

# Advice for Immigrant Families

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Materials produced by Massachusetts Law Reform Institute in collaboration with the following organizations: ACLU of Massachusetts, Catholic Charities Archdiocese of Boston, Children's Law Center of Massachusetts, Community Legal Services and Counseling Center, Greater Boston Legal Services, Harvard Immigration and Refugee Clinic, Kids in Need of Defense, Massachusetts Appleseed Center for Law and Justice, Northeast Justice Center, and the Political Asylum/Immigration Representation Project

*Materials available electronically at:*  
<http://www.masslegalhelp.org/immigration/family-emergency>

Reviewed  
**December 2024**

# Family Emergency Document List

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## What's included in this packet?

This packet contains information to help your family prepare in case of an emergency, for example in case a parent is detained or deported.

- General Planning and Child Care Plan (2 pages)
  - Talks about how to make an emergency family plan, including how to make plans for childcare.
- Options for Child Care (3 pages)
  - Talks about different options for choosing a person to take care of your children when you can't.
- Know Your Rights and Legal Help (2 pages)
  - Talks about what your rights are with ICE and other law enforcement and where to find legal help.
- Forms
  - Important Document List: a guide of what important documents to collect (1 page)
  - Child's Vital Information: a form to list important information about your child(ren) for the caregiver (2 pages)
  - Caregiver Authorization Affidavit (English/Spanish): a form to give someone the power to make decisions about healthcare and school for your child(ren), which can last up to 2 years (5 pages)
  - Caregiver Authorization Affidavit Sample (4 pages)
  - Temporary Agent Authorization (English/Spanish): a form to give someone the power to make most decisions for your child(ren), which can last up to 60 days (5 pages)
  - Temporary Agent Authorization Sample (4 pages)
  - Referral List: list of free immigration legal services in Massachusetts (2 pages)

# Planning for a Family Emergency

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All families should plan for who will care for your children in an emergency. This packet includes information to help you make a plan with special advice for immigrant families.

## General planning

- **Talk as a family**, about your emergency plan. Include your children. Decide who will take care of the children, where to keep important documents, who to call in an emergency.
- **Gather important documents**: collect important documents like birth certificates and passports. Keep them in a safe place where your family knows where to find them.
- **Know your rights**: Everyone in the U.S. has constitutional rights, learn how they can protect you. Find out your rights and go to a training.
- **Get immigration help**: if immigration is one of your main worries, try to get immigration advice. See a list of free Massachusetts legal services in this packet.



## Child Care Plan

Plan for who will care for your children if you cannot. Talk to your children and the caregiver you choose, so everyone knows the plan and agrees to it. Some steps you can take are:

- **Fill out a caregiver information page for each child**: include important information about your child, like school information, medical information, allergies and medications, and other details that are important to your child's daily life. See the Child's Vital Information Sheet in this packet.
- **Update school contacts**: contact your child's school. Make sure they have the correct contact information for a few people you trust to pick your child up from school in case you cannot.

- Tell the school you want to “opt-out,” or not be included, in any directory information the school puts out. This helps protect your information.
- **You may want to choose someone to care for your child if you cannot:** You can choose from 2 different forms to give someone else the legal responsibility for your child. You do not have to go to court. Both forms are included in this packet.
  - **Caregiver authorization affidavit** gives the caregiver the power and responsibility to make decisions about your child’s education and medical care.
  - **Temporary agent authorization** allows the “agent,” or person you choose, to make any decisions a parent can make for your child for up to 60 days.
- **Register your child’s birth with your foreign consulate:** if either parent is not a U.S. citizen, you may want to register your child’s birth with your consulate. If your child wants to travel or move to your home country, it could be easier if their birth is already registered with the consulate.
- **Apply for passports for your child:** most governments require that both parents give permission for their child to get a passport. If you have sole legal custody you may not need the other parent’s permission.
- **Write a travel letter:** If your child needs to travel outside the U.S., they may need a notarized letter that gives them permission to travel with a trusted adult, or the other parent. You may want to contact an airline or your consulate to get exact instructions.

**This packet has only general information. It is not legal advice. If you have questions about your situation, speak with an Immigration Specialist.**

## Who will take care of my child in an emergency?

Think about these questions when you pick a caregiver for your child:

1. Is the person at least 18 years old? Only an adult can be a caregiver
2. Is the person responsible?
3. Is the person able and willing to care for my child?
4. Does the person have any history with the Department of Children and Families (DCF)?
5. Does the person have any criminal history?

