Family Safety Plan Toolkit and Checklist

Every family should have a Family Safety Plan. While it is our hope that you never have to use your plan, it is a good practice to have one in place to help reduce the stress of the unexpected. An important part of creating your safety plan is gathering important information. This toolkit provides a starting point for you of what information you will need in case of an emergency.

Cada familia debe tener un Plan de Seguridad Familiar. Y aunque esperemos que nunca se tenga que utilice, es una Buena práctica tener uno en el lugar para ayudar a reducir el estrés de lo inesperado. Una parte importante de la creación de su plan de seguridad es recolectar información importante. Este kit de herramientas sirve como una guía para que usted se dé idea de qué información necesitará en caso una emergencia.

- **Family Safety Planning Worksheet/Hoja de trabajo para Plan de Seguridad Familiar**
  - This worksheet helps identify important documents, contacts and resources
  - Esta hoja de trabajo le ayuda a identificar documentos importantes, contactos y recursos

- **Community Resources/Recursos de la Comunidad**
  - This form will help you identify resources in your community that you can access in case of an immigration-related emergency and gather contact information
  - Este formulario le ayudará a identificar los recursos en su comunidad a los que puede acceder en caso de una emergencia relacionada con inmigración

- **Important Children’s Information and Emergency numbers & contact information/Información Importante de los niños**
  - This form will be helpful for those you designate to care for your children in your absence and will provide important information
  - Este formulario será útil para aquellos que usted designe el cuidado de sus hijos en su ausencia y proporcionará información importante

- **General Intake Form/Formulario de Ingreso General**
  - This form allows you to collect important information an attorney would need if arrested.
  - Este formulario le permite recolectar información importante que un abogado necesitaría si es arrestado.

- **United States Customs and Immigration Service (USCIS) Form G28**
  - This form allows you to secure legal representation before you need it. You sign it, but an attorney does not have to sign it at the same time. If you are arrested, the form signed by you makes it easier for an attorney to meet with you
  - Este formulario le permite obtener una representación legal antes de que lo necesite. Usted lo firma, pero un abogado no tiene que firmarlo al mismo tiempo. Si usted es arrestado, el formulario firmado por usted facilita que un abogado se reúna con usted

- **Parental Power of Attorney/Poder Legal Para Padres**
  - This legal document gives authority to your spouse or another person you choose to make decisions for you in the event you are separated
  - Este documento legal otorga autoridad a su cónyuge o otra persona que elija para tomar decisiones acerca de sus hijos por usted en el caso de que usted no esté presente

- **PUHSD Emergency Contact/Change of Address Form/Formulario de Conacto de Emergencia**
  - This form will ensure the school has all current emergency contact information
  - Este formulario garantizará que la escuela tenga toda la información de contacto de emergencia actual
Family Safety Plan Worksheet/Hoja de Plan De Seguridad Familiar

In each box, list items and resources you will need to have available and issues you will need to address in the event of a family emergency. Some initial ideas have been provided for you.

En cada caja, enlista las cosas y recursos que vas a necesitar tener disponibles en caso de una emergencia familiar. Estas, ya incluyen algunas sugerencias.

**Legal**
- Parental Power of Attorney/Poder Legal
- Attorney/Nonprofit Legal Service Provider/Abogado/Organización Para Servicios Legales
- Passports/Pasaportes
- Immigration Documents/Documentos de Inmigración
- Social Security Card or ITIN number/Seguro Social o numero ITIN

**Financial**
- Name of Bank & Address/Nombre de su Banco y dirección
- Bank Accounts/Cuentas de Banco

**Community & Church**
- Spiritual Care/Cuidado Espiritual
- Name of Church & Address/Nombre de Iglesia y dirección
- Name of School/Nombre de la Escuela

**Medical**
- Doctor's Name/Nombre del Doctor
- Doctor's phone number/Número del Doctor
- Health Insurance/Aseguranza Medica
- Health Insurance Policy Number / Numero de Poliza
- Allergies & Medical Conditions/Condiciones Medicas
- List of prescriptions/Medicamentos

