

# **FAMILY PREPAREDNESS PLAN**



## **Preparing Your Family for Immigration Enforcement**

This document builds on the Family Preparedness Packet created by the State of Connecticut in 2019 with the support of the following agencies and nonprofits: the Office of Governor Ned Lamont, Department of Children & Families, Department of Housing, Department of Emergency Services and Public Protection, Department of Public Health, State Department of Education, Office of Early Childhood, Connecticut Probate Courts, City of New Haven, Mayor's Office, Greater Hartford Legal Aid, New Haven Legal Assistance, Connecticut Legal Services, Hartford Legal Group, Junta for Progressive Action, and Connecticut Students for a Dream.

It has been updated in December 2024 by the Haven Free Clinic Medical Legal Partnership at Yale Law School.

## **Family Preparedness Plan**

### ***Preparing Your Family for Immigration Enforcement***

If you are worried about what will happen to your kids if you are detained or deported, you should make a Family Preparedness Plan. We hope that you never have to use your plan, but having one may help reduce the stress of the unexpected. And remember, if your children were born in the United States, they are U.S. citizens.

This packet also includes information on where to find good immigration legal help and other useful resources.

#### **□ What You Can Do Today**

You can take action today to start preparing a Family Preparedness Plan. You do not need an attorney to do these important actions:

- ◆ Identify a trusted adult who can care for your child if you cannot.  
Talk to this person as soon as possible about your wishes.
- ◆ Fill out a Standby Guardian Designation form. This form gives the person who will be caring for your child the ability to make many official decisions for your child.
- ◆ Complete a child care plan that includes emergency phone numbers and other important information. Put it in your file of important documents.
- ◆ Designate a Power of Attorney. This form gives the person that you appoint power over your finances.

This packet includes templates to put together these documents. If you change your mind after you've completed the forms, this packet also has revocation forms that you can sign to undo those designations.

#### **□ What More You Can Do**

Immigration law is complicated, so you may benefit from talking to a licensed attorney. An attorney can help you with many things including:

- ◆ Evaluating your immigration status options, like finding out if you are eligible to get a green card, visa or work permit;
- ◆ Representing you in deportation proceedings; and
- ◆ Helping you identify other legal tools that may help your family, such as different types of guardianship or applying for Special Immigrant Juvenile Status for a child.

This packet includes information about how to find and hire an attorney, and how to avoid immigration services scams (notario fraud).

## **File of Important Documents**

*Keep a file of all of these documents or a copy of these documents in a safe place. Tell your children, family members and standby guardian where to find this file in an emergency. You will also want to provide copies of the Standby Guardianship Designation to your child's school and primary medical care provider for their information.*

### **Forms in this Packet**

- ☐ Important Children's Information
- ☐ Emergency Numbers and Important Contact Information
- ☐ Helpful Things to Know About (Insert Your Child's Name)
- ☐ Single Parent Standby Guardian Designation
- ☐ Dual Parent Standby Guardian Designation
- ☐ Power of Attorney
- ☐ Revocation Forms for Standby Guardian Designation and for Power of Attorney (should you change your mind)

### **Other Important Documents**

- ☐ Children(s)' Medical Information, including health insurance, medication list, and doctor's contact information
- ☐ Passports
- ☐ Birth Certificates
- ☐ Marriage License (if applicable)
- ☐ Any Restraining Orders you may have against anyone (if applicable)
- ☐ A-Number: your Alien Registration Number (found on your immigration documents, including a work permit, green card, visa and any USCIS or ICE documents)
- ☐ Copy of your Driver's License and/or Other Identification Cards
- ☐ Social Security Card or ITIN number
- ☐ Registry of birth (for U.S. born children registered in parent's home country) (if applicable)

- Any other documents you would want to be able to quickly find

## **Child Care Plan**

### **□ Decide Who Can Care for Your Children if You Cannot**

Talk to the person you would want to care for your children and make sure they know they will be listed as an emergency contact. Memorize their phone number and have your children memorize it too.

Make sure your children know who can pick them up from school, who cannot pick them up from school, and who will care for them.

Your child's school may only release your child to adults you designate. Make sure to regularly update all school, afterschool, day care, summer camp, transportation, and other programs' emergency contact sheets and release forms to include the names of those who can and cannot pick up your children. If you have a restraining order against anyone, make sure to give a copy of it to the school.

Make sure the people who can pick up and care for your children know where to find your child. Give these people a copy of your child's weekly schedule, especially if it varies from day to day.

### **□ Talk to Your Children About Your Plan**

Without worrying them, assure your children that they will be taken care of if for some reason you are unable to care for them, even for a short period of time. Let them know who will care for them until you can. Tell your child where to find a copy of this plan.

### **□ Make an Important Documents File**

Use a file, binder or large envelope to organize your important documents. All of the information in your plan is only helpful if you can find it easily. Keep your file in a safe and accessible location. Tell your family and standby guardian and power of attorney where to find the file. Give a copy to a trusted friend (ideally the person you have designated as standby guardian or power of attorney).