After you pick a caregiver, you need to decide the kind of legal arrangement you will have with them. You have options.

### Informal option

You can always make an informal plan with your family and friends, but this may not be the best option because it does not give the caregiver legal rights. Your plan can include talking to the people you want to care for your child or writing down what you want to happen in an emergency. An informal plan is the easiest, but your child's school or doctor might not follow your plan and the caregiver may have to go to court to help your child.

### Caregiver Affidavit Authorization

A caregiver affidavit authorization is a good option if your main concern is your child's education and health. Many schools and doctors are already familiar with these forms.

The affidavit says who you want to be the caregiver and that your child will live with them. It gives the caregiver the right to make decisions about your child's health care and education for up to **2 years**.

You do not give up any of your rights when you sign it. And you can end the authorization at any time.

The caregiver authorization affidavit only needs the signature of one parent.

You need 2 witnesses to sign the form with you. And you all must sign it in front of a notary.

The caregiver must also sign the affidavit. The caregiver will sign the form and use it whenever the child lives with him or her.

This packet includes a Caregiver Affidavit Authorization form you can use. This form is different from the form you can get from the court. There is space for you to add another caregiver if the one you picked is not available.

**Caregiver Affidavit Authorizations** are useful for any family.

**Temporary Agent Authorizations** are useful if the caregiver needs to make decisions about your child's finances or property.

Give the original form to the caregiver and keep a copy with your important documents.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different caregivers.

### **Temporary Agent Authorization**

The temporary agent authorization gives a caregiver more powers than the Caregiver Affidavit Authorization. A Temporary Agent Authorization gives a caregiver the power and responsibility to make more than healthcare and education decisions for your child. A Temporary Agent can also make decisions about your child's property and finances. The person you choose to be the Agent can have any power you do. **But** the Agent cannot give permission for your child to marry or be adopted.

The authorization says you give the agent the power to make decisions in your child's life for up to **60 days** after you are detained or unavailable. You have the right to end the authorization at any time. After 60 days, you can renew the authorization, but you must complete a new form.

If you know where the other parent is and they are able and willing to care for your child, both parents must sign the Temporary Agent Authorization. If the other parent can care for the child, you may not need to fill out this form.

You need 2 witnesses to sign the form with you.

The agent must also sign the authorization.

You can add a second person to the form, in case the person you picked to be Temporary Agent is not available.

This packet includes a Temporary Agent Authorization form you can use. This form is for families who are afraid that immigration enforcement may separate them from their child. If you need an authorization for a different reason, like you are having surgery and you will not be available for a few weeks, the form in this packet is not right for you.

Give the original form to the Agent and keep a copy with your important documents.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different caregivers or parents.

### **Guardianship**

A legal guardian has all the rights a parent has to make decisions for your child. Only a court can make someone a guardian, or end a guardianship. Someone that you choose to be a caregiver may need to become a legal guardian in the future if they need to take care of your child for a long time. If you plan for your child to live in the U.S. permanently, with the caregiver, you may want to prepare the guardianship paperwork so it can be filed if needed.

If someone becomes the legal guardian of your child, they have the right to make decisions about your child **instead** of you. If you want to end the guardianship, you will have to ask a judge to end it and the guardian can object. Think carefully before you decide to make someone you're your child's Guardian. You will be giving up your rights as a parent. You can find information about guardianship online (<http://www.mass.gov/courts/selfhelp/guardians/guardian-child.html>) or at the probate and family court closest to you.

### **Advice for Survivors of Domestic Violence**

If you are a survivor of domestic violence the person who abused you may try to take your child. You may need to collect documents that show why your abuser should not get custody. The caregiver you choose may need to go to court if the person who abused you tries to get custody of your child. Talk to your domestic violence counselor if you have one or reach out to a domestic violence program for more information and for safety planning. You can find a list of domestic violence organization here – [http://www.janedoe.org/who\\_we\\_are/members\\_list](http://www.janedoe.org/who_we_are/members_list).

## Know Your Rights and How to Find Legal Help

Every person in the United States has rights. If you are a citizen, or an immigrant, or if you are undocumented – you have rights. The constitution protects everyone. Some of your most important rights are the ones you have when you talk to anyone from law enforcement, including Immigration and Customs Enforcement (ICE).

