

# 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

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# 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.

## 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>	

Family and Emergency Contacts	
<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:**

## 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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**CAREGIVER AUTHORIZATION AFFIDAVIT**  
*DECLARACIÓN JURADA DE AUTORIZACIÓN PARA CUIDADOR(A)*

Massachusetts General Laws Chapter 201F  
*Capítulo 201F de las Leyes Generales de Massachusetts*

1. **AUTHORIZING PARTY** (Parent/Guardian/Custodian)  
**PARTE QUE OTORGA LA AUTORIZACIÓN** (*padre/madre/tutor(a)/guardián(a)*)

I, \_\_\_\_\_, residing at \_\_\_\_\_  
*Yo, \_\_\_\_\_, que vivo en \_\_\_\_\_*

am the ☐ parent ☐ legal guardian ☐ legal custodian of the minor child(ren) listed below.  
*soy (padre/madre) (tutor(a)) (guardián(a)) del niño/a/os/as que aparece(n) a continuación.*

I do hereby authorize \_\_\_\_\_, residing at \_\_\_\_\_  
*Por medio de la presente autorizo a \_\_\_\_\_, quien reside en \_\_\_\_\_*

\_\_\_\_\_ to exercise concurrently the rights  
*para que ejerza de manera concurrente los derechos*

and responsibilities, except those prohibited below, that I possess relative to the education and  
*y responsabilidades, excepto aquellos prohibidos a continuación, que poseo en cuanto a la educación y*

health care of the minor children whose names and dates of birth are:  
*cuidados de la salud de los(as) menores cuyos nombres y fechas de nacimiento son:*

\_\_\_\_\_  
name/nombre                      date of birth/fecha de nacimiento

\_\_\_\_\_  
name/nombre                      date of birth/fecha de nacimiento

\_\_\_\_\_  
name/nombre                      date of birth/fecha de nacimiento

\_\_\_\_\_  
name/nombre                      date of birth/fecha de nacimiento

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.)

*El(la) cuidador(a) NO se le permite hacer lo siguiente: (Si hay algo en específico que usted no quiere que el(la) cuidador(a) haga, escríbalo aquí)*

[**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,  
*[Opcional – se puede elegir un(a) cuidador(a) suplente si desea] En caso de que el individuo antes mencionado no está disponible o dispuesto a servir como el(la) cuidador(a),*

I hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_,  
as the alternate caregiver.  
*Por medio de la presente nombro \_\_\_\_\_, que vive en \_\_\_\_\_, como el(la) cuidador(a) suplente.*

The following statements are true: (*Please read*)  
*Las declaraciones siguientes son verdad: (Por favor lea)*

- 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.)

*No hay ninguna orden del tribunal que prohíba que ejerza o que confiera los derechos y responsabilidades que deseo conferir a el(la) cuidador(a). (Si usted es el(a) tutor(a) legal o custodio(a), anexe la orden del tribunal en la cual usted fue nombrado(a)).*

- 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.

*No estoy utilizando esta declaración jurada para eludir las leyes estatales o federales, con el fin de asistir a una escuela en particular o de volver a conferir derechos a un(a) cuidador(a) a quien un tribunal se los ha retirado.*

- 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.

*Le confiero estos derechos y responsabilidades de manera libre y consciente para mantener al niño/a/os/as y no como resultado de presión, amenazas o pagos recibidos de ninguna persona o agencia.*

- 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.

*Entiendo que si la declaración jurada se modifica o se revoca, debo proporcionar la declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado.*

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

*En caso de mi indisponibilidad, la residencia del menor de edad nombrado será considerada ser donde viva el(la) cuidador(a) nombrado(a).*

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

*Este documento tendrá vigencia hasta \_\_\_\_\_ (no más de dos años a partir de la fecha de la firma) o hasta que notifique a el(la) cuidador(a) por escrito que lo he modificado o revocado.*

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

*Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.*

Authorizing Party Signature/Firma de parte que otorga: \_\_\_\_\_  
(parent/guardian/custodian)

