

YOUR FAMILY



Every family should be prepared in case of emergency. Parents may want to plan for their children's care in the event that they are detained, deported, incapacitated, or otherwise unavailable for any period of time. This document is not legal advice and is for educational purposes only. The recommendations and forms in this packet may not be appropriate for your situation. We recommend that you consult with an attorney to ensure that your legal documents are appropriate for your individual circumstances. We do not guarantee that these forms will be legally binding. If you are reading the Spanish translation of this document, make sure to fill out the English version of the forms.

AND KEEP THEM IN A SAFE PLACE:

Make sure your chosen caregiver understands your wishes for your child.



II.

FORMS

DELEGATION OF PARENTAL/GUARDIAN POWERS FORM:

This Delegation designates another person (called the “attorney-in-fact”) to make decisions regarding a minor child/ren in lieu of the child/ren’s parent or legal guardian. **The “attorney-in-fact” can be any reliable person and does not have to be a lawyer.** It is not a court order. It is accepted by many, but not all, people or organizations as proof that the person has the legal right to make decisions for the child/ren.

A parent who does not agree with the decisions of the attorney-in-fact has more authority over the child than the attorney-in-fact. This form cannot replace or supersede the authority of the other parent. This form cannot be used to transfer custody. It does not affect the rights of the child’s parents regarding the care, custody and control of the child and can be withdrawn at any time.

Fill out the English version of the form. Fill out the specific information regarding and the attorney-in-fact has designated. You may choose to select specific powers, but you must select at least one power in the designated

DELEGATION OF PARENTAL/GUARDIAN POWERS

I certify that I am the parent or legal guardian of:

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

("minor child/ren"). I designate _____,
(FULL NAME OF ATTORNEY-IN-FACT)

(STREET ADDRESS, CITY, STATE AND ZIP CODE OF ATTORNEY-IN-FACT)

(HOME PHONE OF ATTORNEY-IN-FACT)

(WORK PHONE OF ATTORNEY-IN-FACT)

as the undersigned's attorney-in-fact with respect to the minor child/ren under ORS 109.056.

I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the minor child/ren, including but not limited to the right to enroll the minor child/ren in school, inspect and obtain copies of education records and other records concerning the minor child/ren, the right to attend school activities and other functions concerning the minor child/ren, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the minor child/ren. OR

SELECT ONE:

This delegation of powers is effective for a period not to exceed six months, beginning upon the occurrence of arrest, deportation, incapacity, or similar event that renders the above-mentioned minor child/ren without an available parent or legal guardian, and ending six months from that date. I reserve the right to revoke this authority at any time.

I am in the US Armed Forces and have been called to active duty. This delegation of powers is effective through my active duty period plus 30 days.

By: _____
(PARENT/LEGAL GUARDIAN SIGNATURE)

I hereby accept my designation as attorney-in-fact for _____
(MINOR CHILD/REN)
as specified in this delegation of powers.

(ATTORNEY-IN-FACT SIGNATURE)

REVOCATION OF DELEGATION OF PARENTAL/GUARDIAN POWERS

I hereby revoke (withdraw) the delegation of parental/guardian powers over my minor child/ren:

(check one)

(check one)

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(FULL NAME OF MINOR CHILD)

(DD

RELATIVE CAREGIVER AFFIDAVIT:

This form permits a family member (“Relative Caregiver”) to consent to medical treatment and educational services for a minor child (that the minor child cannot otherwise legally consent to him/herself) if the consent of the legal parent or guardian cannot be obtained. For this reason, it cannot be filled out in advance, but can only be completed after the parent becomes unavailable and the child is already living with the family member. If you have chosen a family member to be the caregiver for your child in the event that you become unavailable, you should give a blank copy of this form to them to use if necessary. Make sure they know that they must fill out the English version of the form.

The Relative Caregiver must be 18 years or older. The Relative Caregiver must provide identification, either an Oregon driver’s license or identification number or another form of legal, government-issued identification.

