

NORMA TORRES

PROUDLY SERVING CALIFORNIA'S 35TH CONGRESSIONAL DISTRICT



RECURSOS DE INMIGRACIÓN



NORMA TORRES

PROUDLY SERVING CALIFORNIA'S 35TH CONGRESSIONAL DISTRICT

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Tarjeta Roja "Conozca sus derechos"

Recorte la tarjeta de abajo y doble a lo largo del medio. Mantenga esta tarjeta en su persona. Estas tarjetas están diseñadas para ser llevadas por las personas y mostradas a las fuerzas del orden (ICE) para evitar la confrontación mientras garantiza que sus derechos sean respetados.

KNOW YOUR RIGHTS

I **DO NOT** wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.

I **DO NOT** give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant to enter, signed by a judge or magistrate with my name on it that you slide under the door.

I **DO NOT** give you permission to search any of my belongings based on my 4th Amendment rights. I choose to exercise my constitutional rights.

*These cards are available to citizens and noncitizens alike.
The contents of this document do not constitute legal advice.*

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CONOZCA SUS DERECHOS

- **NO ABRA LA PUERTA** si le llama un agente de inmigración. Si estás dentro de casa, enseña la tarjeta por la ventana o deslízala por debajo de la puerta.
- **NO CONTESTE A NINGUNA PREGUNTA** de un agente de inmigración si intenta hablar con usted. Tiene derecho a permanecer en silencio.
- **NO FIRME NADA** sin hablar antes con un abogado. Tiene derecho a hablar con un abogado. Si está fuera de su casa.
- **MUESTRE ESTA TARJETA AL AGENTE.** Pregunte al agente si puede marcharse y, si le dice que puede, márchese tranquilamente.

Para Asistencia Federal Llame a la Congresista Norma Torres al: (909) 481-6474

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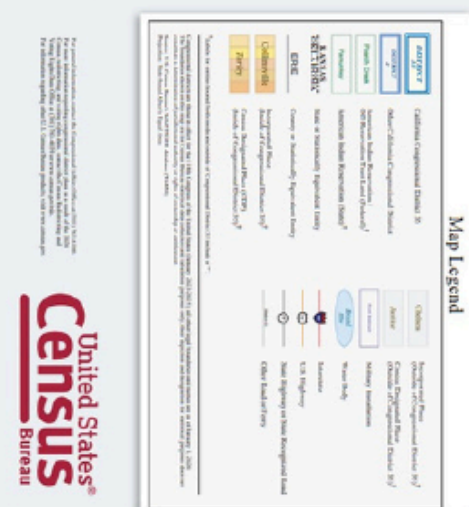
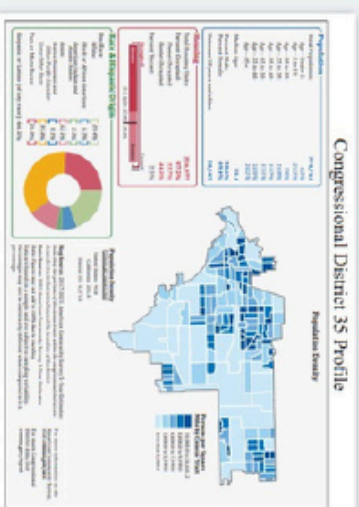
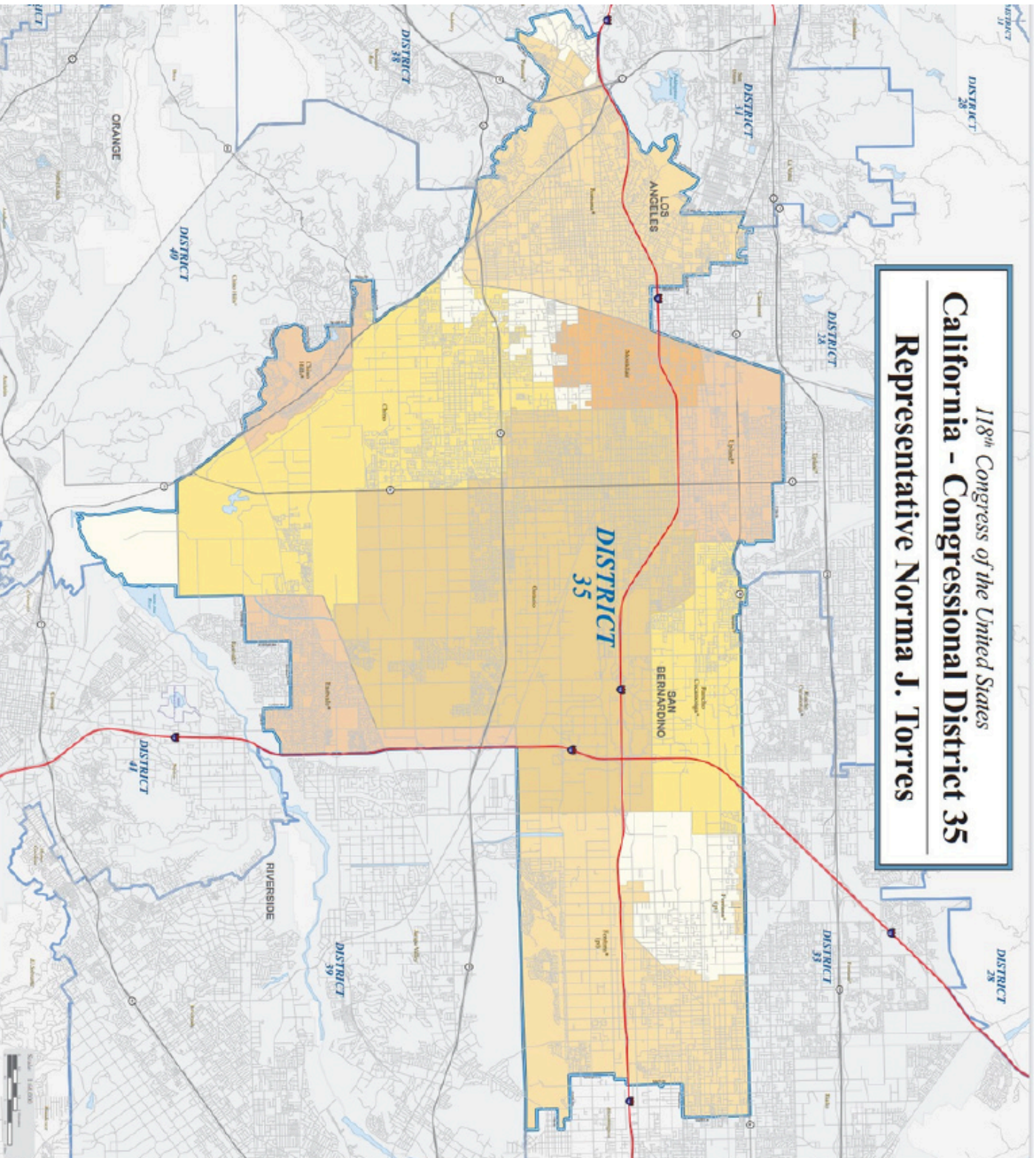
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118th Congress of the United States California - Congressional District 35 Representative Norma J. Torres





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KNOW YOUR RIGHTS

IF APPROACHED BY ICE AGENTS OR POLICE

- You do **NOT** have to reveal your immigration status and you have the **right to remain silent**.

IF ICE AGENTS COME TO YOUR HOME

- You do **NOT** have to open the door.
- Ask to see a **search warrant** through the window or for it to be slipped under the door. It must be **signed by a judge and have your name on it**.
- A **deportation warrant** is **NOT** the same as a search warrant and does **NOT** authorize ICE agents to enter your home without permission.
- You have the **right to refuse ICE permission to enter your home** if agents do not present a valid warrant.
- If ICE agents enter **without a valid warrant**, ask for agents' names and badge numbers.

IF YOU ARE ARRESTED OR DETAINED

- You have the right to **speak immediately to a lawyer**.
- You or your family can call your congress members to help connect you to legal services.
- You have the right to **remain silent** and **refuse to sign any documents** without advice from an attorney.



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CONOZCA SUS DERECHOS

SI AGENTES DE ICE O LA POLICÍA LO CONTACTAN

- **NO** tiene que revelar su estatus legal y tiene derecho a **permanecer en silencio.**

SI AGENTES DE ICE LLEGAN A SU HOGAR

- **NO** tiene que abrir la puerta.
- Pida que le **enseñen una orden de allanamiento por la ventana o debajo de la puerta.** La orden debe ser **firmada por un juez y debe tener su nombre.**
- Una orden de deportación **NO** es lo mismo que una orden de allanamiento y **NO** autoriza que los agentes de ICE entren a su casa sin permiso.
- Tiene el derecho de **rechazar que ICE entre a su casa si los agentes no presentan una orden válida.**
- Si agentes de ICE entran a su hogar **sin una orden válida,** pida sus nombres y sus números de identificación.

