______________________________________________________
   Address____________________________________________________________
   Relation____________________________________________________________

4. Name___________________________________________________________
   Pronoun(s)________________________________________________________
   Male, Female, Nonbinary, Other_______________________________________
   Phone Number_______________________________________________________
   Address____________________________________________________________
   Relation____________________________________________________________
5. Name______________________________________________________________
Pronoun(s)________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Phone Number_____________________________________________________________
Address____________________________________________________________________
Relation______________________________________________________________

**Family Members Outside of the United States**
1. Name______________________________________________________________
Pronoun(s)________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Phone Number_____________________________________________________________
Address____________________________________________________________________
Relation______________________________________________________________

2. Name______________________________________________________________
Pronoun(s)________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Phone Number_____________________________________________________________
Address____________________________________________________________________
Relation______________________________________________________________

3. Name______________________________________________________________
Pronoun(s)________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Phone Number_____________________________________________________________
Address____________________________________________________________________
Relation______________________________________________________________

**Information on children in the United States**
1. Child’s name ___________________________________________________________
   Male, Female, Nonbinary, Other______________________________________________
Pronoun(s)________________________________________________________________
Favorite Toy _______________________________________________________________
Place and Date of Birth ______________________________________________________
Citizenship __________________________________________________________________
Social Security _____________________________________________________________
Medical History __________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Allergies_____________________________________________________________________
_____________________________________________________________________________

_Doctor's name_____________________________________________________________
Phone number _______________________________________________________________
Health Insurance ____________________________________________________________
Child's cell phone number ___________________________________________________
Name of School, Babysitter ___________________________________________________
Address, Phone Number ______________________________________________________
Teacher's name _____________________________________________________________
Grado/ Grade _______________________________________________________________
Classroom number __________________________________________________________

School Schedule
_____________________________________________________________________________
_____________________________________________________________________________

Afterschool program, Phone number ____________________________________________

2. Child's name _______________________________________________________________
Pronoun(s) _______________________________________________________________
Male, Female, Nonbinary, Other ________________________________
Favorite Toy _______________________________________________________________
Place and Date of Birth _____________________________________________________
Citizenship _________________________________________________________________
Social Security _____________________________________________________________
Medical History ____________________________________________________________
__Allergies__________________________________________________________

___Doctor’s name_____________________________________________________
Phone number __________________________________________________________
Health Insurance _________________________________________________________
Child’s cell phone number _______________________________________________
Name of School, Babysitter _______________________________________________
Address, Phone Number _________________________________________________
Teacher’s name _________________________________________________________
Grado/ Grade ____________________________________________________________
Classroom number _______________________________________________________
School Schedule _________________________________________________________
Afterschool program, Phone number ______________________________________

3. Child’s name _________________________________________________________
Pronoun(s) _____________________________________________________________
Male, Female, Nonbinary, Other __________________________________________
Favorite Toy _____________________________________________________________
Place and Date of Birth __________________________________________________
Citizenship ______________________________________________________________
Social Security __________________________________________________________
Medical History _________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Allergies __________________________________________________________________

__Doctor’s name_________________________________________________________
Phone number __________________________________________________________________
Health Insurance ___________________________________________________________
Child's cell phone number _________________________________________________
Name of School, Babysitter ________________________________________________
Address, Phone Number ___________________________________________________
Teacher's name __________________________________________________________
Grado/ Grade ____________________________________________________________
Classroom number ________________________________________________________
School Schedule
________________________________________________________________________
________________________________________________________________________
Afterschool program, Phone number _______________________________________

4. Child's name _____________________________________________________________
Pronoun(s) ______________________________________________________________
Male, Female, Nonbinary, Other _____________________________________________
Favorite Toy ______________________________________________________________
Place and Date of Birth ____________________________________________________
Citizenship ________________________________________________________________
Social Security ____________________________________________________________
Medical History
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Allergies _________________________________________________________________
Doctor's name ___________________________________________________________
Phone number ___________________________________________________________
Health Insurance __________________________________________________________
Child's cell phone number _________________________________________________
Name of School, Babysitter ________________________________________________
Address, Phone Number ___________________________________________________
Teacher's name __________________________________________________________
6. Child’s name _____________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Pronoun(s)_________________________________________________________________
Favorite Toy _______________________________________________________________
Place and Date of Birth _____________________________________________________
Citizenship _________________________________________________________________
Social Security ____________________________________________________________
Medical History

____________________________________________________________________________
____________________________________________________________________________

- Allergies

____________________________________________________________________________

- Doctor’s name_______________________________________________________________
Phone number _____________________________________________________________
Health Insurance ____________________________________________________________
Child’s cell phone number __________________________________________________
Name of School, Babysitter _________________________________________________
Address, Phone Number _____________________________________________________
Teacher’s name ____________________________________________________________
Grado/ Grade _______________________________________________________________
Classroom number __________________________________________________________
School Schedule

____________________________________________________________________________
____________________________________________________________________________

- Afterschool program, Phone number ________________________________________

Family plan
Plan for our children
In the case that we are not here and available to care for our children, it is our desire that our children be cared for by:
Names________________________________________________________
Male, Female, Nonbinary, Other______________________________________
Pronoun(s)_______________________________________________________
Phone Number_____________________________________________________
Address___________________________________________________________
Instructions:___________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Second Choice
Names_________________________________________________________
Male, Female, Nonbinary, Other______________________________________
Pronoun(s)_______________________________________________________
Phone Number_____________________________________________________
Address___________________________________________________________
Instructions:___________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Plan if the spouse/parent is detained
Instructions:___________________________________________________________________________
______________________________________________________________________________