### **□ Write Down Medical Care Instructions for your Child**

Make sure to write down any medical conditions or allergies your child has, any medications that your child takes, and your child's doctor and health insurance information. Keep a copy of this information in your important documents file.

Give a copy to your child's school and the adult you designate to care for your children.

Let your child know where to find this information if you are not around.

## **Child Care Plan**

### **□ Sign a Standby Guardian Form**

A Standby Guardian Designation is a formal way to give a trusted adult the legal power to care for your child if you cannot. It gives this person authority that an informal arrangement does not. For example, if your neighbor agrees to care for your child, but is not a standby guardian, she will not be able to make some educational or health care decisions for your child.

A Standby Guardian Designation lasts until you can care for your child again, or for one year, whichever is less. The guardianship lasts one year from the time it goes into effect, not the date you sign the forms. You can end the guardianship at any time. The form can be filled out anywhere. It does NOT need to be notarized, but it does need to be signed by two witnesses. Give a completed copy of the Standby Guardian Designation to your child's school and health care provider. Keep a copy for yourself and give the original to the standby guardian.

### **□ Make Sure Your Children All Have Passports**

If your child was born in the United States, visit [www.travel.state.gov](http://www.travel.state.gov) for more information on obtaining a U.S. passport.

If your child was born in your home country, check with your embassy or consulate for more information on obtaining a passport.

You can also register your child's birth with your country's government (for example, with your country's consulate) if your child was born in the United States. This may grant your child benefits, including citizenship in your home country.

### **□ Tell Your Family and Emergency Contacts About How to Find You if You Are Detained by ICE**

There are no ICE detention facilities in Connecticut. Anyone taken into ICE custody in Connecticut will be initially held in Massachusetts. The facilities are in North Dartmouth, Boston, Plymouth and Greenfield, Massachusetts. However, detainees can be transferred to other states at any time.

Family members can use the [ICE detainee locator](https://locator.ice.gov/odls/homePage.do) to find loved ones: <https://locator.ice.gov/odls/homePage.do>.

Be sure your family and emergency contacts have a copy of your A-Number (your alien registration number found on your immigrations documents), if you have one. Your A Number can also be used to find your immigration status and updates on upcoming hearings or possible removal orders: <https://acis.eoir.justice.gov/en/>.

## **Important Children's Information**

<b>Child's Name</b>	
Date of Birth	
Child's Cell Phone Number (if applicable)	
School / Daycare / Babysitter	
School / Daycare/Babysitter Address	
School /Daycare/ Babysitter Phone Number	
Teacher's Name	
Classroom Number	
Afterschool Caregiver	
Afterschool Caregiver Phone Number	
Other Camp/Sports/Program	
Other Camp/Sports/Program Phone Number	
Allergies	
Medical conditions	
Medications	
Doctor's Phone Number	
Doctor's Address	
Health Insurance Company	
Policy Number	

### **Emergency Numbers and Important Contact Information**

<b>Emergency Numbers</b>	
Immediate Emergency	911
Police Department	
Fire Department	

Poison Control	
<b>Family Contacts</b>	
Mother/Parent/Permanent Guardian	
Home Phone	
Cell Phone	
Work Address	
Work Phone	
Father/Parent/Permanent Guardian	
Home Phone	
Cell Phone	

### Important Children's Information

<b>Family Contacts Continued</b>	
Work Address	
Work Phone	
Other Emergency Contact and Relationship	
Cell Phone	
Other Emergency Contact and Relationship	
Cell Phone	
Other Emergency Contacts and Relationship	
Cell Phone	

<b>Miscellaneous Contacts</b>	
Dentist	

Phone Number	
Dental Insurance Company	
Policy Number	
Car Make/Model	
License Plate Number	
Car Insurance Company and Phone Number	
Insurance Policy Number	
Consulate	
Address and Phone Number	
Religious Community Contact	
Address	
Phone Number	
Attorney/ Legal Services Provider	
Address	
Phone Number	
Designated Power of Attorney Representative	
Designated Standby Guardian	

## Helpful Things to Know About



(name of child)

Favorite Foods	
Disliked Foods and any Food Allergies	
Bedtime and Bedtime Routines	
Favorite Toys, Books, Games and Activities	
Screen Time Rules	
Names of Close Friends	
Curfew	
Driving Restrictions (Older Children)	
Other Important Rules	

### Weekly Schedule

Day of the Week	Activity	Place / Phone Number
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### Standby Guardian Form

You do not need to go to court to name someone as a standby guardian for your child. You can name a standby guardian by filling out some simple forms, as long as the other parent of your

child agrees to the standby guardianship, has lost their parental rights by a court order, or has died.

There are other guardianship options in Connecticut if standby guardianship will not work for you. In that case, find an attorney to help you understand your options.

## **□ What does a Standby Guardian do?**

A standby guardian cares for your child, gets medical care for your child, gives your child food, clothing and shelter, and makes sure your child goes to school. A standby guardian has the legal authority to make medical and educational decisions for your child. The guardianship lasts one year from the time it goes into effect, not the date you sign the forms. If the parent dies, the guardianship expires in 90 days.