SI ES ARRESTADO O DETENIDO

- Tiene derecho a **hablar con un abogado inmediatamente.**
- Usted o su familia puede llamar a su miembro del congreso para que le ayuden encontrar servicios legales.
- Tiene derecho a **permanecer callado y negarse a firmar cualquier documento sin asesoramiento legal.**



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Free Immigration Casework

Congressional offices provide immigration-related casework to assist constituents in navigating the complexities of U.S. immigration law. The following is an overview of the services typically offered:

- **Visa Issues** – Help with family, employment, or humanitarian visa applications, including navigating the process for Green Cards (Permanent Residency), H-1B (work visa), or student visas (F-1, J-1). **Naturalization and Citizenship** – Guidance on the U.S. naturalization process for eligible permanent residents, including help with citizenship applications and naturalization interviews.
- **Family Reunification** – Assisting with family-based petitions, including Spousal, Parent, or Child petitions to bring family members to the U.S.
- **Work Authorization** – Assistance with obtaining or renewing Employment Authorization Documents (EADs).
- **Deportation/Removal Prevention** – Help navigating deportation proceedings, ICE holds, or removal orders.
- **Support with Immigration Waivers** – Help constituents with waivers of inadmissibility if they face challenges with their visa or status due to prior immigration violations, criminal history, or health-related concerns.
- **Assistance with Asylum or Refugee Status** – Support for individuals seeking asylum or refugee status, including information on eligibility, application procedures, and accompanying legal resources.
- **DACA (Deferred Action for Childhood Arrivals)** – Congressional offices may help constituents who are eligible for DACA to renew their status or navigate the renewal process.
- **Expedited Services for Specific Cases** – Congressional offices can request expedited processing for urgent cases, such as situations involving family emergencies, humanitarian concerns, or threats to personal safety.
- **Help Navigating the USCIS (U.S. Citizenship and Immigration Services) System** – Congressional offices can assist with inquiries regarding processing delays with USCIS or other immigration agencies, and help constituents understand the status of their applications or petitions.
- **Visas for Victims of Crime (U and T Visas)** – Assistance with applications for U Visas for victims of certain crimes or T Visas for victims of human trafficking, as well as helping individuals who may be eligible for other humanitarian visas.
- **Assistance with Denials** – If an immigration petition or application is denied, Congressional offices may assist by facilitating communication with the relevant agencies or submitting a request for reconsideration or appeals.

***Our office cannot offer legal advice or act as legal representatives. Furthermore, while we will actively work towards the resolution of your case, we cannot guarantee a favorable outcome.**



La Asistencia Gratuita de Inmigración

Una oficina del Congreso a menudo proporciona varios servicios relacionados con la inmigración a los constituyentes que necesitan ayuda para navegar las complejidades de la ley de inmigración de los Estados Unidos. A continuación se muestra una descripción general de los servicios que una oficina del Congreso podría ofrecer a través de la asistencia federal de trabajo de casos:

Problemas de Visa – Ayuda con las solicitudes de visas familiares, de empleo o humanitarias, incluida la navegación del proceso para las Tarjetas Verdes (Residencia Permanente), H-1B (visa de trabajo) o visas de estudiante (F-1, J-1). **Naturalización y Ciudadanía** – Dirección sobre el proceso de naturalización de los EE. UU. para residentes permanentes elegibles, incluida la ayuda con las solicitudes de ciudadanía y las entrevistas de naturalización. **Reunificación de familia** – Ayudar con las peticiones basadas en la familia, incluidas las peticiones de cónyuge, padres o hijos para traer a miembros de la familia a los EE. UU.

Autorización de trabajo – Asistencia para obtener o renovar los Documentos de Autorización de Empleo (EAD). **Prevención de Deportación/Extracción** – Ayuda para navegar los procedimientos de deportación, las retenciones de ICE o las órdenes de expulsión.

Apoyo con Exenciones de Inmigración – Ayudar a los constituyentes con exenciones de inadmisibilidad si enfrentan desafíos con su visa o estatus debido a violaciones de inmigración anteriores, antecedentes penales o preocupaciones relacionadas con la salud.

Asistencia con Asilo o Estatus de Refugiado – Apoyo para las personas que buscan asilo o estatus de refugiado, incluida la información sobre la elegibilidad, los procedimientos de solicitud y los recursos legales complementarios.

DACA (La Acción diferida para los Llegados en la Infancia) – Las oficinas del Congreso pueden ayudar a los constituyentes que son elegibles para DACA a renovar su estatus o navegar por el proceso de renovación.

Servicios Acelerados para Casos Específicos – Las oficinas del Congreso pueden solicitar un procesamiento acelerado para casos urgentes, como situaciones que involucran emergencias familiares, preocupaciones humanitarias o amenazas a la seguridad personal.

Ayuda para navegar por el sistema de USCIS (Servicios de Ciudadanía e Inmigración de EE. UU.) – Las oficinas del Congreso pueden ayudar con las consultas sobre retrasos en el procesamiento con USCIS o otras agencias de inmigración, y ayudar a los electores a comprender el estado de sus solicitudes o peticiones.

Visas para Víctimas de Crimen (Visas U y T) – Asistencia con las solicitudes de Visas U para víctimas de ciertos delitos o Visas T para víctimas de la trata de personas, así como ayudar a las personas que pueden ser elegibles para otras visas humanitarias.

Asistencia con denegaciones – Si una petición o solicitud de inmigración es denegada, las oficinas del Congreso pueden ayudar facilitando la comunicación con las agencias pertinentes o presentando una solicitud de reconsideración o petición.

***Nuestra oficina no puede ofrecer asesoramiento legal ni actuar como representantes legales. Además, si bien trabajaremos activamente para resolver su caso, no podemos garantizar un resultado favorable.**



Casework Privacy Authorization Form Instructions

Gracias por comunicarse con la Oficina de la Congresista Torres. Para ayudarlo, proporcione la siguiente información y complete las siguientes acciones:

- Firme el formulario de autorización de trabajo adjunto (la firma debe estar por escrito, no electrónica).
- Proporcione información con datos y fechas y por favor de explicar qué tipo de ayuda necesita su caso.
- Envíe el formulario en formato PDF con TODA la información escrita de manera clara y legible.
- Incluya cualquier documentación que crea que puede ayudar más con su caso.
- Indique claramente la agencia federal de la cual necesita una respuesta.
- Incluya su A# (si se trata de un caso de USCIS que requiere una actualización).
- Si este es un caso de pasaporte, incluya su número de localizador de pasaporte o una copia de su itinerario de vuelo o comprobante de viaje (por ejemplo, reserva de hotel)
- Si este es un caso de VA, incluya su rama de servicio
- Si este es un caso con un detenido de ICE, complete el formulario de G-28 y el formulario de I-246 form.
- Indique el resultado deseado.

Cuando esté completo, regrese este formulario a nuestra oficina (por ejemplo por correo electrónico). Su autorización firmada nos permite dirigir su consulta a la agencia pertinente.

***Toda su información personal se mantiene confidencial. Si tiene alguna pregunta, no dude en comunicarse con nosotros por teléfono o correo electrónico.**

Congress of the United States
House of Representatives



CASEWORK AND PRIVACY AUTHORIZATION FORM

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I authorize the federal agency to release information contained in my records as relevant to checking my case status, and to the extent permitted by law, to Congresswoman Norma Torres' Office.

I also acknowledge that Congressional Caseworkers are not attorneys and are, therefore, not authorized to provide legal advice.

Signature: _____ **Date:** _____

To begin processing your case, please complete all of the following information.
Please PRINT neatly in blue or black ink:

Circle One: Mr. Mrs. Ms. Dr.

Print Name:

First Middle Last
Address:

Street City State Zip

Email Address: _____ Phone(s): _____

Date of Birth: _____ Country of Birth (USCIS Cases Only): _____

Federal Agency/Issue with which you need help: _____

Case#/SSN#/A#/Passport#: _____

Have you contacted other elected offices on this issue? Yes / No

If yes, who: _____

How did you learn about our office? (Circle One)

Website / E-Mail or Newsletter / At Your Service Flyer / Social Media /

Other _____

What would be the best method to mail you information regarding this issue? (Circle One)

E-Mail (Quickest response) / Letter

On the back of this paper, please give a brief description of the issue or information desired.

By signing and completing this form, you are agreeing to receive correspondence from Congresswoman Norma J. Torres regarding district events, news, and upcoming legislation. You may opt out at any time.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

District Office
3200 Inland Empire Boulevard, Suite 200B
Ontario, CA 91764
Telephone: (909) 481-6474 FAX: (909) 941-1362

Congreso de los Estados Unidos
Cámara de los Representantes



FORMULARIO DE AUTORIZACIÓN DE TRABAJO
SOCIAL Y PRIVACIDAD

Certifico, bajo pena de perjurio, que 1) proporcioné o autoricé toda la información contenida en esta autorización de privacidad y cualquier documento adjunto; 2) revisé y comprendo toda la información contenida en mi autorización de privacidad y adjunta; y 3) toda esta información es completa, veraz y correcta. Autorizo a la agencia federal a divulgar la información contenida en mis registros, según sea relevante para verificar el estado de mi caso, y en la medida permitida por la ley, a la Oficina de la Congresista Norma Torres.

También reconozco que los trabajadores sociales del Congreso no son abogados y, por lo tanto, no están autorizados a brindar asesoramiento legal.

Firma: _____

Fecha: _____

Para comenzar a procesar su caso, complete toda la siguiente información.
Por favor IMPRIMA de forma clara con tinta azul o negra:

Círcule Uno: Sr. Sra. Srta. Dr.