**Family & Children**
- Important Children's information/Información Importantes de Hijos
- Birth Certificates/Actas de Nacimiento
- Vaccination Records/Cartillas de Vacunacion
- Marriage License/Licencia de Matrimonio
<table>
<thead>
<tr>
<th>Agency</th>
<th>Address &amp; Contact Info</th>
<th>Services Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona Dream Act Coalition</td>
<td>1122 E. Buckeye Rd., Suite B7</td>
<td>• Citizenship application assistance / Ayuda con Cuidadania</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85034</td>
<td>• DACA 1st time application assistance / Ayuda con DACA</td>
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<tr>
<td></td>
<td>602-842-3748</td>
<td>• DACA renewal application assistance / Ayuda con la renovacion de DACA</td>
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<tr>
<td></td>
<td><a href="http://www.theadac.org">www.theadac.org</a></td>
<td>• Know your rights workshops &amp; house meetings</td>
</tr>
<tr>
<td>Arizona Center for Empowerment &amp; LUCHA</td>
<td>3120 N. 19th Ave, Suite #190</td>
<td>• Citizenship application assistance / Ayuda con Cuidadania</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85015</td>
<td>• DACA 1st time application assistance / Ayuda con DACA</td>
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<tr>
<td></td>
<td>602-388-9745</td>
<td>• DACA renewal application assistance / Ayuda con la renovacion de DACA</td>
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<td></td>
<td><a href="http://www.luchaaz.org">www.luchaaz.org</a></td>
<td>• U.S. Residency renewal / Ayuda con la renovacion de la Residencia</td>
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<td></td>
<td></td>
<td>• Citizenship preparation classes / clases de preparación para la Cuidadanza</td>
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<tr>
<td></td>
<td></td>
<td>• Know your rights training / Entrenamientos de Conoce Tus Derechos</td>
</tr>
<tr>
<td>Central Arizonans for a Sustainable Economy</td>
<td>2401 N. Central Ave, Suite 120</td>
<td>• Citizenship application assistance / Ayuda con Cuidadania</td>
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<td>Phoenix, AZ 85004</td>
<td>• DACA renewal application assistance / Ayuda con la renovacion de DACA</td>
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<td><a href="http://case-az.org">http://case-az.org</a></td>
<td>• Civic classes / Clases Civicas</td>
</tr>
<tr>
<td>Center for Neighborhood Leadership</td>
<td>816 N. 1st Ave</td>
<td>• Know Your Rights Trainings / Entrenamientos de Conoce Tus Derechos</td>
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<td></td>
<td>Phoenix, AZ 85003</td>
<td>• DACA renewal application assistance / Ayuda con la renovacion de DACA</td>
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<td></td>
<td><a href="http://www.azcni.org">www.azcni.org</a></td>
<td>• Youth Leadership Development</td>
</tr>
<tr>
<td>Mi Familia Vota – Arizona</td>
<td>1710 E. Indian School Rd. Suite 100</td>
<td>• Citizenship application assistance / Ayuda con Cuidadania</td>
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<tr>
<td></td>
<td>Phoenix, AZ 85016</td>
<td>• Know Your Rights Trainings / Entrenamientos de Conoce Tus Derechos</td>
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<tr>
<td></td>
<td>602-263-2030</td>
<td>• Citizenship application assistance / Ayuda con Cuidadania</td>
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<tr>
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<td><a href="http://www.mifamiliavota.org/where-we-are/arizona/">www.mifamiliavota.org/where-we-are/arizona/</a></td>
<td>• Citizenship application assistance / Ayuda con Cuidadania</td>
</tr>
<tr>
<td>Neighborhood Ministries</td>
<td>1918 W. Van Buren Ave</td>
<td>• Citizenship application assistance / Ayuda con Cuidadania</td>
</tr>
<tr>
<td></td>
<td>Phoenix, AZ 85009</td>
<td>• DACA 1st time application assistance / Ayuda con DACA</td>
</tr>
<tr>
<td></td>
<td>602-718-1774</td>
<td>• DACA renewal application assistance / Ayuda con la renovacion de DACA</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.nmphx.org">www.nmphx.org</a></td>
<td>• Health clinic / Clinica de Salud</td>
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<td>• Workforce Development / Desarrollo de Fuerza Laboral</td>
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<tr>
<td></td>
<td></td>
<td>• Teen and Single mom program / Programas para jóvenes y madres solteras</td>
</tr>
<tr>
<td>Organization</td>
<td>Address</td>
<td>Contact Information</td>
</tr>
<tr>
<td>--------------</td>
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</tr>
</tbody>
</table>
| Promise Arizona | 701 S. 1st St Phoenix, AZ 85004 602-288-3663 [www.promiseaz.org](http://www.promiseaz.org) |  | • DACA 1st time application assistance / Ayuda con DACA  
• DACA renewal application assistance / Ayuda con la renovacion de DACA  
• Know Your Rights Trainings / Entrenamientos de Conoce Tus Derechos  
• BIA Citizenship Services Certificated / Estamos certificados servicios de inmigracion con BIA  
• Youth Leadership Development / Desarrollo de Liderazago de jovenes  |
| Puente Movement | 1937 W. Adams St Phoenix, AZ 85009 602-252-1883 [www.puenteaz.org](http://www.puenteaz.org) |  | • Citizenship application assistance / Ayuda con Cuidadania  
• DACA 1st time application assistance / Ayuda con DACA  
• DACA renewal application assistance / Ayuda con la renovacion de DACA  
• Know Your Rights Trainings / Entrenamientos de Conoce Tus Derechos  |
| ACLU Arizona |  | [www.acluaz.org](http://www.acluaz.org) | • Know Your Rights Trainings / Entrenamientos de Conoce Tus Derechos  
• Know your rights for students in schools  
• Steps to filing a Civil Rights Violation claim  |
| Arizona Legal Women & Youth Services |  | 602-248-7055 [www.alwaysaz.org](http://www.alwaysaz.org) | • DACA 1st time application assistance / Ayuda con DACA  
• U visas for victims of domestic violence and other qualified crime victims  |
| Friendly House | 113 W. Sherman St Phoenix, AZ 85003 602-416-7200 [www.friendlyhouse.org](http://www.friendlyhouse.org) |  | • DACA 1st time applications assistance  
• DACA renewal application assistance  
• Green Card renewals  
• Citizenship/naturalization  
• Immigration Legal Services  |
| Mexican Consulate | Consul General: Claudia Franco Hijuelos 320 E. McDowell Rd Phoenix, AZ 85004 602-242-7298 / 602-242-3649 |  | • Legal representation of Mexican nationals facing judicial processes  
• Offer counsel about rights under immigration, criminal and civil law  
• Obtain vital records in Mexico  
• Assist with family reunification of minors  |
| Congressman Gallegos's Office | 411 N. Central Ave, Suite 150 Phoenix, AZ 85004 602-256-0552 |  | If you can’t get an answer from a federal agency in a timely fashion, or if you feel you have been treated unfairly, our office may be able to help  
• Military and Veterans Benefits  
• Immigration  
• Social Security and Medicare  |
| Aliento |  | [http://www.alientoaz.org/](http://www.alientoaz.org/) | • Provide community healing through art for those who face the trauma of detention, deportation and threat of separation  |
| International Rescue Committee | 4425 W. Olive, #400 Glendale, AZ 85302 602-433-2440 [www.rescue.org/phoenix](http://www.rescue.org/phoenix) |  | • DACA 1st time applications assistance  
• DACA renewal application assistance  
• Green Card renewals  
• Citizenship preparation classes  
• Family reunification  |
| Phoenix Union High School District Student Support Services: Community Liaison Resources and Supports available on all PUHSD campuses |  |  | • Food boxes / Cajas de Comida  
• Clothing banks / Banco de Ropa  
• Toiletries / Articulos de Aseo  
• Community Information & Referral / Informacion comunitaria y referencias  |
# Important Children’s Information/Información Importante de los Niños