## **□ Benefits for your Child**

A standby guardian can apply to the Connecticut Department of Social Services (DSS) for benefits for your child. You can apply for benefits by calling DSS at 1- 855-6- CONNECT. Here are some of the benefits that might apply:

### **Medical Insurance**

The new guardian must make sure your child gets medical care. If your child is a U.S. citizen and gets Husky medical insurance through the State of Connecticut, the child's coverage will usually continue when the new guardianship starts.

### **Cash Assistance (TFA)**

Your child may be able to get cash assistance even if the guardian is not eligible. The guardian can apply on behalf of your child.

### **Food Stamps (SNAP)**

If the guardian qualifies for food stamps, then the guardian can apply to add your child to the food stamp household.

### **Social Security**

If your child gets Social Security disability payments, those will continue. The guardian must fill out papers with the Social Security Administration in order to get the money for your child. Social Security is a federal benefit. You can contact the Social Security Administration at [www.ssa.gov](http://www.ssa.gov).

## **Single Parent Standby Guardian Form Instructions**

If you are a single parent and the child's other parent is no longer part of their life, has been deported, or has died, you will have to fill out the forms on the next four pages to designate a standby guardian for your child. The forms need to be witnessed, but they do not have to be notarized. YOU DO NOT NEED TO GO TO COURT. There is no cost to fill out the forms.

## □ Definitions

- ◆ Standby Guardian: The person who agrees to take care of your child if you cannot
- ◆ Principal: You
- ◆ Witness: Someone who is not you, any person authorized to pick up your child from school, or the standby guardian.

## □ Step-by-Step Instructions

- ✓ Fill out the form, *Designation of Standby Guardian*
  - ◆ Sign the form in front of two witnesses. Note: The standby guardian cannot also be one of the witnesses.
  - ◆ Each of the witnesses should sign under *Witnesses to Signature of Parent*
- ✓ Fill out the optional addendum with the explanation of unique parental circumstances and attach any relevant documentation (death certificate, record of deportation, etc.)
- ✓ Ask the standby guardian to put the completed forms in a safe place. Keep a copy in your Important Documents File and give a copy to your child's school and health care provider.
- ✓ If you are detained or deported, the standby guardian should fill out the form called *Statement that Designation of Standby Guardian is in Effect*. This is the form they will need to show as proof that they are your child's guardian. **This form does NOT need to be filed in court.**
- ✓ If you change your mind, fill out the revocation form included below. This will mean that the Standby Guardian form you filled out will no longer be in effect. You can then fill out the forms again to designate a new Standby Guardian.

A Standby Guardian Designation is good for one year or until you take back care of your child – whichever comes first.

You may also list additional people who are authorized to pick up your child from school in the event that the guardianship takes effect. You should provide a copy of this form to those people as well as the school.

### **DESIGNATION OF STANDBY GUARDIAN UNDER C.G.S. §45a-624 STATE OF CONNECTICUT**

I, , of \_\_\_\_\_, Connecticut, appoint (Parent) (Address)

., of as Standby Guardian (Standby Guardian's name) (Street/City/State)

of my minor children:

(Child's Name) (date of birth: )

(Child's Name) (date of birth: )

(Child's Name) (date of birth: )

(Child's Name) (date of birth: )

This guardianship will take effect when one of the following events happens (check all that apply):

- ☐ I am detained or deported by any United States immigration or customs authority, or by any state or federal law enforcement authorities.
- ☐ I died, and the standby guardian has a copy of my death certificate.
- ☐ I am medically incapacitated (mentally or physically) as certified by a healthcare provider. A copy of that certification is attached.
- ☐ Other event (specify) (e.g. mental or physical incapacity):

The other parent of my child or children named above is:

\_\_\_\_ (Name of other parent)

Check one:

- ☐ The other parent, , is deceased or has been removed as legal guardian of the minor child. A copy of the death certificate or removal order is attached.
- ☐ Please see attached an addendum related to the specific circumstances of my situation and supporting documentation.

I have thought about this designation carefully while my mind is sound. Signed by: Parent: Date:

\_\_\_\_ If my standby guardian is unable or unwilling to act for me, I appoint as my successor guardian(s)

\_\_\_\_, of \_\_\_\_\_,  
\_\_\_\_\_. (Name) (Address)

Such appointment shall take effect if \_\_\_\_\_ is unable to take care of my affairs  
(Standby guardian name)

as determined by the successor(s) who are authorized to act severally.

In addition, in the event this guardianship is in effect, the following additional persons are authorized to pick up my child/children from school:

\_\_\_\_\_, of  
(Name) (Street/City/State)

\_\_\_\_\_, of  
(Name) (Street/City/State)

\_\_\_\_\_, of  
(Name) (Street/City/State)

**WITNESSES TO SIGNATURE OF PARENT**

I certify that the person who signed the form above as Principal signed this document in my presence. I also certify that I am over the age of eighteen years and I am not the person designated above as the Standby Guardian or one of the persons authorized to pick the child/children up from school.