### What Are My Rights?

- You do not have to talk to an immigration officer (ICE) or answer their questions – you can tell them that you want to stay silent.
- You can ask to talk to a lawyer.
- You can ask if you are free to leave – if the officer says yes, calmly and slowly leave.
- You can refuse to sign anything before talking to a lawyer.
- You do not have to open your door for ICE if they do not have a “warrant.” A warrant is a court order, signed by a judge. If ICE knocks on your door:
  - Ask if they have a warrant, ask them to slide it under the door
  - Check if the information is correct – if your name and address are not correct on the warrant, you can ask them to leave.
  - Check if a judge actually signed the warrant – often ICE uses warrants that are signed by an ICE supervisor. This warrant, does not give ICE permission to come into your house.
- If you are arrested you have the right to call your family, a lawyer, and your consulate.

### Red Cards

Red cards can help you tell an immigration officer that you are using your rights. Show the card to the officer or slide it under the door.

<p>Usted tiene derechos constitucionales.</p> <ul style="list-style-type: none"><li>• <b>NO ABRA LA PUERTA SI UN AGENTE DE SERVICIO DE INMIGRACION ESTA TOCANDO A LA PUERTA</b></li><li>• <b>NO CONTESTE NINGUNA PREGUNTA DEL AGENTE DEL SERVICIO DE INMIGRACION SI EL TRATA DE HABLAR CON USTED.</b> Usted tiene derecho a mantenerse callado. No tiene que dar su nombre al agente. Si está en el trabajo, pregunte al agente si está libre para salir y si el agente dice que sí, váyase. Usted tiene derecho de hablar con un abogado.</li><li>• Entregue esta tarjeta al agente. No abra la puerta!</li></ul>	<p>I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5<sup>th</sup> Amendment rights under the United States Constitution.</p> <p>I <b>do not</b> give you permission to enter my home based on my 4<sup>th</sup> Amendment rights under the United States Constitution unless you have a warrant, signed by a judge or magistrate with my name on it that you slide under the door. I do not give you permission to search any of my belongings based on my 4<sup>th</sup> Amendment rights.</p> <p>I choose to exercise my constitutional rights. <i>These cards are available to citizens and noncitizens alike.</i></p>
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### Things to Remember

- Stay calm



- Do not run away
- Do not answer questions
- Do not show fake documents
- Do not sign anything
- Carry your red card and use it
- Ask to speak to a lawyer
- Ask for an interpreter if you are detained or questioned

### **More Resources**

For more information, look at these websites for know your rights material.

- National Immigrant Law Center: <https://www.nilc.org/get-involved/community-education-resources/know-your-rights/>
- American Civil Liberties Union: <https://www.aclu.org/know-your-rights>
- Immigrant Legal Resource Center: <https://www.ilrc.org/community-resources>
- Immigrant Defense Project: <https://www.immigrantdefenseproject.org/category/resources-for-communities/>

### **Finding Legal Help**

You may want to talk to an Immigration Specialist. They can help you figure out the best options for you. Be careful of immigration fraud and scams. Check with an organization you trust before you start any immigration process. See a list of free legal service providers.

## Important Documents

Make a file of important documents or copies of important documents. Make sure you, your family, and your caregiver know where to find these documents in case of an emergency.

These are examples of documents (or copies) that you may want to get together:

- Passports
- Birth Certificates
- Marriage License
- Insurance documents
- Any family court documents, like guardianship or custody paperwork
- Any immigration documents (work permit, green card, visa, etc.), especially documents that have your “A” number
- Driver’s License and/or Other Identification Cards
- Social Security Card or ITIN number
- Registry of birth for children
- Children’s vital information page
- Emergency Contact Information
- Caregiver’s Authorization Affidavit
- Temporary Agent Authorization
- Any other documents that you think are important

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## Child's Vital Information

This document has important information about your child. It should be given to the person who will take care of your child, or kept with your important documents. You should fill one out for each child.

<b>Child's name</b>	
<b>Date of Birth</b>	
<b>School name and address</b>	
<b>Teacher's name</b>	
<b>Afterschool activities/program information</b>	
<b>Doctor's name</b>	
<b>Doctor's phone number</b>	
<b>Medications</b>	
<b>Allergies</b>	
<b>Medical conditions</b>	
<b>Health insurance</b>	

<b>Family and Emergency Contacts</b>	
<b>Parent 1's Information</b>	Name: Phone Number(s): Address:
<b>Parent 2's Information</b>	Name: Phone Number(s): Address:
<b>Other emergency contact:</b> _____	Name: Phone Number(s): Address: Relationship to child (grandfather, aunt, family friend):
<b>Other emergency contact:</b> _____	Name: Phone Number(s): Address: Relationship to child (grandfather, aunt, family friend):

**Other emergency contact:**

\_\_\_\_\_

Name:

Phone Number(s):

Address:

Relationship to child (grandfather, aunt, family friend):

**Any additional information or notes for the caregiver:**

# CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

## 1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, \_\_\_\_\_, residing at \_\_\_\_\_

am the parent legal guardian legal custodian of the minor child(ren) listed below.