*Keep this information so those you designate to care for your children in your absence have all of the information they need. Guardar esta información con alguien que usted ha designado al cuidado de sus hijos en caso de que usted no esté presente.*

<table>
<thead>
<tr>
<th>Child’s Name/ Informacion Hacerca del Niño o Niña:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth/ Fecha de Nacimiento</td>
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<tr>
<td>Child’s cell phone number / Numero de telefono del niño o niña (si tiene uno)</td>
<td></td>
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<tr>
<td>School/ Escuela</td>
<td></td>
</tr>
<tr>
<td>School Address/Direccion de La Escuela</td>
<td></td>
</tr>
<tr>
<td>School Phone Number/Numero de Telefono de la Escuela</td>
<td></td>
</tr>
<tr>
<td>Student ID Number/ Número de ID de la Escuela</td>
<td></td>
</tr>
<tr>
<td>Teacher’s Name/ Nombre de Maestro o Maestra</td>
<td></td>
</tr>
<tr>
<td>After School Program Phone Number/ Numero de Telefono del Programa Después de Escuela</td>
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</tr>
<tr>
<td>Sports/Club Information/ Informacion de Clubs o Deportes</td>
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</tr>
<tr>
<td>Medical conditions/ Condiciones Medicas</td>
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<tr>
<td>Medications/ Medicamentos</td>
<td></td>
</tr>
<tr>
<td>Doctor’s Name/ Nombre del Doctor</td>
<td></td>
</tr>
<tr>
<td>Doctor’s Phone Number/ Numero del Docto</td>
<td></td>
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<tr>
<td>Doctor’s Address/ Direccion del Doctor</td>
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<tr>
<td>Health Insurance/ Aseguranza Medica</td>
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</table>