Printed name/nombre con letra de molde: \_\_\_\_\_

Telephone number/número de teléfono: \_\_\_\_\_

2. **WITNESSES TO AUTHORIZING PARTY SIGNATURE**

**TESTIGOS DE LA FIRMA DE LA PERSONA QUE OTORGA LA AUTORIZACIÓN**

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

*(A ser firmado por las personas mayores de 18 años que no sean el(la) cuidador(a) asignado(a))*

\_\_\_\_\_  
Witness #1 Signature/Firma del testigo #1

\_\_\_\_\_  
Witness #2 Signature/Firma del testigo #2

\_\_\_\_\_  
Printed Name/*Nombre con letra de molde*

\_\_\_\_\_  
Printed Name/*Nombre con letra de molde*

\_\_\_\_\_  
Phone Number/*Número de teléfono*

\_\_\_\_\_  
Phone Number/*Número de teléfono*

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE  
NOTARIADA DE LA FIRMA DE LA PARTE QUE OTORGA LA AUTORIZACIÓN

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)*  
RECONOCIMIENTO DEL(A) CUIDADOR(A) *(Para ser rellenado y firmado por el(la) cuidador(a))*

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_.

*Yo, \_\_\_\_\_, tengo por lo menos 18 años y el niño/a/os/as que se menciona(n) arriba actualmente residen conmigo en \_\_\_\_\_.*

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.

*Este documento surtirá efecto cuando el niño resida conmigo. Mi atestación de la residencia del niño será prueba suficiente de tal y la presentación de este formulario firmado constituye mi atestación.*

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.

*Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos y responsabilidades de manera concurrentes sobre la educación y cuidados de la salud de estos, excepto aquellos derechos y responsabilidades prohibidos*

arriba. Sin embargo, sé que no puedo conscientemente tomar una decisión que esté en conflicto con la decisión del (la) padre/madre, tutor(a) o custodio(a) legal del niño/a/os/as.

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.

*Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.*

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

*Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.*

Signature of caregiver/Firma de cuidador(a): \_\_\_\_\_

Printed name/Nombre con letra de molde: \_\_\_\_\_

Telephone Number/Número de teléfono: \_\_\_\_\_

Date/Fecha: \_\_\_\_\_

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

RECONOCIMIENTO DEL(A) CUIDADOR(A) SUPLENTE (Para ser rellenado y firmado por el(la) cuidador(a), si elige uno)

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_.

Yo, \_\_\_\_\_, tengo por lo menos 18 años y el niño/a/os/as que se menciona(n) arriba actualmente residen conmigo en \_\_\_\_\_.

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.

*Este documento surtirá efecto cuando el niño resida conmigo. Mi atestación de la residencia del niño será prueba suficiente de tal y la presentación de este formulario firmado constituye mi atestación.*

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.

*Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos y responsabilidades de manera concurrentes sobre la educación y cuidados de la salud de estos, excepto aquellos derechos y responsabilidades prohibidos arriba. Sin embargo, sé que no puedo conscientemente tomar una decisión que esté en conflicto con la decisión del padre/madre, tutor(a) o custodio(a) legal del niño/a/os/as.*

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.

*Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.*

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

*Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.*

Signature of caregiver/*Firma de cuidador(a)*: \_\_\_\_\_

Printed name/*Nombre con letra de molde*: \_\_\_\_\_

Telephone Number/*Número de teléfono*: \_\_\_\_\_

Date/*Fecha*: \_\_\_\_\_

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).

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

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.)

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

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

[**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

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.

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

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

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

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.

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.

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.

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.

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: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

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

## NOMBRAMIENTO DE AGENTE TEMPORAL

Massachusetts General Laws Chapter 190B, § 5-103  
*Capítulo 190B, §5-103 de las Leyes Generales de Massachusetts*

1. APPOINTING PARTY (Parent/custodian/guardian)  
PARTE QUE OTORGA LA AUTORIZACIÓN (padre/madre/tutor(a)/guardián(a))

I, \_\_\_\_\_, residing at \_\_\_\_\_  
*Yo, \_\_\_\_\_, que vivo en \_\_\_\_\_*

am the ☐ parent ☐ legal guardian ☐ legal custodian of the minor child(ren) listed below.  
*soy (padre/madre) (tutor(a)) (guardián(a)) del niño/a/os/as que aparece(n) a continuación.*