(Signature of Witness #1) (Date Signed) (Address of Witness #1)

(Signature of Witness #2) (Date Signed) (Address of Witness #

**Optional Addendum: Explanation of Unique Parental Circumstances:** If the other parent is (1) no longer living, (2) has been deported, or (3) is not in the child's life and therefore cannot consent to the designation, please provide a description of these circumstances below. Supporting documentation such as death certificates of the parent, a deportation order, and the child's birth certificate (with no second parent listed) is helpful to attach to this order if available.

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**STATEMENT THAT DESIGNATION OF A STANDBY GUARDIAN IS IN EFFECT**

I, , living at state, (Name) (Address)

under penalty of false statement that:

(Parent) (Address) , then living at\_, Connecticut

designated me as Standby Guardian of her minor children (Name of child)  
in a document dated\_.  
(Date)

One of the events listed in that document has occurred and is checked below:

- ☐The parent has been detained or deported by a United States immigration or customs authority, or any state or federal law enforcement authority.
- ☐The parent died. A copy of the death certificate is attached.
- ☐The parent is medically incapacitated (mentally or physically) as certified by a healthcare provider. That certification is attached.
- ☐Other:

I understand there are penalties for making a false statement.

(Signature of Standby Guardian)

Signed in the presence of:

(Signature of Witness #1)

(Signature of Witness #2)

## Dual Parent Standby Guardian Form Instructions

If both parents are present and involved in the child's life, you will fill out the forms on the next six pages to designate a standby guardian for your child. The forms need to be witnessed, but they do not have to be notarized. **YOU DO NOT NEED TO GO TO COURT.** There is no cost to fill out the forms.

### □ Definitions

- ◆ Standby Guardian: The person who agrees to take care of your child if you cannot
- ◆ Parent A and Parent B: You and your child's parent
- ◆ Witness: Someone who is not the child's parents or the standby guardian.

### □ Step-by-Step Instructions

- ✓ Fill out the form, *Designation of Standby Guardian*
  - ◆ Both parents must sign the form.
  - ◆ Sign the form in front of two witnesses. Note: The standby guardian cannot also be one of the witnesses.
  - ◆ Each of the witnesses should sign under *Witnesses to Signature of Parent*
- ✓ Ask the standby guardian to put the completed forms in a safe place. Keep a copy in your Important Documents File and give a copy to your child's school and health care provider.
- ✓ If both parents are detained or deported or subject to another of the specified triggering events, the standby guardian should fill out the form called *Statement that Designation of Standby Guardian is in Effect*. This is the form they will need to show as proof that they are your child's guardian. **This form does NOT need to be filed in court.**
- ✓ If you change your mind, fill out the revocation form included below. This will mean that the Standby Guardian form you filled out will no longer be in effect. You can then fill out the forms again to designate a new Standby Guardian.

If only one parent is deported or detained, the other parent will be the guardian of the child. The standby guardianship will only go into effect if both parents are unavailable.

A Standby Guardian Designation is good for one year or until you take back care of your child – whichever comes first.

You may also list additional people who are authorized to pick up your child from school in the event that the guardianship takes effect. You should provide a copy of this form to those people as well as the school.

**DESIGNATION OF STANDBY GUARDIAN UNDER C.G.S § 45a-624 THRU 624g  
STATE OF CONNECTICUT**

We, \_\_\_\_\_, of  
(Parent A)

\_\_\_\_\_, Connecticut, and  
(Address)

\_\_\_\_\_, of  
(Parent B)

\_\_\_\_\_, Connecticut appoint  
(Address)

\_\_\_\_\_, of  
(Standby Guardian's Name)

\_\_\_\_\_ as Standby guardian of our minor  
child(ren): (Address)

\_\_\_\_\_ (date of birth: \_\_\_\_\_)  
(Child's Name)

\_\_\_\_\_ (date of birth: \_\_\_\_\_)  
(Child's Name)

\_\_\_\_\_ (date of birth: \_\_\_\_\_)  
(Child's Name)

\_\_\_\_\_ (date of birth: \_\_\_\_\_)  
(Child's Name)

\_\_\_\_\_ (date of birth: \_\_\_\_\_)  
(Child's Name)

This guardianship will take effect when one of the following events happens to Parent A and one of



the following events happens to Parent B (check all that apply for *both* parents):

Parent A

- ☐ I am detained or deported by any United States immigration or customs authority, or by any state or federal law enforcement authorities.
- ☐ I died, and the standby guardian has a copy of my death certificate.
- ☐ I am medically incapacitated (mentally or physically) as certified by a healthcare provider. A copy of that certification is attached.
- ☐ Other event (specify):

Parent B

- ☐ I am detained or deported by any United States immigration or customs authority, or by any state or federal law enforcement authorities.
- ☐ I died, and the standby guardian has a copy of my death certificate.
- ☐ I am medically incapacitated (mentally or physically) as certified by a healthcare provider. A copy of that certification is attached.
- ☐ Other event (specify):

If my standby guardian is unable or unwilling to act for me, I appoint as my successor guardian(s)

\_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_.  
(Name) (Address)

Such appointment shall take effect if \_\_\_\_\_ is unable to take care of my affairs  
(Standby guardian)  
as determined by the successor(s) who are authorized to act severally.