I do hereby authorize \_\_\_\_\_, residing at \_\_\_\_\_ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

\_\_\_\_\_ name date of birth

\_\_\_\_\_ name date of birth

\_\_\_\_\_ name date of birth

\_\_\_\_\_ name date of birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

\_\_\_\_\_  
\_\_\_\_\_

[OPTIONAL – *you can choose an alternate caregiver if you want*] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver, I hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_, as the alternate caregiver.

The following statements are true: (*Please read*)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (*If you are the legal guardian or custodian, attach the court order appointing you.*)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

This document shall remain in effect until \_\_\_\_\_ (not more than two years from the date I sign it) or until I notify the caregiver in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Authorizing Party Signature: \_\_\_\_\_  
(parent/guardian/custodian)

Printed name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE  
(To be signed by persons over the age of 18 who are not the designated caregiver)

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

\_\_\_\_\_, ss

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: \_\_\_\_\_

Printed name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the alternate caregiver, if you choose one)

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and my presentation of this signed document constitutes my attestation.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended

affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of alternate caregiver: \_\_\_\_\_

Printed name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_



This document gives someone the right to make school and healthcare decisions for your child(ren).  
It can last for 2 years.

CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234,  
am the parent/legal guardian/legal custodian (circle one) of the minor child(ren) listed below.

I do hereby authorize Jessica Jones, residing at  
321 Main Street, Boston, MA 04321 to exercise concurrently the rights  
and responsibilities, except those prohibited below, that I possess relative to the education and health care  
of the minor children whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the caregiver." This person can make school and medical decisions for your child(ren).

<u>Child #1</u>	<u>01/01/2010</u>	<u>Child #2</u>	<u>01/01/2007</u>
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

(for example) the caregiver cannot change my child's school

Write down anything you don't want the caregiver to do.

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate caregiver.

If the person you pick for the caregiver cannot help, you can pick a second person just in case. Write their name and address here.

The following statements are true: (Please read)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?  
• No court has said you cannot make decisions for your child(ren)  
• You are not filling out this form so your child(ren) can go to a different school, or to give rights to a caregiver that a court took away  
• No one is forcing you to sign this form  
• If you change this form or end the authorization, you will give a new form to everyone who has a copy

Initials

Initial each page

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

The caregiver only has rights to make decisions about your child if you are unavailable.

This document shall remain in effect until 01/01/2019 (not more than two years from date of signing) or until I notify the caregiver in writing that I have amended or revoked it.

You decide how long the document is valid – it cannot be for more than 2 years.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Authorizing Party Signature: Parent

**Attention!** You must sign the document in front of a notary public.

Printed name: Parent

Telephone number: 617-555-5555

**2. WITNESSES TO AUTHORIZING PARTY SIGNATURE**

*(To be signed by persons over the age of 18 who are not the designated caregiver)*

Witness #1  
Witness #1 Signature

Witness #2  
Witness #2 Signature

Witness #1  
Printed Name

Witness #2  
Printed Name

617-555-5556  
Phone Number

617-555-5557  
Phone Number

**Attention!** Two adults have to watch you sign the document and then sign here – you all must sign in front of a notary public. The two adults cannot be the caregiver or the second person you picked to be the caregiver.

**3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE**

Commonwealth of Massachusetts

\_\_\_\_\_, ss

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

You and the two adults have to sign the document in front of a notary public. You have to show ID, like a passport or license, to the notary.

Signature and seal of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)

I, Jessica Jones, am at least 18 years of age and the above child(ren) will reside with me at 123 Main Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such and presentation of this signed form constitutes my attestation.

Write the caregiver's name and address.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The caregiver knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The caregiver signature does not have to be signed in front of a notary public.

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the alternate caregiver, if you choose one)

I, John Smith, am at least 18 years of age and the above child(ren) will reside with me at 1234 Center Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such and my presentation of this signed form constitutes my attestation.

If you choose a backup caregiver, write the person's name and address.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The backup caretaker knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: John Smith

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The alternate caregiver signature does not have to be signed in front of a notary public.