I do hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_  
*Por medio de la presente nomino a \_\_\_\_\_, quien reside en \_\_\_\_\_*

\_\_\_\_\_ as temporary agent to exercise any power regarding the  
*\_\_\_\_\_ como agente temporal para ejercer cualquier poder que pertenece*

care, custody, or property [except the power to consent to marriage or adoption and any additional  
*el cuidado, la custodia o la propiedad [excepto el poder de consentir el matrimonio o adopción y cualquier otros*

acts prohibited below], that I possess relative to the minor child(ren) whose names and dates of  
*actos prohibidos a continuación], que yo poseo de los(as) menores cuyos nombres y fechas de nacimiento son:*

*actos prohibidos a continuación], que yo poseo de los(as) menores cuyos nombres y fechas de nacimiento son:*

name/nombre \_\_\_\_\_ date of birth/fecha de nacimiento \_\_\_\_\_

name/nombre \_\_\_\_\_ date of birth/fecha de nacimiento \_\_\_\_\_

name/nombre \_\_\_\_\_ date of birth/fecha de nacimiento \_\_\_\_\_

name/nombre \_\_\_\_\_ date of birth/fecha de nacimiento \_\_\_\_\_

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.)*

*El(la) agente NO se le permite hacer lo siguiente: (Si hay algo en específico que usted no quiere que el(la) agente haga, escríbalo aquí)*

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

[**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,  
*[Opcional – se puede elegir un(a) agente suplente si desea] En caso de que el individuo antes mencionado no está disponible o dispuesto a servir como el(la) agente,*

I hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_,  
as the alternate agent.

*Por medio de la presente nombro \_\_\_\_\_, que vive en \_\_\_\_\_, como el(la) agente suplente.*

The following statements are true: *(Please read)*  
*Las declaraciones siguientes son verdaderas: (Por favor lea)*

- 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.)*  
*No hay ninguna orden del tribunal que prohíba que ejerza o que confiera los derechos y responsabilidades que deseo conferir a el(la) agente. (Si usted es el(a) tutor(a) legal o custodio(a), anexe la orden del tribunal en la cual usted fue nombrado(a)).*
- 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.  
*Le confiero estos derechos y responsabilidades de manera libre y consciente para mantener al niño/a/os/as y no como resultado de presión, amenazas o pagos recibidos de ninguna persona o agencia.*
- 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.  
*Entiendo que si la declaración jurada se modifica o se revoca, debo proporcionar la declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado.*

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.

*Este documento sólo tendrá efecto si y en el momento en que yo sea detenido por cualquier agencia policial, expulsado (deportado) de los Estados Unidos, o si mi agente desconoce mi paradero durante un período de 24 horas. La prueba de mi detención, deportación o indisponibilidad puede ser demostrado por una copia del documento gubernamental que muestre mi detención o deportación, por la atestación de mi abogado, o por la atestación de mi agente.*

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.

*Este documento tendrá vigencia 60 días después de que tenga efecto o hasta que notifique a el(la) cuidador(a) por escrito que lo he modificado o revocado.*

Check applicable statements/*Marque las respuestas apropiadas:*

- ☐ The non-appointing parent has given consent to this authorization *(See part 5)*  
*El/La padre/madre que no otorga este autorización la ha dado consentimiento (Consulta parte 5)*
- ☐ 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)*  
*No he incluido el consentimiento de otro padre porque el otro padre: (El/la padre/madre que no otorge este autorización, u otro padre, no necesita consentir si alguna de las siguientes declaraciones es verdadera)*
  - ☐ deceased/*ha fallecido*
  - ☐ whereabouts unknown/*localización está desconocida*
  - ☐ unwilling to provide care for the minor child/*no sea dispuesto de cuidar el niño/a(s)*
  - ☐ unable to provide care for the minor child/*no sea capaz de cuidar el niño/a(s)*

I hereby affirm that the above statements are true and correct to the best of my knowledge.  
*Por medio del presente afirmo que las declaraciones anteriores son verídica y correctas a lo mejor de mi conocimiento.*

Appointing Party Signature/*Firma de parte que otorga:* \_\_\_\_\_  
(parent/guardian/custodian)