The form requires the Relative Caregiver to indicate what efforts they have made to contact the mother, father, or legal guardian of the child and obtain their consent to medical treatment or educational services for the child. The Relative Caregiver should check the boxes that apply to their situation.



RELATIVE CAREGIVER AFFIDAVIT

B. I have not been able to contact mother father legal guardian (check all that apply) to notify them of my intent to consent to medical treatment or educational services for minor child because:

I declare under penalty of perjury that _____ (child's name) lives with me, that I am a competent adult and 18 years of age or older, and that the information provided in this affidavit is true and correct.

Date: _____

Signature: _____

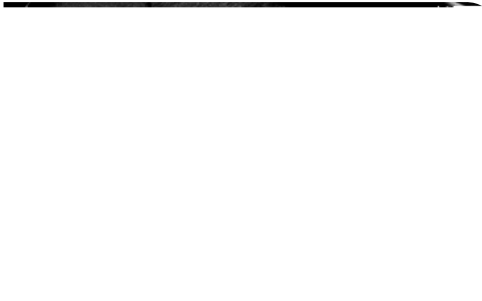
Print name: _____

Address: _____

Phone number: _____



SOCIAL SECURITY CARDS



U.S. & MEXICAN PASSPORTS

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PARENTAL CONSENT

If two parents have custody of the child, then you must show that both parents authorize the child to have a passport. Both parents have to be with the child when they apply for the passport. If they cannot, then you will have to show that the parent who is not with the child has given permission or is not able to give permission.

- To give permission, the parent who is not able to go with the child must fill out **Form DS-3053 "Statement of Consent"**. This form must be notarized and expires 90 days after the day it was signed. A photocopy of the front and back of the

U.S. PASSPORTS

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OLD ENOUGH...

If your child is 16 or 17 and has their own ID:

They can apply without a parent being present, but the passport agencies prefer one parent to be with the child or give written consent (a signed statement with a photocopy of the parents' ID).

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PHOTO

Find more information about where to take photos:

<http://www.us-passport-service-guide.com/where-to-get-a-passport-photo.html>

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IDENTITY

Must bring the original ID and a photocopy of the front and back of each ID you use. If the child is under 16, the parent must bring an ID. If the child is 16 or 17, they can bring their ID or their parent must bring their ID. **ID documents can include:**

- State issued, valid non-driver ID or driver's license
- Certificate of Naturalization or Citizenship
- Valid or expired, undamaged passport from the US or any other country
- Matricula consular
- Valid work permit or permanent resident card issued by Department of Homeland Security

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FEES


Fee amounts depend on how quickly you need the passport:

- Regular processing time is 4-6 weeks and costs **a total of \$105** (\$80 passport fee, \$25 processing fee)
- Expedited processing in person will take about 8 business days (maybe less depending on need and if you can prove there is an emergency) and costs **a total of \$185.66** (\$80 passport fee, \$25 processing fee, \$60 expedited processing fee, \$20.66 overnight delivery fee)

MEXICAN



**BIRTH
CERTIFICATE**



CONI. 383 48.715 1

APPLY:

1. Make an appointment by calling **1-877-639-4835** or via internet: <https://mexitel.sre.gov.mx/citas.webportal/>

2. Go to the consulate the day of your appointment and fill out passport application. **CONI. 383 48.715 17.336**
The document will be ready the same day.

PER PASSPORT:

- 1 year & cases of consular protection & minors under 3 years old: **\$32**
- 3 years: **\$74**
- 6 years: **\$101**
- 10 years: **\$136**

People over 60 years of age or with written proof of disability will pay 50% of the established cost.

Miscellaneous Contacts

Dentist	
Phone Number	
Dental Insurance Company	
Policy Number	
Car Make/Model	
License Plate Number	
Car Insurance Company	
Insurance Policy Number	
Phone Number	
Consulate	
Address	
Phone Number	
Attorney/Nonprofit Legal Services Provider	
Address	
Phone Number	