

Neighborhood Legal Services of Los Angeles County

Family Preparedness Guide

AFTER COMPLETING YOUR FAMILY PLAN AND A CHILD INFORMATION FORM FOR EACH CHILD, KEEP THEM AND ALL RELATED DOCUMENTS IN A SAFE PLACE ACESSIBLE TO YOUR TRUSTED PERSON.

IF I AM DETAINED, I WILL MEMORIZE THE PHONE NUMBER AND CALL THIS TRUSTED PERSON WHO WILL HELP ME IMPLEMENT MY EMGERGENCY PLAN:

Name:	Number:	
	SE ATTORNEY INFORMATION ent me if I am detained?)	
My Trusted Person will call this attorney who an attorney from NLSLA here.	I have ALREADY RETAINED to assist me. Do NOT list	
Name:	Number:	
My Trusted Person will call attorneys from NLSLA's Removal Defense list or will call the ImmDef Rapid Response Legal Assistance Hotline (213) 833-8283 to obtain legal assistance for me.		
	RNEY INFORMATION e in the past, including NLSLA if applicable)	
(Attorneys who have represented the	e in the past, including NESEA if applicable)	
Name:	Number:	
Name:	Number:	
l l	NUMBER	
My A Number (USCIS Number) if applicable:		
EMERGE	NCY CONTACTS	
If I am detained, my emergency person will call them:	ne following people (Names and numbers) to notify	
Name:	Number:	
Relationship:		

EMERGENCY CONTACTS, CONTINUED		
Name:Number:		
Relationship:		
Name:Number:		
Relationship:		
Name:Number:		
Relationship:		
Name:Number:		
Relationship:		
LOCATION OF IMPORTANT DOCUMENTS		
It is important that your trusted person knows where to find the important documents you may quickly need detained, including but not limited to the following documents. For each document, note whether you have and where it is located. It will be easiest for your trusted person if you put everything the same place.		
Birth certificates of everyone in your family		
Passports for everyone in your family		
Immigration documents, including application copies, receipts, approvals, work permits, etc.		
Marriage certificates, divorce decrees, custody orders		
Social Security Cards		
Evidence you have been in the US for 2 years, including receipts, bills, mail you have received, taxes, etc		
Medical records if you have a medical condition that requires medication or other assistance		
Vaccination records for everyone in the family		
Other:		
BAIL INFORMATION		
Name and Number of Person (US Citizen or Resident) who could post bond for me to be released from		
Immigration detention (bond is often \$1500, but can be higher):		
Name: Number:		

FAMILY IN H	OME COUNTRY	
Names and phone numbers of my family in the country to which I might be deported:		
Name:	Number:	
EMPLOYMENT INFORMATION		
☐ I DO NOT want my employer to be notified if I am	detained.	
☐ I DO want my employer to be notified if I am detail	ned.	
Name:	Number:	
it. Plan for paycheck:	ou are not available and what you want them to do with	
FINANCIAL INFORMATION		
Consider whether there is anyone who can assist you explain the plan here:	with any payments that are due in your absence and	
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SHORT-TERM DEPENDENT CARE PLAN

Consider who can immediately care for all of your dependents if you are detained. List the name and number of each person with whom you have already made a verbal agreement to care for your children in an emergency. It is better to list more than one person, if possible, to make sure that someone is available when you need them. MAKE SURE TO NOTIFY YOUR CHILDREN'S SCHOOL OR CARE PROVIDER THAT YOU AUTHORIZE THESE PEOPLE TO PICK YOUR CHILDREN UP IN CASE OF EMERGENCY.

Name:	Number:
Name:	Number:
Name:	Number:
Document any notes regarding your sho go with different caregivers:	ort-term plan here, including if you intend for different dependents to
LONG	-TERM DEPENDENT CARE PLAN
you would want your dependents to be s family members somewhere else. Includin your instructions. If you want your chi	or care of your dependents is the same as your short -term plan or if sent to you in your country if you were deported, or to be with other de names and numbers of any caregivers not previously documented ldren to travel to your country if you are deported, you will need to ssports are difficult to obtain if the parent listed on the birth