In addition, in the event this guardianship is in effect, the following additional persons are authorized to pick up my child/children from school:

, of  
(Name) (Street/City/State)

, of  
(Name) (Street/City/State)

, of  
(Name) (Street/City/State)

If the triggering event is no longer applicable to either parent, the standby guardianship will no longer be in effect.

I have thought about this designation carefully while my mind is sound.

Signed by:

Parent A: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name) (Date)

I have thought about this designation carefully while my mind is sound.

Signed by:

Parent B: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name) (Date)

**WITNESSES TO SIGNATURE OF PARENTS**

I certify that \_\_\_\_\_, who signed the form above as Parent A, signed this document in my presence. I also certify that I am over the age of eighteen years and I am not the person designated above as the standby guardian.

\_\_\_\_\_  
(Witness's Printed Name)

\_\_\_\_\_  
(Signature of Witness) (Date Signed)

\_\_\_\_\_  
(Address of Witness)

\_\_\_\_\_  
(Witness's Printed Name)

\_\_\_\_\_  
(Signature of Witness) (Date Signed)

\_\_\_\_\_  
(Address of Witness)

I certify that \_\_\_\_\_, who signed the form above as Parent B signed this document in my presence. I also certify that I am over the age of eighteen years and I am not the person designated above as the standby guardian.

\_\_\_\_\_  
(Witness's Printed Name)

\_\_\_\_\_  
(Signature of Witness) (Date Signed)

\_\_\_\_\_  
(Address of Witness)

\_\_\_\_\_  
(Witness's Printed Name)

\_\_\_\_\_  
(Signature of Witness) (Date Signed)

\_\_\_\_\_  
(Address of Witness)

**STATEMENT THAT DESIGNATION OF A STANDBY GUARDIAN  
IS IN EFFECT**

I, \_\_\_\_\_, living at  
(Standby Guardian)

\_\_\_\_\_ state that:  
(Address)

\_\_\_\_\_, then living at  
(Parent A)

\_\_\_\_\_, Connecticut and  
(Address)

\_\_\_\_\_, then living at  
(Parent B)

\_\_\_\_\_ designated me as Standby  
(Address)

Guardian of their minor children,

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

in a document dated \_\_\_\_\_.  
(Date)

One or more of the events listed in that document has occurred in the case of both parents and such events are checked below:

Parent A

- ☐ The parent has been detained or deported by a United States immigration or customs authority, or any state or federal law enforcement authority.
- ☐ The parent died. A copy of the death certificate is attached.
- ☐ The parent is medically incapacitated (mentally or physically) as certified by a healthcare provider. A copy of that certification is attached.
- ☐ Other: \_\_\_\_\_.

Parent B

- ☐ The parent has been detained or deported by a United States immigration or customs authority, or any state or federal law enforcement authority.
- ☐ The parent died. A copy of the death certificate is attached.
- ☐ The parent is medically incapacitated (mentally or physically) as certified by a healthcare provider. A copy of that certification is attached.
- ☐ Other: \_\_\_\_\_.

I understand there are penalties for making a false statement.

\_\_\_\_\_  
(Signature of Standby Guardian)

Signed in the presence of:

\_\_\_\_\_ (Signature of  
Witness) (Signature of Witness)

\_\_\_\_\_ (Witness's  
Printed Name) (Witness's Printed Name)

(NOTE: Per C.G.S. §45a-624 thru 624g, this document is effective without notarization.)

**Power of Attorney Form**

A Power of Attorney is a legal document that allows the trusted person that you designate to act for you. Within the Power of Attorney form and the accompanying documents, you can determine what powers you want to give to the person you designate, including the ability to access to your finances. You do not need to go to court to name someone to have power of attorney. You can name this trusted person by filling out the forms below and having them notarized.

## □ What does “springing” Power of Attorney mean?

The standby guardianship form lets someone step into your shoes to take care of your children in the event you are detained or deported. The Power of Attorney form gives someone power to step into your shoes to handle your property in the event you are detained or deported. The forms below are for a “springing” power of attorney, which means they don’t take effect until a specific triggering event (like detention or deportation) happens.

## □ Benefits:

If you are detained or deported, the person you give power of attorney can help with the following matters:

- Real property (any home/rental property you have)
- Personal and family maintenance
- Personal property
- Governmental or military benefits
- Stocks and bonds/commodities and options
- Retirement plans
- Banks and other financial institutions
- Taxes
- Operation of a business
- Receiving any wages owed to you from an employer
- Insurance and annuities
- Access to your passwords for online banking, social media, electronic health records, and other electronic matters.
- Estates and Trust
- Claims and litigation

## □ Limitations

You should choose someone you trust to fill this role. However, there are limitations on what they can do with this power no matter what. For example, they cannot benefit themselves through the use of your property. Even if the power of attorney “springs” into action, you still have access to all your property. You can terminate these powers at any time.