Imprima su nombre:

Nombre	Segundo nombre	Apellido
Domicilio:		

Calle	Ciudad	Estado	Código postal
Correo electrónico: _____			

Correo electrónico: _____	Teléfono: _____
---------------------------	-----------------

Fecha de nacimiento: _____ País de nacimiento (casos de USCIS): _____

Agencia Federal/ Asunto con el que necesita ayuda: _____

Número de Caso/Seguro Social/A#/Pasaporte: _____

¿Se ha puesto en contacto con otras agencias e oficinas sobre este tema? (Círcule Uno) Sí / No

Si es así, ¿quién?: _____

¿Cómo se enteró de nuestra oficina? (Círcule Uno)

Sitio web/Correo electrónico o boletín informativo/Folleto "A su servicio"/Redes sociales/

Otros: _____

¿Cuál sería la mejor manera de enviarle información sobre este tema? (Círcule Uno)

Correo electrónico (respuesta más rápida) / Carta postal

En el reverso de este documento, incluya una breve descripción del problema o la información deseada.

Al firmar y completar este formulario, usted acepta recibir correspondencia de la congresista Norma J. Torres sobre eventos, noticias y próximas legislaciones del distrito. Puede cancelar su suscripción en cualquier momento.

Describa brevemente el problema o la información solicitada. Por favor, escriba con letra clara e incluya copias de cualquier documentación relevante relacionada con su solicitud.

¿Qué significaría para usted la resolución de este caso?



Instructions for Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

What Is the Purpose of Form G-28?

This form is used to establish the eligibility of an attorney or accredited representative to represent a client (applicant, petitioner, requestor, beneficiary or derivative, or respondent) in an immigration matter before U.S. Department of Homeland Security (DHS). An attorney or accredited representative appearing before DHS must file Form G-28 in each case. U.S. Citizenship and Immigration Services (USCIS), U.S. Customs and Border Protection (CBP), and U.S. Immigration and Customs Enforcement (ICE) will only recognize a properly completed Form G-28 that was signed by the attorney or accredited representative and the client.

USCIS, CBP, and ICE will recognize Form G-28 until the conclusion of the matter for which it is entered, unless otherwise notified. You must file a new Form G-28 with the Administrative Appeals Office if you are filing Form I-290B, Notice of Appeal or Motion.

NOTE: For matters before the Board of Immigration Appeals (BIA), use Form EOIR-27 instead of Form G-28.

Who May Use Form G-28?

Attorneys and Accredited Representatives

This form is used only by attorneys and accredited representatives as defined in 8 CFR parts 1.2 and 1292.

If you are an attorney or accredited representative appearing in person at a DHS office for a limited purpose, such as appearing for an interview, and at the request of an attorney or accredited representative who previously filed Form G-28 in the same case, you must complete and submit Form G-28 in person at a DHS office.

NOTE: The original attorney or accredited representative of record will remain the attorney or accredited representative of record in this situation. Any notices and communications USCIS sends following the interview will continue to be sent to the original attorney or accredited representative of record.

In accordance with 8 CFR 292.4(a), when you act in a representative capacity, your personal appearance or signature will constitute a representation under 8 CFR parts 103.2(a)(3) and 292.1(a)(1) or part 1292 that you are authorized and qualified to represent the individual or entity. DHS may require further proof of authority to act in a representative capacity.

Law Students and Law Graduates

A law student or law graduate who is working under the direct supervision of an attorney or accredited representative under 8 CFR 292.1(a)(2) must complete **Part 2., Item Numbers 4.a. and 4.b.**, on the same Form G-28 filed by the supervising attorney or accredited representative. The law student or law graduate must sign the same Form G-28 in **Part 5., Item Numbers 2.a - 2.b.** DHS may require law students and law graduates verify they are eligible under 8 CFR 292.1(a)(2). The appearance of a law student or law graduate requires the permission of the DHS official before whom he or she wishes to appear. The DHS official may require the law student or law graduate be accompanied by the supervising attorney or accredited representative.

Foreign Attorneys

Attorneys not licensed to practice law in the United States must use Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States. Such attorneys may only represent individuals in matters filed and adjudicated in DHS offices outside the United States. DHS has sole discretion to permit such representation.

Other Representatives

Individuals seeking to appear as reputable individuals may not use Form G-28. They must obtain permission from DHS to appear on behalf of an applicant, petitioner, requestor, beneficiary or derivative, or respondent. DHS will require the individual establishes he or she meets the definition of a reputable individual at 8 CFR 292.1(a)(3).

General Instructions

USCIS provides forms free of charge through the USCIS website. In order to view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have Internet access, you may call the USCIS National Customer Service Center at **1-800-375-5283** and ask that we mail a form to you. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Signature. Each Form G-28 must be properly signed and filed. For all signatures on this form, USCIS will not accept a stamped or typewritten name in place of a signature.

Validity of Signatures. For Form G-28, USCIS will consider a photocopied, faxed, or scanned copy of the original handwritten signature valid for filing purposes. The photocopy, fax, or scan must be of the original document containing the handwritten, ink signature.

How To Fill Out Form G-28

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this form, use the space provided in **Part 6. Additional Information** or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.
3. Answer all questions fully and accurately.

Specific Instructions

Part 1. Information About Attorney or Accredited Representative

Item Number 1. USCIS Online Account Number (if any). If you (the attorney or accredited representative) have previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number you were issued by the system. You can find your USCIS Online Account Number by logging in to your account and going to the profile page. If you previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, you may have received a USCIS Online Account Access Notice issuing you a USCIS Online Account Number. You may find your USCIS Online Account Number at the top of the notice. The USCIS Online Account Number is not the same as an Alien Registration Number (A-Number). If you were issued a USCIS Online Account Number, enter it in the space provided.

Item Numbers 2.a. - 7. Attorney or Accredited Representative Information. Provide the full name, mailing address, and contact information of the attorney or accredited representative

Part 2. Eligibility Information for Attorney or Accredited Representative

Item Numbers 1.a. - 1.d. Eligibility Information. If you are an attorney admitted to practice in the United States, as defined in 8 CFR 1.2, you must select **Item Number 1.a.** and provide the required information regarding the licensing authority for all states, possessions, territories, commonwealths, or the District of Columbia, where you are admitted. Attorneys must provide the bar numbers, if applicable, for all jurisdictions in which they are admitted to practice in **Item Number 1.b.** If you are subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting you in the practice of law, you must select **Item Number 1.c.** and disclose this information using the space provided in **Part 6. Additional Information.** Attorneys are required to notify DHS of convictions or discipline under 8 CFR 292.3. You must also provide the name of your law firm or organization, if applicable, in **Item Number 1.d.** If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

Item Numbers 2.a. - 2.c. Eligibility Information. If you are an accredited representative of a recognized organization, as defined in 8 CFR part 1292, you must select **Item Number 2.a.** and provide the name of the organization recognized by the Department of Justice under 8 CFR part 1292 and the date of your accreditation in **Item Numbers 2.b - 2.c.**

NOTE: We will reject any Form G-28 submitted without the required information in **Part 2., Item Numbers 1.a. - 1.d. or 2.a. - 2.c.**

Item Number 3. Eligibility Information. Only complete this item if you are not the attorney or accredited representative of record, but are standing in for that person for a limited purpose. You must select the box and provide the name of the attorney or accredited representative of record in this matter. **You must submit a Form G-28 filed under these circumstances in person at a DHS office. A separate Form G-28 must be filed by each attorney or accredited representative who appears in the matter.**

Item Numbers 4.a. - 4.b. Eligibility Information. If you are a law student or law graduate not yet admitted to the bar, you must select **Item Number 4.a.,** enter the information in **Item Number 4.b.,** and sign and date in **Part 5., Item Numbers 2.a. - 2.b.,** of the same Form G-28 filed by the supervising attorney or accredited representative. The appearance of law students and law graduates is subject to the requirements of 8 CFR 292.1(a)(2).

Part 3. Notice of Appearance as Attorney or Accredited Representative

Item Numbers 1.a. - 3.b. Appearance before USCIS, ICE, or CBP. Select **only one** box to indicate the DHS agency where the matter is pending. If you select the box for USCIS, list the form numbers filed with Form G-28 or the specific matter in which the appearance is entered. If you select the box for CBP or ICE, list the specific matter in which the appearance is entered.

Item Number 4. Receipt Number. Provide the Receipt Number for the application or petition pending with USCIS, if any.

Item Number 5. Client Type. Select **only one** box to indicate your appearance for the client.

Item Numbers 6.a. - 7.b. Information About Client. Provide the full name of the client. If the client is an entity, provide the name of the entity and the title of the entity's authorized signatory.

Item Number 8. Client's USCIS Online Account Number (if any). If the client has previously filed an application or petition using the USCIS online filing system (previously called USCIS Electronic Immigration System (USCIS ELIS)), provide the USCIS Online Account Number he or she was issued by the system. The client can find the USCIS Online Account Number by logging in to his or her account and going to the profile page. If the client previously filed certain applications or petitions on a paper form through a USCIS Lockbox facility, he or she may have received a USCIS Online Account Access Notice issuing a USCIS Online Account Number. He or she may find the USCIS Online Account Number at the top of the notice. The USCIS Online Account Number is not the same as an A-Number. If the client was issued a USCIS Online Account Number, enter it in the space provided.

Item Number 9. Client's Alien Registration Number (A-Number) (if any). Provide the Alien Registration Number (A-Number) for the client, if any.