# Child’s Name/ Informacion Hacerca del Niño o Niña:

<p>| Date of Birth/ Fecha de Nacimiento |  |
| Child’s cell phone number / Numero de telefono del niño o niña (si tiene uno) |  |
| School/ Escuela |  |
| School Address/Direccion de La Escuela |  |
| School Phone Number/Numero de Telefono de la Escuela |  |
| Student ID Number/ Número de ID de la Escuela |  |
| Teacher’s Name/ Nombre de Maestro o Maestra |  |
| After School Program Phone Number/ Numero de Telefono del Programa Después de Escuela |  |
| Sports/Club Information/ Informacion de Clubs o Deportes |  |
| Medical conditions/ Condiciones Medicas |  |
| Medications/ Medicamentos |  |
| Doctor’s Name/ Nombre del Doctor |  |
| Doctor’s Phone Number/ Numero del Docto |  |
| Doctor’s Address/ Direccion del Doctor |  |
| Health Insurance/ Aseguranza Medica |  |
| Date of Birth/ Fecha de Nacimiento |  |</p>
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<tr>
<th>Emergency Numbers/Numeros de Emergencia</th>
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<tbody>
<tr>
<td>Immediate emergency / Emergencia inmediata</td>
<td>911</td>
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<tr>
<td>Police Department / Departamento de Policía</td>
<td></td>
</tr>
<tr>
<td>Fire Department/ Departamento de Bomberos</td>
<td></td>
</tr>
<tr>
<td>Poison Control/ Departamento de Control de Veneno</td>
<td></td>
</tr>
<tr>
<td><strong>Family Contacts/Numeros de Contacto de Familia:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mother/Parent/Guardian’s Name - Nombre de Madre/Guardian</strong></td>
<td></td>
</tr>
<tr>
<td>Home Phone Number/Numero de Casa</td>
<td></td>
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<tr>
<td>Cell Phone Number(s)/Numero de Celular</td>
<td></td>
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<tr>
<td>Place of Employment / Lugar de Trabajo</td>
<td></td>
</tr>
<tr>
<td>Work Phone Number/Numero de Telefono del Trabajo</td>
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<tr>
<td>Work Address/ Dirección del Trabajo</td>
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<tr>
<td><strong>Father/Parent/Guardian’s Name- Nombre del Padre/Guardian</strong></td>
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<tr>
<td>Home Phone Number/Numero de Casa</td>
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<td>Cell Phone Number(s)/Numero de Celular</td>
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<tr>
<td>Place of Employment / Lugar de Trabajo</td>
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<tr>
<td>Work Phone Number/Numero de Telefono del Trabajo</td>
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<tr>
<td>Work Address/ Dirección del Trabajo</td>
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<td><strong>Other Emergency Contact Name &amp; Relationship/ Nombre de Otro Contacto de Emergencia y Relación</strong></td>
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<tr>
<td>Cell Phone Number/Numero de Celular</td>
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<td><strong>Other Emergency Contact Name &amp; Relationship/ Nombre de Otro Contacto de Emergencia y Relación</strong></td>
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<tr>
<td>Cell Phone Number/Numero de Celular</td>
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<tr>
<td><strong>Miscellaneous Contacts / Otros Contactos &amp; Informacion:</strong></td>
<td></td>
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<tr>
<td><strong>Doctor Name/ Nombre del Doctor</strong></td>
<td></td>
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<tr>
<td>Phone Number/Numero de Telefono</td>
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<tr>
<td>Health Insurance Company/ Companía de Aseguranz</td>
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<td>Policy Number/Numero de Poliza</td>
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<td><strong>Pediatrician/ Pediata</strong></td>
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<td>Phone Number/Numero de Telefono</td>
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<td>Health Insurance Company/ Companía de Aseguranz</td>
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<td>Policy Number/Numero de Poliza</td>
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<td><strong>Dentist/Dentista</strong></td>
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<td>Phone Number/Numero de Telefono</td>
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<td>Health Insurance Company/ Companía de Aseguranz</td>
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<tr>
<td>Policy Number/Numero de Poliza</td>
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<tr>
<td><strong>Car Make/Modelo del Carro</strong></td>
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<tr>
<td>License Plate Number/ Numero de Placas</td>
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<tr>
<td>Car Insurance Company/Companía de Aseguranz de Carro</td>
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<td>Insurance Policy Number/ Numero de Poliza de Aseguranz</td>
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<td><strong>Consulate/Consulado</strong></td>
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<td>Address/Direccion</td>
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<td>Phone Number/Numero de Telefono</td>
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<tr>
<td><strong>Attorney/Nonprofit Legal Services Provider- Abogado/Organización Para Servicios Legales</strong></td>
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<tr>
<td>Address/ Direccion</td>
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<tr>
<td>Phone Number/Numero de Telefono</td>
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</tr>
<tr>
<td><strong>Bank Name and Address/ Nombre de su Banco y dirección</strong></td>
<td></td>
</tr>
<tr>
<td>Phone Number/ Numero de telefono</td>
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</tbody>
</table>
File of Important Documents / Documentos Importantes

Keep a file of all of these documents or a copy of these documents in a safe place. Tell your children, family members and emergency caregiver where to find this file in an emergency.

Mantenga un folder con todos estos documentos o copias en un lugar seguro. Dígale a sus hijos, familiares y persona que cuidara a sus hijos en caso de una emergencia en donde estarán estos documentos.

- Passports/Pasaportes
- Birth Certificates/ Actas de Nacimiento
- Marriage License (if applicable) / Licencia de Matrimonio (Si aplica)
- Power of Attorney Delegating Parental Powers (signed and notarized)/ Cartas Poder para el cuidado de sus hijos (firmadas y notariadas)
- Immigration Documents (work permit, green card, visa, etc.)/ Documentos de Inmigración (permiso de trabajo, tarjeta de residencia, visa, etc.)
- Driver’s License and/or other identification cards/ Licencia de Conducir or otras identificaciones
- Social Security Card or ITIN number/ Seguro Social o numero ITIN
- Family Safety Plan Worksheet/ Plan de Seguridad Familiar
- Important Children’s Information & Emergency Contact List/ Informacion Importante de Niños y Contactos de Emergencia
- Miscellaneous & Health Information / Información de Salud y Otra
- Children’s Vaccination Records/ Cartillas de Vacunacion
- Community Resource List/ Lista de Recursos Comunitarios
General Intake Form / Formulario de Ingreso General

Full Name / Nombre: __________________________ Pronouns: ________________

Gender: __________________________

Date of Birth: ________________ Booking Number: ________________

Place of Birth: __________________________

“Alien” Number: __________________________

Do you qualify for daca? Yes _____ No _____  Graduated High School: Yes _____ No _____

Do you suffer from any life threatening illness or mental disabilities? If Yes, what?