Printed name/*nombre con letra de molde:* \_\_\_\_\_

Telephone number/*número de teléfono:* \_\_\_\_\_

**2. WITNESSES TO APPOINTING PARTY SIGNATURE**

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

**TESTIGOS DE LA FIRMA DE LA PERSONA QUE OTORGA LA AUTORIZACIÓN**

*(A ser firmado por las personas mayores de 18 años que no sean el(la) cuidador(a) asignado(a))*

\_\_\_\_\_  
Witness #1 Signature/*Firma del testigo #1*

\_\_\_\_\_  
Witness #2 Signature/*Firma del testigo #2*

\_\_\_\_\_  
Printed Name/*Nombre con letra de molde*

\_\_\_\_\_  
Printed Name/*Nombre con letra de molde*

\_\_\_\_\_  
Phone Number/*Número de teléfono*

\_\_\_\_\_  
Phone Number/*Número de teléfono*

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

**RECONOCIMIENTO DEL(A) AGENTE** *(Para ser firmado y rellenado por el(la) agente)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.  
*Por la presente, yo, \_\_\_\_\_, acepto este nombramiento de agente temporal.*

I am at least 18 years old.  
*Yo tengo por lo menos 18 años de edad.*

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.  
*Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos que pertenece(n) el/la(s) niño/a(s), excepto aquellos derechos prohibidos arriba.*

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.



*Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.*

I hereby affirm that the above statements are true and correct to the best of my knowledge.  
*Por medio del presente afirmo que las declaraciones anteriores son verídica y correctas a lo mejor de mi conocimiento.*

Signature of agent/*Firma del(a) agente:* \_\_\_\_\_

Printed name/*Nombre con letra de molde:* \_\_\_\_\_

Telephone Number/*Número de teléfono:* \_\_\_\_\_

Date/*Fecha:* \_\_\_\_\_

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT *(If you choose an alternate agent, please have complete and sign)*  
RECONOCIMIENTO DEL(A) AGENTE SUPLENTE *(Para ser rellenado y firmado por el(la) agente, si elige uno)*

I, \_\_\_\_\_, hereby accept this Temporary Agent Appointment.  
*Por la presente, yo, \_\_\_\_\_, acepto este nombramiento de agente temporal.*

I am at least 18 years old.  
*Yo tengo por lo menos 18 años de edad.*

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.  
*Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos que pertenece(n) el/la(s) niño/a(s), excepto aquellos derechos prohibidos arriba.*

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.  
*Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.*

I hereby affirm that the above statements are true and correct to the best of my knowledge.  
*Por medio del presente afirmo que las declaraciones anteriores son verídica y correctas a lo mejor de mi conocimiento.*

Signature of agent/*Firma del(a) agente*: \_\_\_\_\_

Printed name/*Nombre con letra de molde*: \_\_\_\_\_

Telephone Number/*Número de teléfono*: \_\_\_\_\_

Date/*Fecha*: \_\_\_\_\_

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*)

*Consentimiento de padre que no otorga la autorización* (*Otro padre debe dar el consentimiento si usted sabe dónde está y él/ella está dispuesto y capaz de cuidar del(a) niño/a(s)*)

I, \_\_\_\_\_, residing at \_\_\_\_\_, am the nonappointing parent of the child(ren).  
*Yo, \_\_\_\_\_, que vivo en \_\_\_\_\_, soy el padre que no otorga la autorización de el/la(s) niño/a(s).*

I consent to the designation of \_\_\_\_\_ to be a temporary agent and \_\_\_\_\_ to be an alternate temporary agent for my  
*Yo doy permiso a la designación de \_\_\_\_\_ para ser el agente temporal y \_\_\_\_\_ para ser el agente temporal suplente (si elige uno) de mi(s)*

child(ren). I understand that the temporary agent will have any power regarding the care, *niño(s). Entiendo que el(la) agente temporal tendrá los derechos que pertence el cuidado,*

custody, or property of the child(ren), [except as stated in Section 1].  
*la custodia o la propiedad de el/a(s) niño(s), [excepto aquellos derechos prohibidos de parte 1].*

Signature/*Firma*: \_\_\_\_\_ Date/*Fecha*: \_\_\_\_\_

Printed Name/*Nombre con letra de molde*: \_\_\_\_\_

Telephone number/*Número de teléfono*: \_\_\_\_\_

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

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.)*

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

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

[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.