# TEMPORARY AGENT APPOINTMENT

Massachusetts General Laws Chapter 190B, § 5-103

## 1. APPOINTING PARTY (Parent/custodian/guardian)

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
am the    parent    legal guardian    legal custodian of the minor child(ren) listed  
below.

I do hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ as temporary agent to exercise any power  
regarding the care, custody, or property [except the power to consent to marriage or  
adoption and any additional acts prohibited below], that I possess relative to the minor  
child(ren) whose names and dates of birth are:

_____	_____	_____	_____
name	date of birth	name	date of birth

_____	_____	_____	_____
name	date of birth	name	date of birth

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

\_\_\_\_\_  
\_\_\_\_\_  
[**OPTIONAL** – *you can choose an alternate agent if you want*] In the event that the  
above-named individual is unavailable or unwilling to serve as the agent, I hereby  
appoint \_\_\_\_\_, residing at  
\_\_\_\_\_, as the alternate agent.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the guardian or custodian, please attach the court order appointing you.)*
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.

This document shall remain in effect 60 days after it takes effect or until I notify the agent in writing that I have amended or revoked it.

Check applicable statements:

The non-appointing parent has given consent (*See page 4*)

I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)

- deceased
- whereabouts unknown
- unwilling to provide care for the minor child
- unable to provide care for the minor child

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: \_\_\_\_\_  
(parent/guardian/custodian)

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

2. WITNESSES TO APPOINTING PARTY SIGNATURE  
(*To be signed by persons over the age of 18 who are not the designated agent.*)

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address and telephone number

\_\_\_\_\_  
Address and telephone number

3. TEMPORARY AGENT ACKNOWLEDGMENT *(To be signed and completed by the agent)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT *(If you choose an alternate agent, please have complete and sign)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

5. NONAPPOINTING PARENT CONSENT (*The other parent must give permission if you know where they are and they are willing and able to care for the child*)

I, \_\_\_\_\_, residing at \_\_\_\_\_, am the nonappointing parent of the child(ren). I consent to the designation of \_\_\_\_\_ to be a temporary agent and \_\_\_\_\_ to be the alternate agent (if applicable) for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_



This document gives someone the right to make decisions for your child about anything a parent can decide – such as school, healthcare, property, and finances. It can last for up to 60 days.

### TEMPORARY AGENT APPOINTMENT

Massachusetts General Laws Chapter 190B §5-103

#### 1. APPOINTING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234, am the  parent  legal guardian  legal custodian of the minor child(ren) listed below.

I do hereby appoint Jessica Jones, residing at 321 Main Street, Boston, MA 04321 as temporary agent to exercise any power regarding the care, custody, or property [except the power to consent to marriage or adoption and any additional acts prohibited below], that I possess relative to the minor child(ren) whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the agent." This person can make any decisions for your children that you could make.

Child #1 01/01/2010  
Name Date of Birth

Child #2 01/01/2007  
Name Date of Birth

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Name Date of Birth

Write down anything you don't want the agent to do.

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

(for example) the agent cannot change my child's school

If the person you pick for the agent cannot help, you can pick a second person if you want. Write their name and address here.

[OPTIONAL – you can choose an alternate agent if you want] In the event that the above-named individual is unavailable or unwilling to serve as the agent, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate agent.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the legal guardian or custodian, attach the court order appointing you.)*
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to an agent from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?  
• No court has said you cannot make decisions for your child(ren)  
• You are not filling our this form so your child(ren) can go to a different school, or to give rights to someone the court took them away from  
• No one is forcing you to sign this form  
• If you change this form, you will give a new form to everyone who has a copy

Initial each page.

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.

The agent only has rights to make decisions about your child(ren) if you are arrested, or are missing for 48 hours.

This document shall remain in effect until 60 days from the date it becomes effective, or until I notify the agent in writing that I have amended or revoked it.

This form is only valid starting when you are arrested or missing, and will last for 60 days.

Check applicable statements:

- The non-appointing parent has given consent (*See page 4*)
- I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)
  - deceased
  - whereabouts unknown
  - unwilling to provide care for the minor child
  - unable to provide care for the minor child

You may need to get permission from the other parent. If you do, the other parent will sign section 5.  
  
You may not need permission if one of these statements is true. Check the one that applies.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: Parent

You must sign the document in front of two witnesses.

Printed name: Parent

Telephone number: 617-555-5555

**2. WITNESSES TO APPOINTING PARTY SIGNATURE**

*(To be signed by persons over the age of 18 who are not the designated agent)*

Witness #1  
Witness #1 Signature

Witness #2  
Witness #2 Signature

Witness #1  
Printed Name

Witness #2  
Printed Name

617-555-5551  
Phone Number

617-555-5552  
Phone Number

Two adults have to watch you sign the document and also sign it. Do not sign without your witnesses.

