

Family Preparedness Checklist

The following pages will help you organize all the necessary information in case of an emergency. Please, be sure to be as detailed as possible.

Personal

Full name: _____

Date of Birth: ____ / ____ / ____ Phone: _____

Address: _____

Employer: _____

Employer Phone: _____

Health

Doctor's name: _____

Phone: _____

Address: _____

Allergies: _____

Health insurance information: _____

Additional information (i.e. medical condition(s), medicine, etc...) _____

Community connections/support

If your loved one has been detained, names and phone numbers of people (family, friends, community organizations or faith-based groups) who might be willing to write letters of support

If applicable, proof of education in the U.S.

If applicable, proof of participation in community organizations or faith-based groups

If applicable, proof of consistent employment

If applicable, lease

If applicable, copies of important documents regarding your vehicle (e.g. insurance policy)

If applicable, copies of important documents relating to purchase of your home

If applicable, copies of important documents regarding your business

Danger in home country

If applicable, newspaper articles, reports, or photos demonstrating why you would face harm if you were forced to return to the country where you were born

Other

The following documents might not be used in a deportation case, but are worth saving in a safe place in case you need them for other reasons.

- Passport
 - Birth certificate
 - If applicable, social security card
 - If applicable, proof of ITIN
 - If applicable, completed designation of person in parental relationship form
 - Authorization for release of health information pursuant to HIPAA
 - Power of attorney for the person responsible for managing your finances
1. If the arrest was in NYC, you will need to go the criminal court for each case, bring identification, pay \$10, and ask for the “Certificate of Disposition” (COD). If someone else is collecting a certificate of disposition on your behalf and the record has been sealed, the court will not provide them a COD without a notarized authorization from you.

Document Collection

Each family situation and deportation case will require different documents, but the following is a non-exhaustive list of some basic documents that are likely to be helpful. In general, you should not give any documents to ICE without first consulting with an attorney.

Criminal

If applicable, a Certificate of Disposition for EACH time you were arrested¹

If applicable, proof of your assistance in investigating a crime when you, your child, or spouse was the victim (e.g. police report, order of protection, etc.)

Immigration

If applicable, proof that you have an application currently pending with immigration

If applicable, proof of work authorization

If applicable, proof of immigration status (e.g., asylee, U Nonimmigrant Status, lawful permanent residency, etc.)

Family members

If applicable, your family members' proof of U.S. citizenship (U.S. birth certificate, U.S. passport, or naturalization certificate)

If applicable, your family members' proof of lawful immigration status (e.g. asylee, U Nonimmigrant Status, lawful permanent residency, etc.)

Proof of relationship between you and your family members (e.g. birth certificates and/or marriage certificates)

Medical (mental and physical)

If applicable, proof of any special medical issues that you have

If applicable, proof of any special medical issues that your family members have

Rehabilitation

If applicable, proof that you have successfully completed any rehabilitation programs (e.g. alcohol, drugs, violence, etc.)

Finances

I have the following goods (Check what applies):

Bank account

If so, name of bank: _____

Note: Might be worth sharing your account number with the person you've assigned to manage your finances.

Lease

There's a copy of the lease with my other documents Yes No

I have asked my landlord if someone else can take over my lease Yes No

If yes, who will it be? _____

Car

There's copy of all the important documents regarding my vehicle with my other documents (i.e. insurance policy, registration, etc...) Yes No

House

There's copy of all the important documents regarding my property with my other documents (i.e. act of sale, mortgage, etc...) Yes No

Business

There's copy of all the important documents regarding my business with my other documents Yes No

I have talked to my lawyer about the future of my business Yes No

If yes, name of lawyer: _____ Phone: _____

Emergency contact (individual who will be responsible to manage your finances)

Full name: _____

Relationship: _____ Phone: _____

Address: _____

Email (if applicable): _____

This person has my basic information (full name, date of birth, etc...) Yes No

This person has a power of attorney to manage my finances Yes No

This person knows where I have saved my documents Yes No

Child #3 (if applicable)

Full name: _____

Date of Birth: ____ / ____ / ____ Phone (if applicable) : _____

Social Security (if applicable) : _____

Child #3 School

Name: _____

Address : _____

School Phone : _____ Name of Teacher: _____

Additional information: (i.e. extracurricular activities/programs, etc...) : _____

Child #3 Health

Doctor's name: _____

Phone: _____

Address: _____

Allergies: _____

Health insurance information: _____

Additional information (i.e. medical condition(s), medicine, etc...) _____

Emergency contact (individual who will be responsible to take care of your family)

Full name: _____

Relationship: _____ Phone: _____

Address: _____

Email (if applicable): _____

This person has my basic information (full name, date of birth, etc...) Yes No

This person has the temporary guardianship form Yes No

This person knows where I have saved my documents Yes No

Child #1 Health

Doctor's name: _____

Phone: _____

Address: _____

Allergies: _____

Health insurance information: _____

Additional information (i.e. medical condition(s), medicine, etc...) _____

Child #2 (if applicable)

Full name: _____

Date of Birth: ____ / ____ / ____ Phone (if applicable) : _____

Social Security (if applicable) : _____

Child #2 School

Name: _____

Address : _____

School Phone : _____ Name of Teacher: _____

Additional information: (i.e. extracurricular activities/programs, etc...) : _____

Child #2 Health

Doctor's name: _____

Phone: _____

Address: _____

Allergies: _____

Health insurance information: _____

Additional information (i.e. medical condition(s), medicine, etc...) _____

Spouse (if applicable)

Full name: _____

Date of Birth: ____ / ____ / ____ Phone: _____

Address: _____

Employer: _____

Employer Phone: _____

Spouse's health

Doctor's name: _____

Phone: _____

Address: _____

Allergies: _____

Health insurance information: _____

Additional information (i.e. medical condition(s), medicine, etc...) _____

Child #1 (if applicable)

Full name: _____

Date of Birth: ____ / ____ / ____ Phone (if applicable) : _____

Social Security (if applicable) : _____

Child #1 School

Name: _____

Address : _____

School Phone : _____ Name of Teacher: _____

Additional information: (i.e. extracurricular activities/programs, etc...) : _____