## **Power of Attorney Form Instructions**

To designate someone to have power of attorney, you will have to fill out the forms on the next X pages. The forms need to be notarized. **YOU DO NOT NEED TO GO TO COURT.** You may

have to pay a maximum fee of \$5 to have the forms notarized.

## □ Definitions

- ◆ Agent: The person you appoint to have power of attorney
- ◆ Principal: You
- ◆ Notary: A notary is someone who has been approved by the State of Connecticut to witness signatures.

## □ Step-by-Step Instructions

- ✓ Fill out the form, *Connecticut Springing Statutory General Power of Attorney*
  - ◆ The form must be notarized by a Commissioner of the Superior Court or Notary Public.
  - ◆ In order for the notary to sign the form, they must see (1) your ID and (2) watch you sign the Power of Attorney form.
- ✓ Provide the original form to the person you have designated to have power of attorney along with a copy of the document, *Important Information for Agent*.
- ✓ Ask the designated agent to put the completed forms in a safe place.  
Keep a copy in your Important Documents File.
- ✓ If you are detained or deported, the agent should fill out the form called *Agent's Certification as to the Validity of Power of Attorney and Agent's Authority*. This is the form they will need to show as proof that the “springing event” (your detention or deportation) has happened and they now have legal power of attorney over your affairs. This **form does NOT need to be filed in court**.
- ✓ If you change your mind, fill out the revocation form included below.  
This will mean that the person previously designated as your agent will no longer have power of attorney. You should keep this form with your important papers and notify the person previously designated as your agent.

### CONNECTICUT SPRINGING STATUTORY GENERAL POWER OF ATTORNEY

**Notice: The powers granted by this document are broad and sweeping. They are defined in the Connecticut Uniform Power of Attorney Act, which expressly permits the use of any other or different form of power of attorney desired by the parties concerned. The grantor of any power of attorney or the agent may make application to a court of probate for an accounting as provided in subsection (d) of section 45a-175, of the general statutes. This power of attorney does not authorize the agent to make health care decisions for you.**

Know All Persons by These Presents, which are intended to constitute a GENERAL POWER OF ATTORNEY pursuant to the Connecticut Uniform Power of Attorney Act:

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

**First:** 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 is defined in the Connecticut Uniform Power of Attorney Act to the extent that I am permitted by law to act through an agent:

*(Strike out and initial in the opposite box any one or more of the subdivisions as to which the principal does NOT desire to give the agent authority. The elimination of any one or more of subdivisions (A) to (M), inclusive, shall automatically constitute an elimination also of subdivision (N).)*

(A) Real property; ( ) (B) Tangible personal property; ( ) (C) Stocks and bonds; ( ) (D) Commodities and options; ( ) (E) Banks and other financial institutions; ( ) (F) Operation of entity or business; ( ) (G) Insurance and annuities; ( ) (H) Estates, trusts, and other beneficial interests; ( ) (I) Claims and litigation; ( ) (J) Personal and family maintenance; ( ) (K) Benefits from governmental programs or civil or military service; ( ) (L) Retirement plans; ( ) (M) Taxes; ( ) (N) All other matters; ( )

Special provisions:

**First:** Without limiting the generality of any other provision of this power of attorney, my agent shall have the authority to:

(1) Receive from any employer any amounts owed to me for services rendered by me, including but not limited to wages, salaries, and tips; and

(2) exercise control of my digital property, including to obtain access to the contents of my e-mail, voice messages, text messages and other electronic communications; to continue, terminate, or access and modify content or otherwise exercise rights with respect to any online service through which I have stored digital content, including documents, photos, videos, financial and other data; and to obtain, maintain, or change any passwords or other information or features required to control access to such online services, which services include, without limitation, any web hosting platform, domain or DNS registration service, social networking or micro blogging platform, electronic health records storage service, financial account service, financial accounting service, phone or voicemail service, short message service and e-mail service.

**Second:** With full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom my agent(s) shall select.

**Third:** Hereby ratifying and confirming all that said agent(s) or substitute(s) do or cause to be done.

**Fourth:** LIMITATION ON AGENT'S AUTHORITY

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

**Fifth: DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)**

If my agent is unable or unwilling to act for me, I appoint as my successor agent(s)

\_\_\_\_\_, of \_\_\_\_\_,  
\_\_\_\_\_. (Name) (Address)

Such appointment shall take effect if \_\_\_\_\_ is unable to take care of my affairs  
(Name of Power of Attorney)  
as determined by the successor(s) who are authorized to act severally.

**Sixth: EFFECTIVE DATE AND TERMINATION**

This Power of Attorney shall take effect if my agent determines that I am incapable of managing my affairs due to my incapacity because I am (i) Missing; (ii) Detained, including incarcerated in a penal system; or (iii) Outside the United States and unable to return.