____________________________________________________________________________________

____________________________________________________________________________________

Criminal History

*Do you have a prior convictions? Yes _____ No _____ if yes, please provide the following info:

<table>
<thead>
<tr>
<th>Arrest Date</th>
<th>Conviction Date</th>
<th>State</th>
<th>Charges</th>
<th>Sentence</th>
<th>Plea or Trial</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Name and contact information of last criminal defense attorney: __________________________

____________________________________________________________________________________

Any convictions on appeal? __________________________

Were you ever an informant for the government? __________________________

Notes:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Immigration Status History

Date first entered the U.S. __________________________ Immigration status when first entered the U.S. (Visa, Green Card, Unlawfully, Refugee, etc.): ________________________________

Current immigration status permitted resident (green card), visa, TPS (work permit), asylum, etc. ____________________________________________________________________________________

Date obtained current status (exact date, if known): ____________________________________________

Pending applications with immigration? Yes _____ No _____ When: ________________________________

Has detainee left the U.S. since first entry: Yes _____ No _____ When: ________________________________
Was entry documented? __________________________________________________________________________

Has person ever come into contact with U.S. Immigration? Yes _____ No _____ If yes, please provide date and description of contact: ______________________________________________________________________________________________________

*Has the person have a final order of removal from an immigration judge? Yes _____ No _____

*Was the person detained have an immigration detainer or Notice of Appear? Yes _____ No _____
If yes, please get a copy if available: Yes _____ No _____ Date NTA issued: ________________________________

*Charged as: deportable _____ inadmissible _____ charged with __________________________________________

Immigration Judge decision & date: ____________________________________________________________________________________

Board of immigration appeal decision & date: ____________________________________________________________________________________

Federal Court Action (check all that apply):
_____ Circuit Courts – details: ____________________________________________________________________________________
_____ District Courts – details: ____________________________________________________________________________________

Name and contact information of last immigration attorney: ____________________________________________________________________________________

Any fear of persecution back home? ____________________________________________________________________________________
Document what ICE agents did during their arrest below. Your loved one’s lawyer may be able to use this information to support the immigration case.

AT THE DOOR:

Date: ____________________  What time of day? ____________________

How many officers? _______  Names: ____________________

Did they have guns drawn or were they touching their weapons? ____________________

How did their uniforms identify them? ____________________

Who did they say they were and why did they say they were there? ____________________

Did agents speak only English, or did anyone speak to you in your native language? ____________________

What did ICE say to get in the home? In what language? ____________________

Did they say who they were looking for? ____________________

If you live in a house, were ICE agents present at windows or in the back of the house? ________

Did they use verbal/physical force (banging hard on the door, yelling threats, touching, pushing person(s)) to enter? How? ____________________

Who opened the door when they came in? Was the person 16 years old or younger? If so, how old? ____________________
ONCE ICE WAS INSIDE THE HOME:

Did you verbally refuse consent to enter? I said: __________________________________________

How did they react if anyone said they denied consent to enter? __________________________________________

Did you verbally refuse consent to search? I said: __________________________

How did they react if anyone said they denied consent to search? __________________________

When did they tell you they were from immigration (before arrest, after arrest)? __________________________

Did they yell at anyone? __________________________

Did they touch or draw weapons inside the home? If so, did they identify themselves as ICE beforehand? __________________________

Did they keep anyone from moving around freely? __________________________

Did they enter bedrooms? Did they ask for permission first? __________________________

Did they look in closets or drawers? Did they ask for permission first? __________________________

Did you tell them if they were kids in the house? What did they do? __________________________

Did they handcuff anyone in front of children? __________________________

Did you bring up concerns like the need for childcare or medical issues? I said: __________________________

How did they react? __________________________

Did they take pictures of documents? If so whose? How did they get the documents? __________________________

Did they take fingerprints? If so, whose? __________________________
Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

Name and Address of Attorney or Accredited Representative

2a. Family Name (Last Name)

2b. Given Name (First Name)

2c. Middle Name

3a. Street Number and Name


3c. City or Town

3d. State □ 3e. ZIP Code

3f. Province

3g. Postal Code

3h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before
(Select only one box):

1a. □ USCIS

1b. List the form numbers

2a. □ ICE

2b. List the specific matter in which appearance is entered

3a. □ CBP

3b. List the specific matter in which appearance is entered

I enter my appearance as attorney or accredited representative at the request of:

4. Select only one box:
   □ Applicant □ Petitioner □ Requestor
   □ Respondent (ICE, CBP)

Information About Applicant, Petitioner, Requestor, or Respondent

5a. Family Name (Last Name)

5b. Given Name (First Name)

5c. Middle Name

6. Name of Company or Organization (if applicable)
Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (if any)  
   ▶

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

10. Mobile Telephone Number (if any)

11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent:

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

12.a. Street Number and Name


12.c. City or Town

12.d. State □ 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. □ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)

   Licensing Authority

1.b. Bar Number (if applicable)

1.c. Name of Law Firm

1.d. □ I (choose one) □ am not □ am

subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

2.a. □ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.b. Name of Recognized Organization

2.c. Date accreditation expires
   (mm/dd/yyyy) ▶
Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3.   □ I am associated with

      the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request.

      NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.e. in Part 3. (whichever is appropriate).

4.a.   □ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).

4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

Consent to Representation and Release of Information

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

   When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

   DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address unless you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

2.a   □ I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.

