

## PREPAREDNESS CHECKLIST

**Documents:** Gather these documents and keep them in a safe place.

- Identification documents (passports, matricula consular, green cards, work permits, etc.) and birth certificates of each family member
- General Power of Attorney (sample in packet)
- Special Power of Attorney (sample in packet)
- Permission for minor children to travel (in packet)
- Home deed or lease
- Marriage certificates
- Vehicle titles
- Insurance policies
- Financial and tax records
- All copies of immigration applications and notices
- Your Family Plan (in packet)

**Things to do:**

- Have more than one key to every vehicle
- Have more than one key to the house or apartment
- Be sure children know parents' cell phone numbers
- Arrange with a person outside your family to be a contact person for your family members (this person should have legal status)
- Save money for possible travel expenses
- Know the name and phone number of an attorney you can contact, if needed
- Arrange for a place where your children can go if they cannot contact you
- Put a note on your refrigerator with the phone number of your "contact" person and the phone number of the place your children should go, if they cannot contact you

## Preparativos

**Documentos:** Reúna estos documentos y guárdelos en un sitio seguro

- Documentos de identificación (pasaportes, matricula consular, Green Card (tarjeta verde), permisos de trabajo, etc.) y actas de nacimiento de cada miembro de familia
- Poder notarial general (vea ejemplo en inglés)
- Poder notarial especial (vea ejemplo en inglés)
- Permiso para viajar para menores (vea ejemplo en inglés)
- Contrato de compraventa de su hogar o contrato de arrendamiento
- Actas de matrimonio
- Documento de propiedad de vehículo
- Pólizas de seguros o aseguranzas
- Expedientes financieros o de impuestos
- Todas las copias de solicitudes de inmigración y notificaciones de inmigración
- El paquete: plano de familia

**Cosas que preparar:**

- Tenga más de una copia de sus llaves de su carro
- Tenga más de una copia de sus llaves de casa
- Asegúrese que los niños sepan el número de teléfono de sus padres
- Llegue a un acuerdo con una persona que no pertenezca a su familia ser la persona a contactar en caso de necesidad. Esa persona debería tener algún estatus legal inmigratorio en EE.UU.
- Ahorre dinero para posibles viajes
- Memoríze un número de teléfono de un abogado en caso de necesidad
- Encuentre un lugar seguro para sus hijos en caso de que no les puedan contactar
- Ponga la información del número de teléfono de la persona de contacto y del lugar seguro donde puedan ir sus hijos, si no le pueden contactar, en su refrigerador

# SAMPLE GENERAL POWER OF ATTORNEY

Sample—For Instructional Use Only—Consult An Attorney  
Muestra—Sólo Para Uso Educativo—Consulte A Un Abogado

## GENERAL POWER OF ATTORNEY

Know All Men by These Presents, which are intended to constitute a GENERAL POWER OF ATTORNEY:

That I, \_\_\_\_\_ of \_\_\_\_\_ do hereby appoint \_\_\_\_\_ of

\_\_\_\_\_ my attorney-in-fact TO ACT in my name, place and stead in any way which I myself could do if I were personally present, with respect to the following matters as each of them to the extent that I am permitted by law to act through an agent:

Real estate transactions; chattel and goods transactions; bond, share and commodity transactions; banking transactions; insurance transactions; estate transactions; claims and litigation; personal relationships and affairs; benefits from military service; records, reports and statements; full and unqualified authority to my attorneys-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorneys- in-fact shall select; and all other matters.

This General Power of Attorney shall not be affected by the subsequent disability or incapacity of the principal or lapse of time.

TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OR FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

In Witness Whereof I have hereunto signed my name and affixed my seal this \_\_\_\_\_ day of \_\_\_\_\_.

STATE OF KENTUCKY

COUNTY OF \_\_\_\_\_

The foregoing instrument was subscribed, sworn to and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ by

\_\_\_\_\_  
NOTARY PUBLIC

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

# SAMPLE SPECIAL POWER OF ATTORNEY

Sample—For Instructional Use Only—Consult An Attorney  
Muestra—Sólo Para Uso Educativo—Consulte A Un Abogado

## SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_, the undersigned, presently residing at \_\_\_\_\_, do hereby make, constitute and appoint \_\_\_\_\_

of \_\_\_\_\_, Kentucky, (hereinafter referred to as "Attorney-in-Fact), my true and lawful Attorney-in-Fact for me and in my name, place and stead, and on my behalf, and for my use and benefit, to exercise the powers given herein. I give my Attorney-in-Fact the following powers:

1. To take temporary custody of my daughter/son/, \_\_\_\_\_, until such time as I request the return of full custody to me.