This Power of Attorney shall remain in full force and effect until the occurrence of the first of the following events: (1) my death; and (2) my revocation of this Power of Attorney. Upon the appointment of a conservator of my estate, this Power of Attorney shall remain in full force and effect subject to a court order to limit, suspend or terminate the power of attorney. Subject to the foregoing, this Power of Attorney shall be considered to be of indefinite duration.

This Power of Attorney shall not be affected by my subsequent disability or incompetence.

The execution of this statutory short form power of attorney shall be duly acknowledged by the principal in the manner prescribed for the acknowledgment of a conveyance of real property.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on

\_\_\_\_\_. (Date)

Signed by the principal, \_\_\_\_\_ in the presence of us who at his/  
her request and in his/ her presence have hereunto subscribed our names as attesting witnesses.

of

of

STATE OF CONNECTICUT )

) ss. 2025

COUNTY OF )

Personally appeared \_\_\_\_\_ signer and sealer of the foregoing instrument  
and acknowledged the same to be his/ her free act and deed, before me.

Commissioner of the Superior Court  
Notary Public



My Commission Expires:  
IMPORTANT INFORMATION FOR AGENT

Agent's Duties

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship continues until you resign or the power of attorney is terminated or revoked. You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

\_\_\_\_\_ by (Your Signature) as Agent

Unless the special instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence, and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal;
- (5) Cooperate with any person that has authority to make health care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

Termination of Agent's Authority

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished; or
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage through divorce or annulment, or for your legal separation, unless the special instructions in this power of attorney

state that such an action will not terminate your authority.

#### Liability of Agent

The meaning of the authority granted to you is defined in the Connecticut Uniform Power of Attorney Act, sections 1 to 45, inclusive, of this act. If you violate the Connecticut Uniform Power of Attorney Act, sections 1 to 45, inclusive, of this act or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

VALIDITY OF POWER OF ATTORNEY

AND AGENT'S AUTHORITY

STATE OF )  
CONNECTICUT ) ss. 2018  
AGENT'S CERTIFICATION AS TO THE  
COUNTY OF )

I, \_\_\_\_\_, certify under penalty of false statement  
\_\_\_\_\_ granted me authority as an agent or successor agent in a power of  
attorney dated \_\_\_\_\_.

I further certify that to my knowledge:

(1) the Principal is alive and has not revoked the Power of Attorney or my authority to act under the Power of Attorney and the Power of Attorney and my authority to act under the Power of Attorney have not terminated;

(2) the Power of Attorney was drafted to become effective upon the determination by me that the Principal is incapable of managing his/ her affairs, and I have determined that the Principal is incapable of managing his/ her affairs;

(3) if I was named as a successor agent, the prior agent is no longer able or willing to serve;

and (4) \_\_\_\_\_

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

(Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

(name) (date)

This document was signed in our presence by \_\_\_\_\_.  
(name)

\_\_\_\_\_ of  
\_\_\_\_\_ (Witness name) (address)

\_\_\_\_\_ of  
\_\_\_\_\_ (Witness name) (address)

This document was acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_.

Personally appeared \_\_\_\_\_, signer and sealer of the foregoing instrument and  
acknowledged the same to be his/ her free act and deed, before me.

Commissioner of the Superior Court  
Notary Public  
My Commission Expires:

## **Revoking Standby Guardianship or Power of Attorney**

### **□ What if I change my mind?**

After you have filled out the Standby Guardianship Designation and/or Power of Attorney forms, you can change your mind. You do not need to return to the clinic to fill out these forms. Once you fill out the below forms, the Standby Guardian and/or Power of Attorney forms will no longer apply if you are detained or deported.

### **□ Revocation of Standby Guardianship Designation**

The Standby Guardianship Designation Revocation form is included below. You (the parent) must sign. You should provide copies of this revocation to your child's school and primary healthcare provider. You should also keep the original with your files.

### **□ Revocation of Power of Attorney Designation**

The Power of Attorney Designation Revocation form is included below. You should then keep copies of this revocation with your files. You should provide copies of this revocation to financial institutions that it would be used at such as

your bank.

## □ New Standby Guardianship or Power of Attorney Designation

After you have filled out the revocation forms, if you would like to designate someone new to serve as standby guardian for your children and/or have power of attorney for you, you should start this process over again. **You should provide a copy of the revocation form to the newly appointed standby guardian or power of attorney.**

### REVOCATION OF STANDBY GUARDIANSHIP DESIGNATION

I \_\_\_\_\_, living at  
(Name) (Address)

signed a standby guardianship designation form on . (Date)

I no longer wish for this standby guardianship to apply and am therefore revoking it.

\_\_\_\_\_  
(Signature  
of Parent) (Date)

**REVOCATION OF SPRINGING POWER OF ATTORNEY**

I \_\_\_\_\_, living at  
(Name) (Address)

Hereby revoke in all respects, the springing power of attorney granted by me to

\_\_\_\_\_, living at \_\_\_\_\_ (Name) (Address)

\_\_\_\_\_  
(Date) \_\_\_\_\_ (Signature)

## **Finding and Hiring a Licensed Attorney**

To help you with complicated issues, you should talk to an attorney. You may qualify for free legal services from a Connecticut legal services organization, or a private attorney may be able to help you. Make sure the attorney you hire is LICENSED and HAS IMMIGRATION LAW EXPERIENCE.