3. TEMPORARY AGENT ACKNOWLEDGMENT (To be signed and completed by the agent)

I, Jessica Jones, hereby accept this Temporary Agent Appointment.

The agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: Jessica Jones

The agent can sign at the same time as you, or at a different time.

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT (If you choose an alternate agent, please have complete and sign)

I, John Smith, hereby accept this Temporary Agent Appointment.

If you choose a backup agent, write his or her name here. The backup agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: John Smith

The backup agent can sign at the same time as you, or at a different time.

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

5. NONAPPOINTING PARENT CONSENT (if applicable)

I, Parent #2, residing at 123 Massachusetts Street, Boston, MA 01234, am the nonappointing parent of the child(ren). I consent to the designation of \_\_\_\_\_ to be a temporary agent and \_\_\_\_\_ to be an alternate temporary agent for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

If you know where the other parent is, and the other parent could take care of the child, but is not going to, you should put their information here and have them sign.

Signature: Parent #2

Date: 06/01/2017

Printed Name: Parent #2

The other parent also does not have to sign in front of a notary public.

Telephone number: 617-555-5559

# Referral List / Listado de Referencias / Lista de Recomendação

For immigration assistance please contact the following providers

Para asistencia de inmigración, por favor comunicarse con los siguientes proveedores

Para assistência sobre imigração, favor contactar os seguintes provedores de serviços

## BOSTON

### **Action for Boston Community Development, Inc.**

21 Meridian St. East Boston, MA 02128 // 617-567-8857  
315 Centre Street, Rear, Jamaica Plain, MA 02130 // 617-522-5533  
714 Parker St. Roxbury, MA 02120 // 617-445-6000  
535 River St. Mattapan, MA 02126 // 617-298-2045  
554 Columbus Ave. Boston, MA 02118 // 617-267-7400  
178 Tremont Street, Boston MA 02111 // 617 - 348 - 6000

### **Agencia ALPHA**

62 Northampton St., 1st Fl. (H-101), Boston, MA 02118 //  
617-522-6382 *East Boston Branch at Iglesia NuevaVida:*  
70 White St. East Boston, MA 02128 // 617-522-6382

### **American Civil Liberties Union - MA**

One Center Plz, Suit 850, Boston, MA, 02108 // 617-482-3170

### **Asian American Civic Association**

87 Tyler St., 5th Fl., Boston, MA 02111 // 617-426-9492

### **Asian Outreach Unit: Greater Boston Legal Services**

197 Friend St. Boston, MA 02114 // 617- 371-1234

### **Casa Myrna Vasquez (for survivors of domestic violence)**

451 Blue Hill Ave, Boston MA 02121 // 800 -841- 8371

### **Brazilian Women's Group**

697 Cambridge St, Ste 106, Brighton, MA 02135 // 617-202-5775

### **Brazilian Workers Center**

14 Harvard Ave., 2<sup>nd</sup> Fl., Allston, MA 02134 //617-783-8001 ext101

### **Catholic Charities of Boston (call Mondays at 9am)**

275 W. Broadway South Boston, MA 02127 // 617-464-8500

### **Centro Presente**

12 Bennington St., Suite 202, East Boston, MA 02128 //  
857-256-2981

### **Dominican Development Center**

42 Seaverns Ave. Jamaica Plain, MA 02130 // 617-524-4029

### **East Boston Ecumenical Community Council**

50 Meridian St. East Boston, MA 02128 // 617-567-2750

### **Greater Boston Legal Services**

197 Friend St. Boston, MA 02114 // 617-371-1234

### **Immigrant Family Services Institute (IFSI)**

1626 Blue Hill Avenue Mattapan, MA 02126 // 617-322-1348

### **Haitian-American Public Health Initiatives**

1603 Blue Hill Ave., Mattapan, MA 02126 // 617-298-8076

### **Immigrant Worker Center Collaborative**

28 Ash St. Boston, MA 02111 // 978-219-4783

### **International Institute of New England, Boston Office**

2 Boylston St., 3 Fl., Boston, MA 02116 // 617-695-9990

### **Justice Bridge Legal Center UMass School of Law**

67 Batterymarch St, LL, Boston MA 02110 // 617-860-3414

### **Massachusetts Alliance of Portuguese Speakers**

1046 Cambridge St. Cambridge, MA 02139 // 617-864-7600

### **Mabel Center for Immigrant Justice**

200 Portland Street, 5th Floor Boston, MA 02114 // 617-417-4325

### **MA Immigrant and Refugee Advocacy Coalition**

(Citizenship assistance only)  
69 Canal St 3rd floor, Boston, MA 02111 // 617-350-5480