Item Numbers 10. - 12. Client's Contact Information. Provide the daytime telephone number, the mobile telephone number, and the email address for the client, if any.

Item Numbers 13.a. - 13.h. Mailing Address of Client. Provide the mailing address of the client. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

Part 4. Client's Consent to Representation and Signature

The client's signature on this form confirms consent to representation and the release of information to the attorney or accredited representative.

Item Numbers 1.a. - 1.c. Options Regarding Receipt of USCIS Notices and Documents. The client must select **Item Numbers 1.a. - 1.c.** if he or she wants USCIS to send original notices and/or secure identity documents to the attorney or accredited representative of record. When **Item Numbers 1.a.** and **1.b.** are selected, original notices and secure identity documents will be sent to the attorney or accredited representative of record and copies will be sent to the client. If the client wants to receive notices containing Form I-94, Arrival-Departure Record, rather than having USCIS send these notices to the attorney or accredited representative of record, **Item Number 1.c.** must be selected.

NOTE: USCIS will not mail secure identity documents to a private, commercial, or business address in a foreign country. USCIS, however, will mail secure identity documents to a **U.S. business address** of an attorney admitted to practice law outside of the United States or to a designated Army/Air Post Office (APO), Fleet Post Office (FPO), or Diplomatic Post Office (DPO) address. USCIS will mail notices and other correspondence to a foreign address.

Item Numbers 2.a. - 2.b. Signature of Client or Authorized Signatory for an Entity. The client **must sign and date the form in black ink.** If the client is under 14 years of age, a parent or legal guardian may sign Form G-28 on his or her behalf. A legal guardian may also sign for a mentally incompetent person.

Part 5. Signature of Attorney or Accredited Representative

Item Numbers 1.a. - 2.b. Signature of Attorney or Accredited Representative. The attorney or accredited representative and, if applicable, law student or law graduate must sign and date the form in black ink.

Part 6. Additional Information

Item Numbers 1.a. - 6.d. If you need extra space to provide any additional information within this form, use the space provided in **Part 6. Additional Information.** For example, if you need more space 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 in **Part 4.**) If you need more space than what is provided in **Part 6.**, you may make copies of **Part 6.** to complete and file with your form, or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

We recommend that you print or save a copy of your completed Form G-28 to review in the future and for your records.

Warning

Individuals appearing as attorneys or accredited representatives (including law students and law graduates permitted to appear under 8 CFR 292.1(a)(2)) are subject to the rules of Professional Conduct for Practitioners found in 8 CFR 292.3.

Freedom of Information/Privacy Act Requests

You may not use this form to request records under the Freedom of Information Act or the Privacy Act, Title 5 U.S.C. sections 552 and 552a. You may find the procedures for requesting such records in 6 CFR 5 and at www.uscis.gov.

USCIS Privacy Notice

AUTHORITIES: The information requested on this form is collected pursuant to 8 CFR 292.4(a).

PURPOSE: The primary purpose for providing the requested information on this form is to establish your eligibility to appear and act on behalf of a client. The information you provide will be used to designate you as an attorney or accredited representative.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent your ability to represent an individual or entity.

ROUTINE USES: The information will be used by and disclosed to DHS personnel and contractors or other agents who need the information to perform associated administrative functions. Additionally, DHS may share the information with other Federal, state, local government agencies, and authorized organizations in accordance with approved routine uses, as described in the associated published system of records notices [DHS/USCIS-001 - Alien File and National File Tracking System, DHS/USCIS-007 - Benefits Information System, DHS/USCIS-010 - Asylum Information and Pre-Screening, DHS/USCIS-005 Inter-Country Adoptions Security, DHS/USCIS-006 Fraud Detection and National Security Records, and DHS/USCIS-017 Refugee Case Processing and Security] and as described in the published privacy impact assessments [DHS/USCIS/PIA-015 Computer Linked Application Information Management (CLAIMS 4) Update, DHS/USCIS/PIA-016 Computer Linked Application Information Management (CLAIMS 3), and Associated Systems, DHS/USCIS/PIA-056 ELIS, DHS/USCIS/PIA-027(c)-USCIS Asylum Division, DHS/USCIS/PIA-003(b) Integrated Digitization Document Management Program, DHS/USCIS/PIA-007(b) Domestically Filed Intercountry Adoptions and Petitions, DHS/USCIS/PIA-013(a) Fraud Detection and National Security Data System, and DHS/USCIS/PIA-051 Case and Activity Management for International Operations] which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 50 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0105. **Do not mail your completed Form G-28 to this address.**



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. 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 extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

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 for a limited purpose is at his or her request.

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).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

- 1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☐ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity



- 2.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 DHS. 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. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy)

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name
(Last Name)

1.b. Given Name

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

[illegible]

4.a. Page Number 4.b. Part Number 4.c. Item Number

[illegible]

5.a. Page Number 5.b. Part Number 5.c. Item Number

[illegible]

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

PRIVACY NOTICE

Authority: The collection of this information is authorized by 8 U.S.C. § 1231 and 8 CFR § 241.6.

Purpose: The information requested is being collected to enable U.S. Immigration and Customs Enforcement (ICE) to determine your eligibility under the Immigration and Nationality Act for a stay of deportation or removal from the United States.

Agency Disclosure of Information: For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the DHS/USCIS-ICE-CBP-001 Alien File (A-File), Index, and National File Tracking Systems of Records Notice (SORN), which can be viewed at www.dhs.gov/privacy.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within the U.S. Department of Homeland Security (DHS), as well as federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for collection, enforcement, investigatory, litigation, or other purposes.

Providing Information to DHS: Furnishing this information is voluntary. However, requests for stays of deportation or removal will not be considered unless this form is completed.

PUBLIC REPORTING BURDEN

U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed and completing and reviewing this collection of information is 30 minutes (0.50 hours) per response. Responses to this collection of information are voluntary for anyone ordered deported or removed from the United States. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Office of the Chief Information Officer/Forms Management Officer
U.S. Immigration and Customs Enforcement 500 12th Street, SW,
Washington, DC 20536-5202
(Do not mail your completed application to this address.)

NOTICE - A pending application does not preclude the execution of a final order of deportation or removal. The Field Office Director may at his or her discretion revoke the approval of this application and execute the order of removal at a date and time of his or her choosing. No advance notice is required for the execution of a final order of removal. Additionally, provision of false information could result in the denial of your application.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

APPLICATION FOR A STAY OF DEPORTATION OR REMOVAL

A decision in a stay of deportation or removal application is within the sole discretion of the Secretary of Homeland Security or his or her designee, including the Field Office Director. You may not appeal his or her decision.

1. Who may file this application?

Anyone ordered deported or removed from the United States may apply for a stay of deportation or removal under 8 C.F.R. 241.6. Fill out a separate application with required documentation (see item 3) for each family member and others who will also seek a stay of deportation or removal.

2. Where should I submit this application?

Submit this application in person* to your local Enforcement and Removal Operations (ERO) Field Office. You can locate your nearest ERO Field Office at: <http://www.ice.gov/contact/ero/index.htm>

- **If you are detained**, file this application with the ERO Field Office that has jurisdiction over your custody.
- **If you are not detained**, file this application with the ERO Field Office closest to your residence. **If you have a problem delivering the application in person, contact your local ERO Field Office to see if delivery would be permitted by general mail or another delivery service.*

3. What identity documents do you require from me?

Provide documentation from category A, B, or C below. All documents submitted will be retained by ERO pending final disposition in your case.

- (A) **Original passport** - Valid for 6 months past the time period being requested **OR**
- (B) **Copy of passport** - Valid for 6 months past the time period being requested **AND** a copy of birth certificate or other identity documents **OR**
- (C) **If you have no valid passport** - If your country of citizenship requires a passport for entry and you do not have a valid passport or a passport that is valid for 6 months past the time period you requested, you must provide proof that you applied for a passport or similar travel document. A copy of your application, proof of fee being paid and a copy of all documentation you submitted is required. If you receive a response that your application has been received, include a copy of that correspondence.

4. What evidence or documentation should I submit with this application?

- **Medical** - If the basis of your request is due to a medical condition, you must obtain documentation from your doctor regarding your medical condition, treatment, prognosis, and any assistance you need relating to your condition
- **Arrests** - Submit police reports and disposition of all arrests
- **Convictions** - Submit judgment, conviction and sentencing documents for all convictions
- **Summary** - Submit your reasons why you are requesting a stay of deportation or removal. Provide any additional documentation or evidence that would support your basis for a stay.

5. What fees should I submit with this application?

The fee for processing this application is \$155.00. Include the fee with the application. There is no refund, regardless of the action taken. Payments must be made out to, "Department of Homeland Security" or "Immigration and Customs Enforcement". **Accepted methods of payment:** U.S. Cash, Money Order, or Cashier's Check.