2.b.   □ I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

3.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy)
Part 6. Additional Information

Use the space provided below to provide additional information pertaining to Part 3, Item Numbers 1.a. - 1.d. or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under Part 4.)
PODER LEGAL
(De Los Padres)
INSTRUCCIONES para
PODER LEGAL PATERNAL

Algunas veces se hace referencia al poder legal paternal como un formulario para la delegación de la patria potestad. Una persona (usualmente uno de los padres o un tutor) firma un poder legal paternal ante un notario para conceder a una persona de confianza y dispuesta (agente o apoderado) el poder de actuar en lugar de uno de los padres o del tutor. En este caso, al padre, a la madre o al tutor se le conoce como el concedente. Es necesario certificar el poder legal paternal ante un notario. Un poder legal paternal No es una orden judicial.

PASO 1: OBTENGA la serie de documentos de Poder legal en el sitio Web de "formularios" del Tribunal Superior en el Condado de Maricopa O en una de las sedes del Centro de autoservicio del valle.

Downtown Phoenix
101 W. Jefferson St.
Phoenix, AZ 85003

Northeast Court Facility
18380 North 40th Street
Phoenix, Arizona 85032

Northwest Court Facility
14264 West Tierra Buena Lane
Surprise, Arizona 85374

Southeast Court Facility
222 East Javelina Avenue
Mesa, Arizona 85210-6201

- Lea las preguntas frecuentes y las instrucciones para el poder legal paternal
- Llene el formulario del poder legal paternal

PASO 2: LLEVE lo siguiente a un notario público. (Puede encontrar un notario en la mayoría de los bancos o en las páginas amarillas. Los notarios por lo general cobran una tarifa.)

- El testigo
- El formulario original del poder legal paternal llenado
- Documento de identificación con foto para usted y para el testigo

PASO 3: FIRME el poder legal paternal ante un notario y

- Pidale al testigo que firme el formulario ante el notario
- Espere a que el notario certifique el poder legal paternal

PASO 4: HAGA COPIAS del poder legal paternal para cada persona u organización con la que trate

- Quedese con el original para sus archivos
- Entregue una copia al apoderado
- Muestreles el original a las personas y organizaciones y entregueles la copia
POWER OF ATTORNEY DELEGATING PARENTAL POWERS
(PODER LEGAL PARA DELEGACIÓN DE LA PATRIA POTESEAD)

Principal, the parent or guardian of the children listed below, hereby appoints the below-named Agent/Attorney-in-Fact to act in name and place of Principal, parent or guardian to have parental authority and to perform general responsibilities of a parent and execute any of the below-listed specific acts, EXCEPT for authorizing the marriage or adoption of the minor children

(El concedente, el padre, la madre o el tutor de los niños indicados a continuación, por el presente nombro al agente/apoderado indicado a continuación para que actúe en nombre y representación del concedente, el padre, la madre o el tutor para tener autoridad parental y para llevar a cabo las responsabilidades generales de un padre y realizar cualquiera de los actos específicos indicados a continuación, EXCEPTO la autorización para el matrimonio o adopción de los menores.)

1. INFORMATION NEEDED: / (INFORMACIÓN NECESARIA :)

Current full legal name of the parent or legal guardian who is giving temporary authority over the child(ren).
(Nombre legal completo del padre, la madre o el tutor que está otorgando la autoridad temporal sobre el menor o los menores)

<table>
<thead>
<tr>
<th>Full legal name of each child</th>
<th>-and-</th>
<th>Date of birth for each child</th>
</tr>
</thead>
<tbody>
<tr>
<td>(El nombre legal completo de cada menor</td>
<td>- y -</td>
<td>La fecha de nacimiento de cada menor)</td>
</tr>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
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</tr>
</tbody>
</table>

The full legal name of the person who agrees to and accepts the delegation of Parental Authority: (This is the same as the Attorney-in-Fact mentioned above)
(El nombre legal completo de la persona que consiente en y acepta la delegación de la patria potestad: (Esta persona es la misma que el apoderado antes mencionado))

The full physical address of the person who agrees to and accepts the delegation of Parental Authority:
(El nombre legal completo de la persona que consiente en y acepta la delegación de la patria potestad:)

2. RESPONSIBILITIES DELEGATED: Check ONE if you, as a parent or guardian agree to give the following powers to the Attorney-in-Fact:
(RESPONSABILIDADES DELEGADAS: Marque UNA casilla si usted, en su calidad de padre, madre o tutor consiente en otorgar los siguientes poderes al apoderado:)

Page 1 of 3
Superior Court of Arizona in Maricopa County
ALL RIGHTS RESERVED
GNPP0A10fs/is - 101315
I delegate all parental responsibilities I might perform myself.
(Delego todas las responsabilidades paternales que yo mismo podría realizar)

☐ I delegate only the specific parental responsibilities named as follows:
(Delego solamente las responsabilidades paternales que se indican a continuación:)

3. DURATION: This delegation of Parental Powers lasts up to six (6) months unless I, as Principal, Parent or Guardian, revoke it earlier, or unless I am a member of the military on active duty. Check only one:
(DURACIÓN: Esta delegación de poderes paternales tienen una duración de hasta seis (6) meses a menos que yo, en mi calidad de concedente, padre, madre o tutor, lo revoque antes, o a menos que yo sea miembro de las fuerzas armadas en servicio activo. Marque sólo una casilla:)

☐ This Parental Power of Attorney begins on ___________________________ and expires not more than six (6) months later on ___________________________, unless I revoke it earlier or unless I am a member of the military on active duty.
(Este Poder legal paternal comienza el ___________________________ y se vence no más de seis (6) meses después, el ___________________________, a menos que yo lo revoque antes o a menos que yo sea miembro de las fuerzas armadas en servicio activo.)