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.

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 out 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.

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

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

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.

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

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.

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

Printed name: John Smith

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.

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

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

# Immigration Legal Services Referral List

*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.**

714 Parker St Roxbury, MA 02120 // 617-445-6000  
30 Bickford St Jamaica Plain, MA 02130 // 617-506-7917  
21 Meridian St East Boston, MA 02128 // 617-567-8857

### **Agencia ALPHA**

62 Northampton St. Suite 203-204 Boston, MA 02118 // 617-541-4455 ext. 16

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

211 Congress Street, 3<sup>rd</sup> Fl. Boston, MA 02110 // 617-482-3170

### **Asian American Civic Association**

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

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

197 Friend Street Boston, MA 02114 // 617-371-1234

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

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

### **Brazilian Workers Center**

14 Harvard Ave, Allston, MA 02134 // 617-783-8001 ext 107

### **Catholic Charities of Boston**

275 W. Broadway, South Boston, MA 02127 // 617-482-5440

### **Centro Presente**

12 Bennington St, Ste 202, 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 Street, Boston MA 02114 // 617- 371-1234

### **Irish International Immigrant Center**

One State St, Suite 800, Boston, MA 02109// 617-542-7654

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

Boston City Hall, Suite 806, Boston, MA 02201 // 617-635-2980 (Consultations: 1<sup>st</sup> & 3<sup>rd</sup> Wednesday of the month, 12pm - 2pm)

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

697 Cambridge St, Brighton, MA 02135 // 617-787-0557  
1 Stoughton St, Dorchester, MA 02125 // 618-825-5897

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

105 Chauncy Street, Suite 901, Boston, MA 02111 // 617-350-5480 (*Citizenship assistance only*)

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

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

### **Project Citizenship (*Citizenship assistance only*)**

4 Faneuil S Market Bldg, 3<sup>rd</sup> Floor, Boston, MA 02109 // 617-694-5949

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

9A Hamilton Pl, Boston, MA 02108 // [info@simforus.com](mailto:info@simforus.com)

### **Somali Development Center/African Social Service Agency**

205 Green St, Boston MA 02130 // 617-522-0700

### **The GLBT Domestic Violence Attorney Program**

989 Commonwealth Ave, Boston, MA 02215 // 617-779-2130

### **Victim Rights Law Center**

115 Broad St, Boston, MA 02110 // 617-399-6720 ext 19

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

### **Association**

42 Charles St, Boston, MA 02122 // 617-288-7344

## **CHILDREN AND YOUTH ONLY**

### **Children's Law Center of Massachusetts**

298 Union Street, 2<sup>nd</sup> Floor, Lynn, MA 01901 // 781-581-1977

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

155 Seaport Blvd, Boston, MA 02210 // 617-207-4138

## **CAMBRIDGE/SOMERVILLE**

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

60 Gore Street, Suite 203 Cambridge, MA 02141 // 617-603-2700

### **Community Legal Services and Counseling Center**

47 Thorndike Street. Suite SB-LL-1. Cambridge, MA 02141// 617-661-1010

### **CPCS Immigration Impact Unit (*post-conviction screening and Padilla advice only*)**

21 McGrath Highway Somerville, MA 02143 // 617-482-6212

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

1046 Cambridge St, Cambridge, MA 02139 // 617-864-7600  
92 Union Sq, Somerville,, MA 02143 // 617-764-2091

## **UNIVERSITY LEGAL SERVICES**

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

(Newton, Waltham, Watertown) // 617-552-0248

### **Harvard University Law School, Immigration and Refugee Clinic**

6 Everett St, Cambridge, MA 02138 // 617-384-8165

### **Suffolk University Immigration Law Clinic**

(Chelsea residents only for non-detained, all MA residents for detained) // 617-573-8644