6. Why could ICE reject this application?

- Incorrect fee (erroneous fee amounts will not be refunded)
- Application filed at incorrect ERO Field Office
- Multiple applicants listed on same application
- Failure to sign your application
- Failure to submit application in person
- Failure to submit required identity documents. (see item 3)
- Incorrect home (physical) address listed on application
- You are currently categorized as an ICE fugitive or you have made other attempts to hinder your deportation or removal
- When applicable, failure to completely and clearly fill out the section listed as, "Information if form prepared by other than applicant"

7. Why could ICE deny this application?

- Failure to submit medical documentation that supports your reason for this request, if applicable
- Failure to submit your statement or summary that explains why you submitted this request
- Record of criminal activity
- Threat to self or others
- Inaccurate, incomplete or untruthful information
- Not currently under a final order of deportation or removal
- Discretion of the Field Office Director or designee

8. What will happen when I submit this application?

- You may be fingerprinted (if 14 years or older)
- You may be photographed
- Your criminal history (if any) will be reviewed
- Your information will be entered into Department of Homeland Security databases.

9. What if this application is approved?

- You will be issued an Order of Supervision (OSUP) and be required to comply with the conditions listed in the OSUP
- You may have other conditions to comply with set by the Field Office Director or designee
- You may be required to post an OSUP bond (minimum bond amount: \$1,500.00)

10. Why could ICE revoke my stay of deportation or removal after it is approved?

- Arrest by any law enforcement officer
- Conviction of any crime(s)
- A violation of the OSUP
- A violation of the terms of an OSUP bond
- For any reason(s) at the discretion of the Field Office Director or designee

11. What can happen if I submit false information?

All statements made in response to questions in this application are declared to be true and correct under penalty of perjury pursuant to 18 U.S.C. 1546. The knowing placement of false information on the application may subject you, or the preparer of the application, to criminal penalties under 18 U.S.C. 1546, and you and the preparer to civil and criminal penalties pursuant to the Immigration and Nationality Act 274C and 8 U.S.C. 1324c.

OMB No. 1653-0021
Expires: 10/31/2027

Action Block - For ICE Use Only		Fee/Date Stamp
☐ GRANTED ☐ One Year ☐ Six Months ☐ Three Months ☐ Other: _____		
☐ DENIED ☐ Denial letter attached.		
☐ REJECTED ☐ Incorrect Fee ☐ Application was not submitted in person ☐ Other: _____		
☐ Additional information attached.		
Date: _____ Decision made by: _____ (Printed Name/Title)		
Deciding Official Signature (Sign in ink): _____		Office: _____

A-File Number:		Date:		If you are currently detained by ICE, provide the name of the detention facility:			
Last Name:			First Name:			Middle Name:	
Address (Number and Street):				Country of Citizenship:		Passport No:	
Apartment Number:				Length of stay requested:			
				☐ One year ☐ Six months ☐ Three months ☐ Other:			
Town/City:		State:		Zip Code:		Arrested by police or other law enforcement agency (other than for immigration reasons) ☐ Yes - Documents attached ☐ No	
Telephone Number:		Cell Telephone Number:					

☐ Medical
 ☐ Brief
 ☐ Other (specify): _____

I certify under penalty of perjury that the information provided and contained herein is true and correct to the best of my knowledge and belief:

 (Printed Name)

 (Signature) (Sign in ink)

I declare under penalty of law that this document was prepared by me at the request of the applicant and is based on all information of which I have knowledge. I understand that providing false information on behalf of the applicant could result in criminal prosecution and, upon conviction, a fine or imprisonment or both.

(Printed Name)

(Signature) (Sign in ink)

(Telephone Number)

(Street Address)

(City)

(State)

(Zip Code)

Explanation of Immigrant Benefits

If you have applied for or received any of the immigration benefits below, you may be legally entitled to confidentiality regarding these benefits. An explanation of these benefits is provided below to help you identify whether you have applied for such benefits. If you have applied for or received these benefits and you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes in Step 2 of this form (reverse). You are not required to waive confidentiality regarding these benefits; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

Temporary Protected Status (TPS) - 8 U.S.C. § 1254a(c)(6). TPS is for foreign nationals currently residing in the U.S. whose homeland conditions are recognized by the U.S. government as being temporarily unsafe or overly dangerous to return to (e.g., war, earthquake, flood, drought, or other extraordinary and temporary conditions). ICE may disclose information related to TPS to a third party with the consent of the alien.

T Visas and U Visas - Public Law 106-386, Section 701(c)(1)(C). A T visa allows certain victims of human trafficking to remain in the United States for a period of time. A U visa allows certain victims of crimes to remain in the United States for a period of time. ICE may disclose information related to T and U visas to third parties with the consent of the alien.

Battered Spouse or Child Information - 8 U.S.C. § 1186a(c)(4)(C). This provision applies to a battered alien or child who has applied for a hardship waiver from removal under the INA. ICE may disclose information the alien provided to ICE in support his or her request for waiver to a third party with consent of the alien.

Information Relating to Violence Against Women Act (VAWA) Claimants - 8 U.S.C. § 1367(a)(2). This provision applies to a person who has filed a claim under the VAWA. ICE may disclose information related to a person's claim to a third party with the consent of the person.

Asylum Information - 8 C.F.R. § 208.6. This provision applies to individuals who have applied for asylum, and confidentiality regarding the asylum claim applies even if the claim is ultimately denied. ICE may disclose information related to an individual's asylum claim to a third party with the consent of the person.

Revocation of Privacy Waiver

This Privacy Waiver is valid for 90 days from the date of signature unless you have otherwise specified on this form. You may revoke this Privacy Waiver at any time by contacting the ICE Privacy Office (202-732-3300 or ICEPrivacy@dhs.gov) or the relevant ICE office handling this matter or case. Certain information about you may be requested to confirm your identity and you may be asked to revoke the waiver in writing.

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

PRIVACY WAIVER AUTHORIZING DISCLOSURE TO A THIRD PARTY

Use this form to authorize the U.S. Department of Homeland Security ("DHS") to disclose information and/or records about you to a third party. Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party. Authority: Privacy Act of 1974 (5 U.S.C. § 552a); DHS Privacy Act Regulations (6 C.F.R. § 5.21(d)).

STEP 1 Provide information about yourself and identify the third party that you intend to receive your information and/or records (the "Recipient").

Your Full Name:	Your Alien Registration Number (if applicable):
Your Current Address:	Date of Birth:
	Country of Birth:
Recipient's Name:	Recipient's Phone Number:
Recipient's Mailing Address (required if requesting disclosure by mail):	
Recipient's Organization, if the waiver will apply to it (e.g. news media, congressional office, law firm):	

STEP 2 Specify what information and/or records DHS is authorized to share with the Recipient.

- | | | |
|---|--|---|
| ☐ Identifying Data (Date of Birth, etc.) | ☐ Family Data | ☐ Travel/Border Crossing |
| ☐ Immigration Case | ☐ Detention Information | ☐ Medical Information |
| ☐ Alien File (A-File) | ☐ Criminal History | ☐ Criminal Case |

AND/OR

☐ The following information/records (describe): _____

OR

☐ ALL information and/or Records Requested by the Recipient

If you have applied for or received any of the immigration benefits below, you are legally entitled to confidentiality. (See reverse for more information.) If you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes below. Waiver of these rights is not required; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

I waive my right to confidentiality and authorize disclosure to the Recipient regarding these immigration benefits:

- | | | |
|---|---|---|
| ☐ Temporary Protected Status (TPS) | ☐ T Visa (for trafficking victims) | ☐ U Visa (for victims of certain crimes) |
| ☐ Asylum
(confidentiality applies even if petition is denied) | ☐ Battered Spouse/Child
Seeking Hardship Waiver | ☐ Violence Against Women Act
(VAWA) |

STEP 3 Sign the statement below authorizing DHS to disclose your information and/or records to the Recipient.

I certify under penalty of perjury that the information above is accurate. I authorize DHS, its components, offices, employees, contractors, agents, and assignees, to disclose the information or records specified above to the Recipient. I understand this may include and is not limited to reports, evaluations, and notes of any kind, contained in any record keeping system maintained by or on behalf of DHS; that DHS retains the discretion to decide if particular records or information are within the scope of this Waiver; and that DHS has no control over how the Recipient will use or disseminate my information. I agree to release and hold harmless DHS, its components, offices, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this Waiver.

Your Signature:	Witness Signature:
Date:	Witness Name:

*Privacy Waiver is valid for 90 days from date of signature

*Witness may not be the Recipient or employed by Recipient's employer



Presentar una queja ante una agencia federal

¿Necesita reportar mala conducta por una agencia federal en relación con inmigración?

A quien puede reportar

- Un empleador, contratador, oficial, o programa
- Servicios de Ciudadanía e Inmigración (USCIS)
- La Oficina de Protección Fronteriza y Control de Aduanas
 - Oficial de Aduanas
 - Agente de Patrulla Fronteriza
- Inmigración y Control de Aduanas (ICE)
- Otras agencias federales relacionadas

Cual tipo de conducto puede reportar

- Actividad criminal
- Mal uso de propiedad del gobierno
- Violaciones de leyes criminales
- Mal uso de su posición oficial
- Falsificación de documentos
- Perfilaciones basades en una clase protegida
- Interrogaciones inapropiadas
- Negamiento a acceso significativo al DHS o a programas, actividades, o servicios apoyados por el DHS a causa de limitada competencia del inglés

Presente una Queja de Derechos Civiles

La Oficina de Derechos Civiles y Libertades Civiles del Departamento de Seguridad Nacional

Número de Telefono:

(202) 401-1474

Sitio Web:

<https://www.dhs.gov/publication/file-civil-rights-complaint>

Presente una Queja de Mala Conducta

El Centro de Coordinación de Integridad para la Oficina de Inmigración y Control de Aduanas de los Estados Unidos

Número de Telefono:

1 (833) 4ICE-OPR

Sitio Web:

<https://www.ice.gov/webform/opr-contact-form>

Toda información entregada a OPR es colectada y protegida bajo las provisiones de la Acta de Privacidad. En entregar esta información, está consintiendo al revisó de su información y permitiendo que esa información sea compartida.