☐ I am an active duty Military Member who is a parent or guardian of a minor child or ward. I delegate Parental Powers to my Attorney-in-Fact for a period not to exceed one year beginning on ___________________________, and expiring not more than twelve (12) months later on ___________________________, unless I revoke it earlier. (ARS § 14-5107)
(Soy miembro de las fuerzas militares en servicio activo que uno de los padres o el tutor de un menor o pupilo. Delego la patria potestad a mi apoderado por un período que no excederá de un año a partir del ___________________________, y que se vencerá no más de doce (12) meses después, el ___________________________, a menos que yo lo revoque antes. (ARS § 14-5107))

4. MANNER OF REVOCATION: The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document.
(CÓMO REVOCARLO: El concedente puede revocar este documento por escrito en cualquier momento antes de su fecha de vencimiento, si el apoderado ha cumplido las tareas específicas, por cualquier razón, por causa o si el apoderado excede o infringe el ámbito de aplicación y la autoridad otorgada por este documento.)

5. COMPENSATION of Attorney-in-Fact: None.
(COMPENSACIÓN para el apoderado: Ninguna.)

6. SIGNATURES: / (FIRMAS:)

For Principal: / (Por el Concedente:)

I, __________________________, the principal, sign my name to this power of attorney this ______ day of __________________________, 20_______ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney, and that as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

_____________________________ / (Firma del Concedente)
(Yo, XXXXXXXX, el concedente, firma mi nombre en este poder legal a los xxx días de XXXXXXXX y, habiendo primero jurado debidamente, certifico a la autoridad abajo firmante que estoy firmando este documento como mi poder legal y que lo estoy firmando voluntariamente, o que voluntariamente estoy indicándole a otra persona que firme por mí, que lo estoy firmando como un acto libre y voluntario para los fines indicados en el poder legal, y que según lo exigido por A.R.S. § 14-5501, tengo dieciocho o más años de edad, estoy en pleno uso de todas mis facultades mentales y no estoy bajo coacción ni influencia indebida.)

For Witness: / (Por el Testigo:)

I, _____________________________________________, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority he principal signs and executes this instrument as the principal’s power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal’s signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

(Yo, XXXXXXXX, el testigo, firma mi nombre en el poder legal anterior habiendo primero jurado debidamente, y certifico a la autoridad abajo firmante que el concedente está firmando este documento como poder legal del concedente y que el concedente lo está firmando voluntariamente, o que está voluntariamente indicándole a otra persona que firme por el concedente, y que yo, en presencia del concedente firma este poder legal como testigo de su firma por el concedente, y que según mi leal saber y entender el concedente tiene dieciocho o más años de edad, está en pleno uso de todas sus facultades mentales y no está bajo coacción ni influencia indebida.)

Witness Signature / (Firma del Testigo)

7. NOTARIZATION: / (CERTIFICACIÓN NOTARIAL:)

STATE OF __________________________
(ESTADO DE)

COUNTY OF __________________________
(CONDADO DE)

Subscribed, sworn to or affirmed, and acknowledged before me by ____________________, the principal,
(Suscrito, jurado o afirmado, y reconocido ante mí por el director,)

and subscribed and sworn to or affirmed before me by ____________________, witness, this
(y suscrito y jurado o afirmado ante mí por testigo, este día)

_____ day of ____________
(de)

(notary seal) / (sello notarial)

Deputy Clerk or Notary Public
(Secretario Auxiliar o Notario público)
POWER OF ATTORNEY
(Parental)
INSTRUCTIONS for
PARENTAL POWER OF ATTORNEY

A Parental Power of Attorney is sometimes called a form for Delegation of Parental Powers. A person (usually a parent or
guardian) signs a Parental Power of Attorney in front of a notary to give a trusted and willing person (Attorney-in-Fact or
Agent) power to act in place of the parent or guardian. The parent or guardian in this case is called the Principal. A
Parental Power of Attorney must be notarized. A Parental Power of Attorney is NOT a court order.

STEP 1: OBTAIN the Power of Attorney packet at the Maricopa County Superior Court “forms” website,
or at one of the Self Service Centers located in the valley.

- Downtown Phoenix
  101 W. Jefferson St.
  Phoenix, AZ 85003

- Northeast Court Facility
  18380 North 40th Street
  Phoenix, Arizona 85032

- Northwest Court Facility
  14264 West Tierra Buena Lane
  Surprise, Arizona 85374

- Southeast Court Facility
  222 East Javelina Avenue
  Mesa, Arizona 85210-6201

- Read the Parental Power of Attorney FAQs and Instructions
- Complete the Parental Power of Attorney Form

STEP 2: TAKE the following to a Notary Public. (You may find a Notary at most banks or listed in the Yellow
Pages. They usually charge a fee.)