All Connecticut attorneys are required to be licensed by the state. You can find out if an attorney is licensed by searching their name on the [Connecticut Judicial website](http://www.jud.ct.gov/attorneyfirminquiry/AttorneyFirmInquiry.aspx):  
<http://www.jud.ct.gov/attorneyfirminquiry/AttorneyFirmInquiry.aspx>

### **□ Hiring an Attorney: What to Ask**

- ◆ What is your experience with cases like mine?



- ◆ How much are you going to charge me?
- ◆ What are the specific things you can do to help me?

### ❑ **Warning! Protect Yourself From Fraud**

Only a licensed attorney or Executive Office for Immigration Review and Board of Immigration Appeals accredited representative is authorized and qualified to assist you with an immigration status case. EOIR / BIA accredited representatives in Connecticut can be found here: <https://www.justice.gov/eoir/page/file/942306/download#CONNECTICUT>

Do NOT hire anyone who:

- ◆ Refuses to give you a written contract
- ◆ Charges you for blank immigration forms
- ◆ Promises you a good result because of their special contacts at Immigration (USCIS)
- ◆ Pretends to be a licensed attorney
- ◆ Asks you to lie on a form or sign a blank document
- ◆ Charges you to get on a "waiting list" or get "in line." There is no list. There is no line.

If you suspect fraud, report it to your consulate or the police. Then contact the Federal Trade Commission to file a complaint in English or Spanish at 877-FTC-HELP (877-382-4357). ❑

### **Legal Services for Low Income Families**

Connecticut legal services programs provide free legal assistance in civil matters to low income families. Depending on where you live, there is a legal services program for you to call.

- ◆ Hartford County: Greater Hartford Legal Aid: 860-541-5000
- ◆ New Haven County: New Haven Legal Assistance: 203-946-4811
- ◆ All other areas of Connecticut: Connecticut Legal Services Immigration:  
[www.ctlegal.org/contact](http://www.ctlegal.org/contact)

### ❑ **Private Attorneys**

If you do not qualify for legal aid, you can find a private attorney to help you. Many attorneys who are experienced in immigration law are members of the American Immigration Lawyers Association. You can use their website to look for a Connecticut immigration lawyer: <http://www.aila.org>. You may consider asking for pro bono representation or a reduced fee.

## **Know Your Rights**

Everyone –both documented and undocumented persons –has rights in this country. Talk to everyone in your household, including your children, about what to do if ICE officials come to your house, approach you, or arrest you.

### ❑ **ICE at Your Door**

- ❑ You do not have to open the door for ICE or any police officer without a warrant signed by a judge (a “judicial warrant”).

- A judicial warrant must have your specific and correct name and address on the warrant.
- Ask for the warrant to be slid under the door or shown to you through a window so you can look for your name, address and a judge's signature.

### □ **If ICE Approaches or Arrests You**

- You have the right to remain silent: You do not have to talk to ICE or answer their questions.
- Make a call to an attorney or your consulate.
- Do not sign any documents before speaking to an attorney.

### □ **Be Prepared**

- Always carry documentation of your residency that does not reveal your status like a lease or utility bill. Consider not carrying documents that prove your status such as a foreign passport or ID card.
- If you have one, make sure your family knows your A-Number. Your A-Number can also be used to find your immigration status and updates on upcoming hearings or possible removal orders: <https://acis.eoir.justice.gov/en/>.

### □ **For additional information, check out:**

- **ACLU Immigrant's Rights:** <https://www.aclu.org/know-your-rights/immigrants-rights>
- **ILRC Community Resources:** <https://www.ilrc.org/community-resources>
- **How to prepare for an ICE Raid:** <https://www.immigrantdefenseproject.org/shareable-content/>

## **Helpful Resources**

### □ **If your child is in DCF custody:**

Department of Children & Families Careline: 1-800-842-2288

### □ **To apply for benefits:**

Department of Social Services: 1-855-626-6632

1-855-6-CONNECT

**□ If you have experienced domestic violence:**

Connecticut Coalition Against Domestic Violence 1-888-774-2900

<https://www.ctcadv.org/help/survivors> □ **Guardianship information and forms:**

Connecticut Probate Courts: [www.ctprobate.gov](http://www.ctprobate.gov)

**□ Information about social services:**

United Way CT Local Services: 2-1-1

1-800-203-1234 (outside CT)

**□ Information on applying for asylum pro se:**

Unlocal: <https://www.unlocal.org/pro-se-plus-project/> □ **Legal assistance:**

Connecticut Legal Services Immigration: [www.ctlegal.org/contact](http://www.ctlegal.org/contact) Greater

Hartford Legal Aid: 860-541-5000

New Haven Legal Assistance: 203-946-4811

American Immigration Lawyers Association Immigrant Services

Association Integrated Refugee & [www.aila.org](http://www.aila.org) <https://irisct.org>