NORMA TORRES

PROUDLY SERVING CALIFORNIA'S 35TH CONGRESSIONAL DISTRICT

Recursos y Servicios en el Condado de Los Angeles

2-1-1 Condado de LA

Un servicio de remisiones de 24/7 para viviendas, comidas, ayuda legal, y ayuda financiera.

Número de Telefono:
211

Sitio Web:
211la.org

Biblioteca Pública de Los Angeles - Iniciativo de Nuevos Americanos

Ayuda con aplicaciones de naturalización, Recursos de USCIS, Consultaciones por teléfono

Número de Telefono:
(213) 228-7390

Sitio Web:
lapl.org/newamericans

La Coalición para Derechos Humanos para Inmigrantes (CHIRLA)

Defensa contra deportación, servicios para estudiantes, y asistencia legal

Número de Telefono:
(213) 353-1333

Sitio Web:
chirla.org

Departamento de Justicia de California - Oficina de Asistencia para Inmigrantes

Guía para asuntos de inmigración, recursos legales

Número de Telefono:
(800) 952-5225

Sitio Web:
oag.ca.gov/immigrant/ca-law

Oficina de Negocios de Inmigrantes del Condado de Los Angeles

Orientaciones para asilados, apoyo para detenidos, servicios de asesoramiento

Número de Telefono:
1 (800) 593-8222

Sitio Web:
oia.lacounty.gov/for-la-county-immigrants/

Departamento de Salud Pública del Condado de LA - Programas de Asistencia de Comida

Recursos de Comida, Beneficios de WIC, CalFresh

Número de Telefono:
211

Sitio Web:
publichealth.lacounty.gov

Plan de Cuidado de Salud de L.A.

Servicios médicos gratis y de bajo costo, beneficios de Medi-Cal, asistencia de 24/7

Número de Telefono:
1 (800) 839-9909

Sitio Web:
lacare.org/health-plans/medi-cal

Autoridad de Servicios para Personas Sin Hogar de Los Angeles

Refugios para personas sin hogar, opciones de viviendas, recursos financieros

Número de Telefono:
(213) 225-6581

Sitio Web:
lahsa.org/get-help



Recursos y Servicios en el Condado de San Bernardino

2-1-1 Forma Unida de Inland SoCal

Un servicio de remisiones de 24/7 para viviendas, comidas, ayuda legal, y ayuda financiera.

Número de Telefono:

211

Sitio Web:

211sb.org

Biblioteca Pública de Los Angeles

Clases gratuitas, tutoría de alfabetismo, preparatoria de GED, ayuda estudiando para el examen de ciudadanía

Número de Telefono:

(909) 387-2220

Sitio Web:

sclib.org

La Coalición para Derechos Humanos para Inmigrantes (CHIRLA)

Defensa contra deportación, servicios para estudiantes, y asistencia legal

Número de Telefono:

(213) 457-0687

Sitio Web:

chirla.org

Departamento de Justicia de California - Oficina de Asistencia para Inmigrantes

Guía para asuntos de inmigración, recursos legales

Número de Telefono:

(800) 952-5225

Sitio Web:

oag.ca.gov/immigrant/ca-law

Departamento de California Department of Social Services - Programa de Asistencia de Dinero para Inmigrantes

Asistencia de dinero para no-ciudadanos mayores y discapacitados

Número de Telefono:

1 (800) 593-8222

Sitio Web:

cdss.ca.gov

Asociacion de Accion de Comunidad del Banco de Comida en San Bernardino (CAPSB)

Dispensa de Comida

Número de Telefono:

(909) 723-1500

Sitio Web:

capsbc.org

Plan de Salud del Inland Empire (IEHP)

Servicios médicos gratis y de bajo costo, beneficios de Medi-Cal

Número de Telefono:

1 (866) 294-4347

Sitio Web:

iehp.org

Servicios para Personas Sin Hogar de la Oficina del Condado de San Bernardino

Refugios para personas sin hogar, opciones de viviendas, recursos financieros

Número de Telefono:

(909) 501-0610

Sitio Web:

sbchp.sbcounty.gov



Recursos y Servicios en el Condado de Riverside

2-1-1 Forma Unida de Inland SoCal

Un servicio de remisiones de 24/7 para viviendas, comidas, ayuda legal, y ayuda financiera.

Número de Telefono:
211

Sitio Web:
211sb.org

Biblioteca del Condado de Riverside

tutoria de alfabetismo, ayuda con la diploma de la preparatoria, ayuda estudiando para el examen de ciudadanía

Número de Telefono:
(951) 826-5201

Sitio Web:
rivlib.net

La Coalición para Derechos Humanos para Inmigrantes (CHIRLA)

Defensa contra deportación, servicios para estudiantes, y asistencia legal

Número de Telefono:
(213) 457-0687

Sitio Web:
chirla.org

Departamento de Justicia de California - Oficina de Asistencia para Inmigrantes

Guia para asuntos de inmigración, recursos legales

Número de Telefono:
(800) 952-5225

Sitio Web:
oag.ca.gov/immigrant/ca-law

Departamento de California Department of Social Services - Programa de Asistencia de Dinero para Inmigrantes

Asistencia de dinero para no-ciudadanos mayores y discapacitados

Número de Telefono:
1 (800) 593-8222

Sitio Web:
cdss.ca.gov

CalFresh de Riverside - Alimentando a America, Dispensa Móvil para Mayores

Dispensa de Comida

Número de Telefono:
(951) 359-4757

Sitio Web:
feedingamericaie.org

Plan de Salud del Inland Empire (IEHP)

Servicios médicos gratis y de bajo costo, beneficios de Medi-Cal

Número de Telefono:
1 (866) 294-4347

Sitio Web:
iehp.org

HomeConnect del Condado de Riverside

Refugios para personas sin hogar, opciones de viviendas, recursos financieros

Número de Telefono:
1 (800)-498-8847

Sitio Web:
rivcodpss.org



NORMA TORRES

PROUDLY SERVING CALIFORNIA'S 35TH CONGRESSIONAL DISTRICT

Recursos del Distrito Escolar



Bonita Unified School District
Distrito Escolar Unificado de Bonita



Chaffey Joint Union High School District
Distrito Escolar Conjunto de Chaffey



Chino Valley Unified School District
Distrito Escolar Unificado del Valle de Chino



Claremont Unified School District
Distrito Escolar Unificado de Claremont



Colton Joint Unified School District
Distrito Escolar Conjunto Unificado de Colton



Cucamonga School District
Distrito Escolar de Cucamonga



Etiwanda School District
Distrito Escolar de Etiwanda





NORMA TORRES

PROUDLY SERVING CALIFORNIA'S 35TH CONGRESSIONAL DISTRICT

Recursos del Distrito Escolar



Fontana Unified School District
Distrito Escolar Unificado de Fontana



Mountain View School District
Distrito Escolar de Mountain View



Ontario-Montclair School District
Distrito Escolar Ontario-Montclair



Pomona Unified School District
Distrito Escolar Unificado de Pomona



Rialto Unified School District
Distrito Escolar Unificado de Rialto



Upland Unified School District
Distrito Escolar Unificado de Upland



Walnut Valley Unified School District
Distrito Escolar Unificado del Valle de Walnut





NORMA TORRES

PROUDLY SERVING CALIFORNIA'S 35TH CONGRESSIONAL DISTRICT

Servicios Legales de Inland Empire

El equipo de Beneficios Públicos de ICLS defenderá sus derechos sobre beneficios Federales, del Estado, y del Condado. Esto incluye aplicaciones, cesaciones, pagos en exceso, y negaciones.

¿Le han negado el acceso a beneficios federales, estatales o del condado?

INLAND COUNTIES LEGAL SERVICES

El equipo de Beneficios Públicos de ICLS ofrece ayuda legal gratis para lograr justicia, equidad, e inclusión para residentes de bajo recursos y de edades mayores en el Inland Empire.

Free Legal Aid

ICLS's Public Benefits Team advocates for your rights regarding Federal, State, and County benefits including applications, cessations (loss of benefits), overpayments, and denials.

Help with Federal Programs

Social Security Disability (SSDI) and Supplemental Security Income (SSI) applications and advisement, denials, reductions, and cessation appeals. Obtaining records needed to apply for or appeal benefits.

Help with State Programs

CalFresh and CalWORKS benefit over issuance, overpayment, denial, reduction, and cessation appeals. CAPI, Veterans Administration, California State Disability Insurance, Foster Care, and KinGap benefit issues.