### **Mayor's Office for Immigrant Advancement**

(Consultations: 1<sup>st</sup> & 3<sup>rd</sup> Wednesday of the month, 12-3pm via phone)  
1 City Hall Sq., Room 806, Boston, MA 02201 // 617-635- 2980

### **Political Asylum/Immigration Representation Project**

98 N. Washington St. Boston, MA 02114 , Suite 106 / 617-742-9296

### **Project Citizenship**

(Citizenship assistance only)  
4 Faneuil S Market Bldg., Suite 4025, Boston 02109 // 617-694-5949

### **RIAN Immigrant Center**

One State St., Ste. 800, Boston, MA 02109 // 617-542-7654  
Contact Rian for information about free walk-in consultations

### **Student Immigrant Movement (SIM)**

9A Hamilton Pl., Boston MA 02108 // info@simforus.com

### **Somali Development Center/African Social Services**

10 Malcolm X Blvd., 2<sup>nd</sup> Fl, Boston, MA 02119 // 617-522- 0700

### **Refugee and Immigrant Assistance Center**

253 Roxbury St. Boston, MA 02119 // 617-238-2430

### **Victim Rights Law Center**

115 Broad Street, 3rd floor, Boston, MA 02110 508-669-7020

### **VACA: Vietnamese American Civic Association**

42 Charles St. Dorchester, MA 02122 // 617-288-7344

## CHILDREN AND YOUTH ONLY

### **Ascentria Care Alliance**

(Unaccompanied Refugee Minors Program)  
230 Second Ave., Ste 125, Waltham, MA 02451 // 781-373-9157

### **Children's Law Center**

2 State Street Lynn, MA 01903 // 781-581-1977

### **KIND: Kids In Need of Defense**

11 Beacon Street, Suite 820 Boston, MA 02108 // 617-207-4171

## CAMBRIDGE/SOMERVILLE

### **Commission on Immigrant Rights and Citizenship**

51 Inman St., 2<sup>nd</sup> Flr, Cambridge, MA 02131, 617-349-4396

### **De Novo**

(Formerly: Community Legal Services and Counseling Center)  
47 Thorndike St., Ste. SB-LL-1, Cambridge, MA 02141  
/617-661-1010

### **CPCS Immigration Impact Unit (Criminal matters)**

6 Pleasant Street Malden, MA 02148 // 781-338-0825

## UNIVERSITY LEGAL SERVICES

### **Boston College Legal Services LAB**

885 Centre St., Newton Centre MA 02459 // 617-522-0248

### **Immigrants' Rights & Human Trafficking Program**

765 Commonwealth Ave. Boston, MA 02215 // 617-353-2807

**Harvard University Immigration and Refugee Clinic  
(Crimmigration, Immigration, Refugee Advocacy)**  
3085 Wasserstein Hall (WCC) 6 Everett St. Cambridge, MA 02138  
// 617-384-8165

**Northeastern University Immigrant Justice Clinic**  
416 Huntington Ave. Boston, MA 02115 // 617-373-6802

**Suffolk University Immigration Law Clinic**  
120 Tremont St. Boston, MA 02108 // 617-573-8644

**University of Massachusetts, School of Law at  
Dartmouth, Immigration Law Clinic**  
333 Faunce Corner Road, Dartmouth MA 02747 // 508-985-1106

### **CHELSEA / EVERETT / MALDEN**

**Chelsea Collaborative**  
318 Broadway Chelsea, MA 02150 // 617-889-6080

**HarborCOV (for Survivors of Domestic Violence)**  
P.O. Box 505754 Chelsea, MA 02150 // 617-884-9909

**LUMA Boston**  
198 Ferry St. Everett, MA 02149 // 617-381-0015

**Refugee Immigration Ministry**  
6 Pleasant Street, Ste 612, Malden MA 02148// 781-322-1011

### **LAWRENCE / LOWELL / LYNN**

**Bosnian Community Center for Resource Development**  
20 Wheeler St., 4th Fl., Lynn, MA 01902 // 781-593-0100 ext 20  
(Permanently Closed)