### **University of Massachusetts, School of Law at Dartmouth, Immigration Law Clinic**

333 Faunce Corner Rd, N. Dartmouth, MA 02747 // 508-985-1174

## **CHELSEA / EVERETT / MALDEN**

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

11 Dartmouth Street, Malden, MA 02148 // 781-321-3431

### **Chelsea Collaborative**

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

### **Freedom Hill Community Church**

77 Kennedy Drive, Malden, MA 02148 // 781-480-4179

### **HarborCOV**

148 Shawmut St, Chelsea, MA 02150 // 617-884-9799

### **LUMA Boston**

198 Ferry St, Everett, MA 02149 // 617-381-0015

### **Refugee Immigration Ministry**

6 Pleasant Street, Suite 612, Malden, MA 02148 // 781-322-1011

## **LOWELL/LAWRENCE/LYNN**

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

15-17 Warren St, 2 Floor, Lowell, MA 01852 // 978-459-9031

### **Lawrence Family Development & Education Fund, Inc. - Maria del Pilar Quintana Family Center**

400 Haverhill Street, Lawrence, MA // 978-794-5399

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

11 Mill Street Lowell, MA 01852 // 978-970-1250

### **Northeast Justice Center**

50 Island St, Ste 203B, Lawrence, MA 01840 // 781-599-7730  
181 Union St, Ste 201B, Lynn, MA, 01901 // 781-599-7730  
79 Merrimack St, Ste 302, Lowell, MA, 01852 // 781-599-7730

### **Refugee and Immigrant Assistance Center, Inc.**

20 Wheeler St, Ste 401, Lynn, MA 01901 // 617-238-2430  
340 Main St. Suite 804 Worcester, MA 01608 // 508-756-7557  
31 Heath St., 3rd Floor Jamaica Plain, MA 02130 // 617-238-2430

## **FRAMINGHAM / WALTHAM**

### **Jewish Family Services of MetroWest**

475 Franklin St, Framingham, MA 01702 // 508-875-3100

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

24 Union Avenue Suites 8 & 10 Framingham, MA 01702 // 508-872-2652

### **MetroWest Legal Services**

63 Fountain St, Framingham, MA 01702 // 508-620-1830

### **MetroWest Workers Center**

116 Concord St, Framingham, MA 01702 // 508-532-0575

## **SOUTH SHORE/CAPE/ISLANDS**

### **Catholic Social Services of Fall River**

1600 Bay St, Fall River, MA 02724 // 508-674-4681

### **Community Action Committee of Cape Cod & Islands**

372 North Street, Hyannis, MA 02601 // 508-771-1727

### **Community Economic Development Center**

1285 Acushnet Ave, New Bedford, MA 02746 // 508-979-4684

### **DOVE, Inc. (Domestic Violence Ended)**

PO Box 690267, Quincy, MA 02269 // 617-770-4065 x120

### **Immigrants' Assistance Center, Inc.**

58 Crapo St, New Bedford, MA 02740 // 508-996-8113

### **Justice Center of Southeast Massachusetts**

231 Main St, Ste 201, Brockton, MA 02301 // 508-586-2110

### **South Coastal Counties Legal Services**

22 Bedford St., 1<sup>st</sup> Floor, Fall River, MA 02720 // 800-244-9023  
460 West Main Street, Hyannis, MA 02601 // 800-244-9023

## **CENTRAL MASSACHUSETTS**

### **Ascentria Care Alliance**

11 Shattuck St, Worcester, MA 01605 // 774-243-3100

### **Community Legal Aid/Central West Justice Center**

405 Main St, 4th Floor, Worcester, MA 01608 // 855-252-5342

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

240 Main St, Ste 802, Worcester, MA 01608 // 617-238-2430

## **WESTERN MASSACHUSETTS**

### **ACLU Immigrant Protection Project of Western Mass**

413-727-8515 // <http://www.ippwma.com/>

### **Ascentria Care Alliance**

94 North Elm St, Ste 401, Westfield, MA 01085 // 413-787-0725

### **Berkshire Immigrant Center**

67 East Street, Pittsfield, MA 01201 // 413-445-4881

### **Catholic Charities, Springfield**

65 Elliot Street, Springfield, MA // 413-452-0626

### **Center for New Americans**

42 Gothic St, Northampton MA 01060 // 413-587-0084

### **Community Legal Aid/Central West Justice Center**

One Monarch Place, Springfield MA 01144 // 855-252-5342  
20 Hampton Ave, Ste 100, Northampton, MA 01060 // 413-584-4034