**Para solicitar servicios legales GRATIS
Llame al: (888) 245-4257 o visite: bit.ly/ICLSApplication**

Inland Counties Legal Services es una corporación sin fines de lucro 501c (3) ubicada en 1040 Iowa Ave, Suite 109, Riverside, CA, 92507 para los condados de Riverside y San Bernardino. Recibe fondos federales, estatales y de condados locales así como de fundaciones y donaciones privadas. Entre los patrocinadores están la corporación de servicios legales, la adjudicación al colegio de abogados de California para la prevención del desamparo, intereses en cuentas fiduciarias de abogados (IOLTA), fondo de acceso equitativo del colegio de abogados de California, departamento de servicio de ancianidad y adultez del condado de San Bernardino, la oficina del condado de Riverside para la ancianidad y la fundación de la familia Clark R Smith. La lista completa de financiadores está disponible a solicitud previa o en inlandlegal.org

LSC | America's Partner
for Equal Justice
LEGAL SERVICES CORPORATION



Términos Importantes

Estos son términos que quizás vea o no vea cuando este tratando con su estatus de inmigración

1. **A-Number / ALIEN Number (Número A/ Número de EXTRANJERO)** - Un número único de siete-, ocho-, o nueve dígitos que el Departamento de Seguridad Nacional asigna a un extranjero ilegal que puede ser usado para buscar un caso de inmigración.
2. **Burden of Proof (Carga de la Prueba)** - La obligación de un partido a establecer un hecho por la presentación de evidencia en apoyo de ese hecho.
3. **CBP** - Una abreviacion para U.S. Customs and Border Protection (La Oficina de Aduanas y Protección Fronteriza de los Estados Unidos), una agencia debajo del Departamento de Seguridad Nacional.
4. **DOJ** - El Department of Justice (Departamento de Justicia) de la rama ejecutiva del gobierno de los Estados Unidos con la responsabilidad de primeramente enforzar la ley y asegurar la justicia imparcial.
5. **Green Card (Tarjeta de Residencia)** - Conocida como la tarjeta de Residencia Permanente, Form I-551, o la tarjeta de registración de extranjeros. El departamento de USCIS reparte estas tarjetas a extranjeros como prueba de su estatus como residente permanente legal. Para Form I-9, es aceptable como prueba de identidad y autorización para trabajo. Aunque algunas tarjetas de residencia no tiene fecha de expiración, la mayoría son válidas por 10 años. Las tarjetas expedidas a extranjeros con estatus de residente permanente condicional son válidas por dos años.
6. **ICE** - Immigration and Customs Enforcement (Inmigración y Control de Aduanas) que hace cumplir el control fronterizo y limita la inmigración, también es una agencia debajo del Departamento de Seguridad Nacional.
7. **Inadmissibility (Inadmisibilidad)** - No siendo permitido a legalmente entrar a los Estados Unidos o obtener una visa en el extranjero basado en actos o conducto listado como motivos para la inadmisibilidad en Sección 212 de la INA.
8. **Naturalization (Naturalizacion)** - Como una persona no nacida en los Estados Unidos voluntariamente se convierte en un ciudadano de los Estados Unidos, esto requiere un formulario N-400.
9. **Practitioner (Facultativo)** - Una persona autorizada a presentar peticiones de inmigración o aplicaciones con USCIS por parte de extranjeros.
10. **Safe Haven (Refugio Seguro)** - Un refugio temporalmente dado a extranjeros que han huido de su país de origen en busca de protección o alivio de persecución o otras dificultades hasta que puedan sanamente regresar a su país, o, si necesario, hasta que puedan obtener alivio de las condiciones de cuales huyeron.
11. **USCIS** - Servicios de Ciudadanía e Inmigración de los Estados Unidos, una agencia debajo del Departamento de Seguridad Nacional



Plan de Preparación Familiar

Es muy importante que cada familia tenga un plan de preparación familiar en caso de una emergencia. Familias inmigrantes, especialmente deben pensar en adelante y preparar planes de cuidado de niños, encontrar servicios legales, y saber sus derechos en adelante.

Cuidado de Niños

En el evento de una emergencia, es importante encontrar otro adulto para cuidar a sus hijos si usted no puede. Planes de cuidado de niños pueden incluir:

1. **Acuerdo Verbal** - Una forma informal para confirmar que otro adulto cuidara por su niño. Aunque esto no incluye documentos legales y no le da permiso al cuidador la habilidad de hacer decisiones sobre asuntos médicos o escolares por su parte.
2. **Declaración Jurada de Autorización del Cuidador** - Una forma formal para que el estado de California le de a otro cuidador la habilidad de hacer decisiones sobre asuntos médicos y escolares por su parte. Esto no afecta sus derechos de los padres, pero solo puede ser usado en el estado de California.
3. **Tutela** - El acuerdo más formal para darle a otro adulto custodia sobre su niño. Esto requiere el Tribunal Testamentario de California y suspenderá sus derechos de padres mientras la tutela está implementada. Esto le da completa custodia legal y física a su cuidador escogido.
4. **Poder de Abogado** - Un documento escrito que permite a otro adulto a actuar por parte de usted. Esto puede ser una forma de permitir a otra persona que maneje a sus financieros o decisiones de negocio, pero no puede ser usado como transferencia de custodia en el estado de California.

Asegúrese de escribir cualquier condiciones médicas o alergias que tenga su niño, cualquier medicaciones que toma su niño, y su información de de doctor y seguridad medica. Tenga una copia de esta información en su archivo de documentos importantes. Entregue copias a la escuela de su/ sus hijo(s) y su cuidador escogido. (Mire pagina 58-59)

Sin preocuparlos, asegure a sus hijos que serán cuidados en el evento que usted no pueda, aunque sea por solo un tiempo corto. Avísenles quien los cuidara hasta que usted lo pueda volver a hacer.

Avísele a su familia y contactos de emergencia como encontrarlo si usted es detenido por ICE. Asegúrese que ellos tengan su Número-A si usted tiene uno.



Plan de Preparación Familiar

Servicios Legales

Obteniendo un propio consultante legal de un experto confiado en la preparación de familia es esencial, porque ellos pueden mejor determinar para cuáles beneficios de inmigración usted es elegible. Hay dos categorías de personas que le pueden dar consejos legales:

1. **Abogados** - Abogados que han pasado el examen de la barra, tienen una licencia legal, y están en “buena reputación” con la asociación de la barra pueden practicar la ley de inmigración y dar consejos legales.
2. **Representantes acreditados de el Departamento de Justicia (DOJ, por sus siglas en inglés)**- Un representante acreditado de la DOJ quien está certificado por la DOJ para trabajar en asuntos de inmigración. Ellos están afiliados con una organización sin fines de lucro, quien es reconocida por la DOJ y pueden representar clientes en procedimientos de inmigración.

La Oficina de la Congresista Norma Torres NO puede dar consejos legales y NO puede representarlo en procedimientos legales o de inmigración.

Su representante legal puede darle un contrato que explica sus servicios y cargos. Debe de mantenerlo informado sobre su caso y para cuales beneficios de inmigración usted califica. Mantenga copias extras de todos los documentos que su proveedor de servicios legales le da.

Conozca sus Derechos

Usted tiene derechos en este país aunque no sea documentado. Mantenga una tarjeta roja de “Conoce tus Derechos” en su persona y cerca de su puerta en todos tiempos (Son disponibles por línea o en la oficina de La Congresista). Usted puede enseñarle esta tarjeta a los agentes de ICE o leerles el lado de la tarjeta escrita en inglés. No abre la puerta a ICE o cualquier oficial de la policía que no lleva una orden firmada por un juez.

Siempre lleve su permiso válido de trabajo o su tarjeta de residencia. No lleve documentación sobre su país de origen en su persona. No lleve documentos falsos de identidad o documentos falsos de inmigración en su persona.

Manténgase calmado si viene en contacto con ICE. No intente correr. Usted tiene el derecho a mantener silencio, el derecho a una llamada, y el derecho a hablar con un abogado. Un abogado no será proveído por el gobierno si usted es detenido por ICE.

Más información sobre sus derechos está disponible en página 4-5.

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's Date of Birth: _____
3. My name: _____
4. My home address (street, apartment number, city, state, zip code):

5. My date of birth: _____
6. My California driver's license or identification card number: _____
7. ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 41 of trees this say form for a definition of "qualified relative").
8. Check one or both (for example, if one parent was advised and the other cannot be located):

☐ I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.



I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed: _____ Dated: _____

Parent Acknowledgement of Caregiver's Authorization:

I _____, parent/legal guardian of _____ a minor child, have asked the above-mentioned caregiver to care for my child in case of my unexpected absence.
Signed: _____ Dated: _____

Yo, como padre/guardián del menor mencionado anteriormente, he seleccionado a _____ como adulto responsable del cuidado de mi hijo/a en caso de mi ausencia.

Notices

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information

TO CAREGIVERS

1. "Qualified relative," for purposes of item 7, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor (Pursuant to SECTION 1517 of the Health and Safety Code or SECTION 16519.5 of the Welfare and Institutions Code). If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information requested in item 6 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. A person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

Declaración Jurada de Autorización del Cuidador

Uso de esta declaración jurada es autorizada por Parte 1.5 (comenzando con Sección 6550) de la División 11 del Código Familiar de California.

Instrucciones: Completación de elementos 1 - 4 y firmando la declaración jurada es suficiente para autorizar la inscripción de un menor de edad a una escuela y para autorizar cuidado médico en relación a la escuela. Adicionalmente, completación de elementos 5 - 8 es requerido para autorizar cualquier otro cuidado médico. Escriba claramente.

The minor named below lives in my home and I am 18 years of age or older.