**Cambodian Mutual Assistance Association of Lowell**  
465 School St., Lowell, MA 01851 // (978) 454-6200

**International Institute of New England, Lowell Office**  
101 Jackson Street, Suite 2, Lowell, MA 01852 // 978-459-9031

**Greater Lawrence Community Action Council**  
305 Essex St. 4th Floor, MA 01840 // (978) -620- 4718

**Northeast Justice Center/ Northeast Legal Aid**  
50 Island St., Ste 203B, Lawrence, MA 01840 // 978-458-1465  
181 Union St., Ste 201B, Lynn, MA 01901 // 978-458-1465  
79 Merrimack St., Ste 302, Lowell, MA 01852 // 978-458-1465

**Refugee and Immigrant Assistance Center, Inc.**  
330 Lynnway Lynn, MA 01901 // 781-593-0100

### **FRAMINGHAM / NEWTON / WALTHAM**

**Jewish Family and Children's Service**  
1430 Main St. Waltham, MA 02451 // 781-647-5327

**Jewish Family Services of MetroWest**  
475 Franklin St. Framingham, MA 01702 // 508-875-3100

**MetroWest Legal Services**  
63 Fountain, Ste 304, Framingham MA 01702 // 508-620-1830

**MetroWest Workers Center**  
116 Concord St. #5 Framingham, MA 01702 // 508-532-0575

### **NORFOLK COUNTY & SOUTH SHORE**

**Catholic Social Services of Fall River /  
Catholic Charities: Diocese of Fall River**  
1600 Bay St. Fall River, MA 02724 // 508-674-4681

**Community Action Committee of Cape Cod & Islands**  
372 North St. Hyannis, MA 02601 // 508-771-1727

**Community Economic Development Center**  
1501 Acushnet Ave. New Bedford, MA 02746 // 508-979-4684

**DOVE (for Survivors of Domestic Violence)**  
P.O. Box 690267 Quincy, MA 02269 // 617-770-4065

**Immigrants Assistance Center, Inc.**  
58 Crapo St. New Bedford, MA 02740 // 508-996-8113

**Justice Bridge Legal Center UMass School of Law**  
257-259 Union St. New Bedford, MA 02740// 508-449-9296

**Southeast Justice Center of Southeast Massachusetts /  
South Coastal Legal Services**  
62 Main St., Ste 302, Brockton, MA 02301 // 800-244-8393

**Victim Rights Law Center**  
P.O. Box 3082 New Bedford, MA 02741 / 508- 669-7020

### **CENTRAL MASSACHUSETTS**

**African Community Education Program (ACE)**  
51 Gage St Worcester, MA 01608 // 508-459-2284

**Ascentria Care Alliance**  
11 Shattuck St. Worcester, MA 01605 // 774-243-3100

**Catholic Charities Worcester Co**  
10 Hammond Street, Worcester, MA 01610 // 508-798-0191

**Community Legal Aid/Central West Justice**  
405 Main St., 4<sup>th</sup> Fl., Worcester, MA 01608 // 508-752-3718

**Refugee and Immigrant Assistance Center**  
340 Main St, Ste 804, Worcester, MA 01608 // 508-755 -3260

### **WESTERN MASSACHUSETTS**

**Ascentria Care Alliance**  
425 Union St. West Springfield, MA 01089 // 413-562-6015

**Berkshire Immigrant Center**  
67 East St. Pittsfield, MA 01201 // 413-445-4881

**Catholic Charities of Springfield**  
65 Elliot St. Springfield, MA 01105 // 413-732-3175

**Center for New Americans**  
42 Gothic St. Northampton, MA 01060 // 413-587-0084

**Community Legal Aid/Central West Justice**  
405 Main Street, 4th floor Worcester, MA 01608// 413-781-7814

**New England Justice for our Neighbors**  
361 Sumner Ave. Springfield, MA 01108 // 413-386-9951

**Victim Rights Law Center**  
P.O. Box 1700 Belchertown, MA 01007 02110 // 413- 842-4020

### **WALK IN CONSULTATIONS**

**Mayor's Office for Immigrant Advancement**  
1 City Hall Sq. Room 806, Boston MA 02201 //  
617-635-2980  
*1st and 3rd Wednesdays of each month,*

**De Novo**  
47 Thorndike St., Ste. SB-LL-1, Cambridge, MA 02141  
//617-661-1010

**Rian Immigrant Center** <http://riancenter.org>  
1 State St, #800 Boston MA 02110 // 617-542-7654  
*Contact Rian for information about free walk-in consultations*