2. To provide for the educational instruction, medical care and all other care of my daughter / son, \_\_\_\_\_, as is appropriate for a child of her/his age.

3. I grant to said Attorney-in-Fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present and not under disability, with full power of substitution or revocation, hereby ratifying and confirming all that said Attorneys-in-Fact, or their substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

4. Persons dealing with my Attorney-in-Fact from time to time need not look to the application of moneys or other considerations passing to my Attorney-in- Fact. No Attorney-in-Fact shall incur any liability to me for acting or refraining from acting hereunder.

STATE OF KENTUCKY \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the instrument, and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereto set my hand and official seal.

\_\_\_\_\_  
Notary Public

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

**PARENTS' PERMISSION FOR CHILD TO TRAVEL OUTSIDE THE US  
PERMISO DE PADRES PARA AUTORIZAR LA SALIDA DE SUS HIJOS  
FUERA DE LOS EEUU**

PARENTS' PERMISSION FOR CHILD TO TRAVEL TO \_\_\_\_\_

Child: \_\_\_\_\_, born \_\_\_\_\_  
País de destino  
Nombre y Apellido del Niño Fecha de Nacimiento

Parents: Mother: \_\_\_\_\_, born \_\_\_\_\_  
Nombre y Apellido de la madre Fecha de Nacimiento

Father: \_\_\_\_\_, born \_\_\_\_\_  
Nombre y Apellido del padre Fecha de Nacimiento

Address of Child: \_\_\_\_\_  
Dirección del Niño

Address of Parents: Mother: \_\_\_\_\_  
Dirección de la madre

Father: \_\_\_\_\_  
Dirección del Padre

Escort for Child: \_\_\_\_\_, born \_\_\_\_\_  
Nombre y Apellido del Acompañante Fecha de Nacimiento

\_\_\_\_\_  
Dirección del Acompañante

WITNESSETH:

We, the parents of \_\_\_\_\_, \_\_\_\_\_ years of age, do hereby give our permission for this  
Nombre y Apellido del Niño Edad

child to travel to \_\_\_\_\_ under the escort of \_\_\_\_\_  
País de destino Nombre y Apellido del Acompañante

beginning on or around \_\_\_\_\_ This permission gives \_\_\_\_\_  
Fecha del viaje Nombre y Apellido del Acompañante

authority to exercise temporary physical custody and control over our child for the exclusive purpose of travel and for any related emergency.

This permission shall expire upon the child's safe arrival, but no later than \_\_\_\_\_, 200\_\_\_\_.  
Fecha de llegada del niño

Signed this \_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Mother (Madre)

\_\_\_\_\_  
Father (Padre)

COMMONWEALTH OF KENTUCKY  
COUNTY OF FAYETTE

Subscribed and sworn before me by \_\_\_\_\_ and \_\_\_\_\_ on this \_\_\_\_  
day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
State at Large

NOTARY PUBLIC

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

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### Fayette County Bar Association

Servicios legales para personas de  
recursos limitados  
122 N. Broadway  
Lexington, KY 40505  
Tel: 859-255-7244  
Website: [www.fcba.com](http://www.fcba.com)

### Legal Aid of the Bluegrass

Kimberly Iden  
Servicios legales con temas de violencia  
doméstica  
498 Georgetown Street  
Lexington, KY 40583  
Tel: 859-233-4556  
Website: [www.kyjustice.org](http://www.kyjustice.org)

### Legal Aid Society

416 W Muhammad Ali Blvd # 300  
Louisville, KY 40202  
Tel: 502-584-1254  
Website: [www.laslou.org](http://www.laslou.org)

### Louisville Bar Association

Llame para conseguir al abogado  
adecuado  
Tel: 502-583-1801  
Website: [www.loubar.org](http://www.loubar.org)

### Maxwell Street Legal Clinic

Servicios legales de inmigración  
315 Lexington Avenue  
Lexington, KY 40508  
Tel: 859-233-3840  
Website: [maxlegalaid.oklsp.org](http://maxlegalaid.oklsp.org)

## PRIMARY LATIN AMERICAN CONSULAR OFFICES IN THE US PRINCIPALES CONSULADOS LATINO AMERICANOS EN EEUU

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### Chile

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Viernes

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### El Salvador

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### Guatemala

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