Plan for our housing
Name of rental or mortgage company_________________________________________
Phone Number_____________________________________________________________
Address____________________________________________________________________
Monthly payment: __________________________________________________________________
Due Date: _____________________________________________________________________
Instructions:_________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Plan for our car(s)
Make _________________ Model ________________ Year ___________
Value________________________________________________________________

Make _________________ Model ________________ Year ___________
Value___________________________________________________________________
Instructions:_______________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Our Plan For Our Utilities
Company & Amount Owed Monthly
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Plan For Our Furniture and belongings
Furniture, personal belongings and etc
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Legal Plan
If I am detained, it is my desire to contact the attorney:
Attorney_____________________________________________________________
Pronoun(s)_________________________________________________________________
Address_____________________________________________________________
Telephone_____________________________________________________________

Second Choice attorney:
Attorney Name:_______________________________________________________
Pronoun(s)_________________________________________________________________
Address:_____________________________________________________________
Telephone:___________________________________________________________
Instructions for the attorney: ________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Summary of my immigration background:
My identification number (write “none” if no # exists):
_____________________________________________________________________________
–

I entered the United States with a visa (yes or no)
_____________________________________________________________________________
–
If yes, type of visa: _________________________________________________________

How many years have you been in the US?______________________________

Date that I entered the US:________________________________________
City where I entered the US: ___________________________________________
I have been in proceedings conducted by an immigration court
Yes or no

______________________________________________________________________________

I have been previously arrested at the US border

______________________________________________________________________________

A “Labor Certification” was submitted for me before 30 April 2001 (yes or no) - date

______________________________________________________________________________

Summary of my USA family relationships
The couple/partnership
Legally Married? ____________________________________________________________
Married at the Church? ____________________________________________________
Other?  ______________________________________________________________________

Spouse:
Citizenship of my spouse: ____________________________________________________
Pronoun(s) ________________________________________________________________
Male, Female, Nonbinary, Other ______________________________________________
Residency status ____________________________________________________________

Spouse:
Citizenship of my spouse: ____________________________________________________
Pronoun(s) ________________________________________________________________
Male, Female, Nonbinary, Other ______________________________________________
Residency status ____________________________________________________________
My children:
Name:_______________________________________________________________________
Pronoun(s)_________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Date of Birth:_______________________________________________________________
Citizenship: ________________________________________________________________
Social Security _____________________________________________________________

Name:_______________________________________________________________________
Pronoun(s)_________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Date of Birth:_______________________________________________________________
Citizenship: ________________________________________________________________
Social Security _____________________________________________________________

Name:_______________________________________________________________________
Pronoun(s)_________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Date of Birth:_______________________________________________________________
Citizenship: ________________________________________________________________
Social Security _____________________________________________________________

Name:_______________________________________________________________________
Pronoun(s)_________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Date of Birth:_______________________________________________________________
Citizenship: ________________________________________________________________
Social Security _____________________________________________________________

Name:_______________________________________________________________________
Pronoun(s)_________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Date of Birth:_______________________________________________________________
Citizenship: ________________________________________________________________
Social Security _____________________________________________________________

Name:_______________________________________________________________________
Pronoun(s)_________________________________________________________________
Male, Female, Nonbinary, Other______________________________________________
Date of Birth:_______________________________________________________________
Citizenship: ________________________________________________________________
Social Security _____________________________________________________________
Date of Birth:______________________________________________________________
Citizenship: ________________________________________________________________
Social Security ________________________________________________________________

Name:__________________________________________________________
Pronoun(s)____________________________________________________
Male, Female, Nonbinary, Other______________________________________
Date of Birth:_______________________________________________________
Citizenship: _________________________________________________________
Social Security _________________________________________________________

My other relatives who are US Citizens or Lawful Permanent Residents
Name:__________________________________________________________
Pronoun(s)____________________________________________________
Male, Female, Nonbinary, Other______________________________________
Relationship:_____________________________________________________
Citizenship: _________________________________________________________
Address_________________________________________________________
Telephone_________________________________________________________

Name:__________________________________________________________
Pronoun(s)____________________________________________________
Male, Female, Nonbinary, Other______________________________________
Relationship:_____________________________________________________
Citizenship: _________________________________________________________
Address_________________________________________________________
Telephone_________________________________________________________

Name:__________________________________________________________
Pronoun(s)____________________________________________________
Male, Female, Nonbinary, Other______________________________________
Relationship:_____________________________________________________
Citizenship: _________________________________________________________
Address_________________________________________________________
Telephone______________________________________________________________

Name: _____________________________________________________________________________
Pronoun(s)_________________________________________________________________________
Male, Female, Nonbinary, Other____________________________________________________
Relationship: ______________________________________________________________________
Citizenship:___________________________________________________________
Address_______________________________________________________________
Telephone___________________________________________________________
Other instructions for the attorney:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Other general instructions:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List of important documents that you have to keep with your emergency plan.

- Birth Certificates of all family members.
- Copy of IDs consular or other photo ID's.
- Copies of family members' passports.
- Marriage certificate.
- Background documents penalties.
- Immigration documents (Visa, Work Permit, A#, warrant of deportation/removal, etc.).
Legal documents of the lawyers who are or have led my case(s).
Family medical records.
House or property documents.
The rental agreement for the house.
Receipts of rent/mortgage payments.
List of all addresses where you have lived in the United States.

Optional Documents

Work/pay stubs.
Letters of recommendation in regard to your work within the community.
Police paperwork verifying that I was the victim of a crime
Documents proving that I was a witness to a crime in the United States and that I am cooperating in the investigation
Procedures pending civil rights.
Military Paperwork
Business paperwork
Photos proving of my work within the community
My educational degree achieved in the United States

Sources: Immigrant Legal Resource Center, Comunidades Unidas.