- The Witness
- The original completed Parental Power of Attorney Form
- Photo ID for the witness and you

STEP 3: SIGN the Parental Power of Attorney in front of the Notary and

- Tell the Witness to sign the form in front of the Notary
- Wait for the Notary to notarize the Parental Power of Attorney

STEP 4: MAKE COPIES of the Parental Power of Attorney for each person or organization you deal with

- Keep the original for your records
- Give a copy to the Attorney in Fact
- Show the people and organizations the original, and give them the copy
POWER OF ATTORNEY DELEGATING PARENTAL POWERS

Principal, the parent or guardian of the children listed below, hereby appoints the below-named Agent/Attorney-in-Fact to act in name and place of Principal, parent, or guardian to have parental authority and to perform general responsibilities of a parent and execute any of the below-listed specific acts, EXCEPT for authorizing the marriage or adoption of the minor children.

1. INFORMATION NEEDED:
   - Current full legal name of the parent or guardian who is giving the temporary authority over the child(ren)?

   ________________________________
   - The full legal name of each child - and - Date of birth for each child

   1. ________________________________
   2. ________________________________
   3. ________________________________
   4. ________________________________
   5. ________________________________

   - The full legal name of the person who agrees to and accepts the delegation of Parental Authority: (This is the same as the Attorney-in-Fact mentioned above)

   ________________________________

   - The full physical address of the person who agrees to and accepts the delegation of Parental Authority: ________________________________

2. RESPONSIBILITIES DELEGATED: Check ONE if you, as a parent or guardian agree to give the following powers to the Attorney-in-Fact:

   □ I delegate all parental responsibilities I might perform myself
   □ I delegate only the specific parental responsibilities named as follows:

   ________________________________

3. DURATION: This delegation of Parental Powers lasts up to six (6) months unless I, as Principal, Parent or Guardian, revoke it earlier, or unless I am a member of the military on active duty. Check only one:

   □ This Parental Power of Attorney begins on ________________________ and expires not more than six (6) months later on ________________________, unless I revoke it earlier or unless I am a member of the military on active duty.

   □ I am an active duty Military Member who is a parent or guardian of a minor child or ward. I delegate Parental Powers to my Attorney-in-Fact for a period not to exceed one year beginning on _____________, and expiring not more than twelve (12) months later on _____________, unless I revoke it earlier. (ARS § 14-5107).
4. **MANNER OF REVOCATION:** The Principal may revoke this document in writing at any time before the expiration date, if the specific tasks have been accomplished by the Attorney-in-Fact, for no reason, for cause, or if the Attorney-in-Fact exceeds or violates the scope and authority granted by this document.

5. **COMPENSATION** of Attorney-in-Fact: None.

6. **SIGNATURES:** For Principal:

I, __________________________, the principal, sign my name to this power of attorney this _______ day of ______________________ and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney, and that as required by A.R.S. § 14-5501, I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

___________________________
Principal Signature

For Witness:

I, __________________________, the witness, sign my name to the foregoing power of attorney being first duly sworn, and do declare to the undersigned authority the principal signs and executes this instrument as the principal’s power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal sign this power of attorney as witness to the principal’s signing, and to the best of my knowledge the principal is eighteen years of age or older, of sound mind, and under no constraint or undue influence.

___________________________
Witness Signature

7. **NOTARIZATION:**

**STATE OF __________________**

**COUNTY OF __________________**

Subscribed, sworn to or affirmed, and acknowledged before me by __________________, the principal, and subscribed and sworn to or affirmed before me by __________________, witness, this _____ day of __________.

___________________________
(Notary Seal)

Deputy Clerk or Notary Public

Page 2 of 2
### PHOENIX UNION HIGH SCHOOL DISTRICT
Student Emergency Contact/Change of Address Form

**Student Name:** ___________________________  **Grade:** ________

**I.D. Number:** ___________________________

**Home Language:** ___________________________

**Current Address:** ___________________________

**City:** ___________________________  **State:** ___________________________

**Zip Code:** ___________________________

Does Student Live Here? YES____  NO____

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<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Relationship</th>
<th>Address</th>
<th>Home Telephone</th>
<th>Cell Phone</th>
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<table>
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<th>Relationship</th>
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<th>Home Telephone</th>
<th>Cell Phone</th>
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<tbody>
<tr>
<td>Contact #2</td>
<td>Relationship</td>
<td>Address</td>
<td>Home Telephone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Contact #3</td>
<td>Relationship</td>
<td>Address</td>
<td>Home Telephone</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

**Parent Signature** ___________________________  **Date:** ___________________________
PHOENIX UNION HIGH SCHOOL DISTRICT  
Student Emergency Contact/Change of Address Form

Student Name: ___________________________ Grade: ______
I.D. Number: ___________________________
Home Language: _______________________

Current Address: ________________________
City: __________________ State: __________
Zip Code: __________________
Does Student Live Here? YES____ NO____

<table>
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<tr>
<td>Contact #3</td>
<td>Relationship</td>
<td>Address</td>
<td>Home Telephone</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

Parent Signature ___________________________ Date: ________________