1. Nombre de menor: _____
2. Fecha de nacimiento de menor: _____
3. Mi nombre: _____
4. Mi domicilio (calle, número de apartamento, ciudad, estado, código postal):

5. Mi fecha de nacimiento: _____
6. Mi número de licencia de manejar o número de tarjeta de identificación: _____
7. ☐ Yo soy un abuelo/ a, tío/ a, o otro pariente calificado de el menor. (Mire página 43 de trees esta forma para una definición de "pariente calificado")
8. Marque uno o los dos (por ejemplo, si un padre fue consultado y el otro no puede ser localizado)
☐ Yo he consultado el/ los padre(s) o otra(s) persona(s) que tiene(n) custodia legal de el menor de mi intención a autorizar cuidado médico y no he recibido objeción.
☐ En este momento no puedo contactar el/ los papa(s) o otra(s) persona(s) que tiene(n) custodia legal de el menor para avisarle de mis intenciones de autorización.

Yo declaro bajo pena de perjurio bajo las leyes del estado de California que lo que sigue es verdad y correcto.

Firma: _____ Fecha: _____

Parent Acknowledgement of Caregiver's Authorization:

I _____, parent/legal guardian of _____ a minor child, have asked the above-mentioned caregiver to care for my child in case of my unexpected absence.

Signed: _____ Dated: _____

Yo, como padre/guardián del menor mencionado anteriormente, he seleccionado a _____ como adulto responsable del cuidado de mi hijo/a en caso de mi ausencia.

Declaración Jurada de Autorización del Cuidador

Avisos

1. Esta declaración no afecta los derechos de los padres del menor o su guardián legal sobre el cuidado, custodia, y control del menor, y no quiere decir que el cuidador tiene custodia legal del menor
2. Una persona que depende de esta declaración jurada no tiene ninguna obligación para hacer más consultos o investigaciones.
3. Esta declaración jurada no es válida por más de un año después de la fecha cuando es ejecutada.

Más Información

PARA CUIDADORES

1. "Pariente calificado" por objetivos de elemento 7 quiere decir un esposo, padre, padrastro, madrastra, hermano/a, hermanastro/ a, medio/ a hermano/ a, tío/ a, sobrino/ a, primo/ a hermano/ a, o alguna persona denotada por el prefijo "abuelo/ a" o "bis", hasta después de que el matrimonio ha sido terminado por muerte o disolución.
2. La ley lo puede requerir, si no es pariente o aun un padre licenciado de cuidado de crianza, a obtener una licencia de casa de cuidado de crianza para cuidar por un menor, (Según SECCIÓN 1517 del Código de Salud y Seguridad o SECCIÓN 16519.5 del Código de Bienestar e Instituciones). Si tiene alguna pregunta, por favor contacte a su departamento local de servicios sociales.
3. Si el menor deja de vivir con usted, está requerido a avisar cualquier escuela, proveedor de servicios médicos, o plan de servicios médicos a quien planea dar esta declaración jurada.
4. Si usted no tiene la información pedida en elemento 6 (Licencia de manejo de California or un I.D.), proporcione otra forma de identificación como su número de seguro social o número de Medi-Cal.

PARA OFICIALES DE ESCUELAS:

1. Sección 48204 del Código de Educación proporciona que esta declaración jurada constituye una base suficiente para la determinación de residencia del menor, sin el requisito de una tutela o otra orden de custodia, a menos que el distrito escolar determine por hechos verdaderos que el menor no está viviendo con el cuidador.
2. El distrito escolar puede requerir evidencia adicional que el cuidador vive en el domicilio say say say say proporcionado en elemento 4.

PARA PROVEEDORES DE ASISTENCIA MÉDICA Y PLANES DE SERVICIO DE ASISTENCIA MÉDICA

1. Una persona que se porta en dependencia de buena fe sobre una declaración jurada de cuidadores para proveer cuidado médico o dental, sin conocimiento real de hechos contrarios a los que están fijados en la declaración jurada no es sujeto a responsabilidad legal criminal o a responsabilidad legal civil a cualquier persona, ni tampoco a acción disciplinaria profesional, por su dependencia si las porciones aplicables del documento están completos.
- a 2. Esta declaración jurada no confiera dependencia por propósitos de servicios de cuidado médico.

Según la Cuarta Enmienda, todas personas en los Estados Unidos, a pesar de su estatus de inmigración, tienen derechos contra, búsquedas y embargos irrazonables. Documentos oficiales, como órdenes judiciales y citaciones ayudan a probar que ciertas búsquedas y embargos son legítimos y permiten las cortes a pedir ciertos arrestos o documentos. En el caso de órdenes y citaciones de inmigración, son más limitadas por la cuarta enmienda, y por lo tanto no tienen los mismos poderes. Es importante que sepa la diferencia en caso que enfrente cualquier de las anteriores en algún tiempo .

- Orden Judicial -un documento autorizando al enforzamiento de la ley a tomar una acción específica (buscar una propiedad, embargar documentos, arrestar, etc.)
- Citación Judicial - un orden legal requiriendo a alguien a aparecerse, a testificar, o a proveer documentos
- Orden de Inmigrante - Un documento (típicamente Form I-200) por DHS, autorizando a oficiales de ICE a detener alguien por procedimientos legales, cuando están en propiedad pública (Pagina 46)
- Citación de Inmigrante - una orden, (típicamente Form I-138) por DHS, autorizando a oficiales de Ice a requerir la producción de documentos (Pagina 47)

	Emitido por:	¿Causa Probable?	¿Derecho a Entrar a Propiedad Privada?	¿Derecho a Detener?
Orden Judicial	La Corte	SI	SI	SI
Orden de Inmigrante	DHS por parte de ICE	SI	NO, a menos que también tengan una orden judicial	SI, pero oficiales no pueden entrar a propiedad privada
Citación Judicial	Corte, Gran Jurado, Agencia del Gobierno, Abogado	NO	NO	NO
Citación de Inmigrante	Oficial de Inmigración Autorizado	NO	NO	NO

¿Es válida la orden?

1. Tiene la autoridad emisora fijada claramente
 - Para órdenes judiciales, tiene fijada claramente el nombre de la corte
 - La Corte Superior de California o La Corte del Distrito de los Estados Unidos
 - Para órdenes de inmigrante, tiene fijada claramente la agencia pertinente
2. Tiene una firma válida
 - Una orden válida tiene que ser firmada y fechado por la autoridad emisora (firmas electrónicas son permitidas en algunas jurisdicciones)
 - Para órdenes judiciales, está firmada por un juez o magistrado
 - Para órdenes de inmigrante, está firmada por un oficial de inmigración o un juez de inmigración
3. Tiene listada la información correcta
 - Tiene fijado el nombre completo y correcto de la persona siendo servida
 - Para órdenes de inmigrante, tiene fijado el número-A completo y correcto
4. Tiene fijada una causa probable o base legal
 - Para órdenes judiciales, tiene que referir a evidencia jurada que enseña una causa probable
 - Para órdenes de inmigrante, tiene que citar la ley de inmigración siendo cumplida
5. Tiene que tener fijado en nombre completo y correcto de la persona siendo servida

Si algunos de estos son incorrectos, puede invalidar la orden. Oficiales legalmente no pueden buscar o embargar cosas fuera del alcance listado.

¿Es válida la citación?

1. Tiene la autoridad emisora fijada claramente
 - Para órdenes judiciales, tiene fijada claramente el nombre de la corte
 - Para órdenes de inmigrante, tiene fijada claramente la agencia pertinente (típicamente DHS o ICE)
2. Identifica claramente el caso o referencia de materia
 - Incluye el número del caso o del expediente
 - Incluye la autoridad legal bajo cual fue emitida (el estatuto o regla judicial específica)
3. Incluye el nombre e información de contacto del receptor
4. Da instrucciones específicas
 - Una fecha, tiempo, y ubicación específica para cumplimiento está listada
 - Para documentos, lista exactamente que necesita ser proporcionado y en cual forma
 - El alcance es específico (citaciones demasiadas amplias pueden ser cuestionadas)
5. Tiene una firma y un sello

U.S. DEPARTMENT OF HOMELAND SECURITY

Warrant for Arrest of Alien

File No. _____

Date: _____

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

- ☐ the execution of a charging document to initiate removal proceedings against the subject;
- ☐ the pendency of ongoing removal proceedings against the subject;
- ☐ the failure to establish admissibility subsequent to deferred inspection;
- ☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
- ☐ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

(Signature of Authorized Immigration Officer)

(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at _____
(Location)

on _____ on _____, and the contents of this
(Name of Alien) (Date of Service)

notice were read to him or her in the _____ language.
(Language)

Name and Signature of Officer

Name or Number of Interpreter (if applicable)

Immigration Subpoena

1. To (Name, Address, City, State, Zip Code)	DEPARTMENT OF HOMELAND SECURITY IMMIGRATION ENFORCEMENT SUBPOENA to Appear and/or Produce Records 8 U.S.C. § 1225(d), 8 C.F.R. § 287.4
Subpoena Number	
2. In Reference To	
(Title of Proceeding) (File Number, if Applicable)	

By the service of this subpoena upon you, **YOU ARE HEREBY SUMMONED AND REQUIRED TO:**

- (A) ☐ **APPEAR** before the U.S. Customs and Border Protection (CBP), U.S. Immigration and Customs Enforcement (ICE), or U.S. Citizenship and Immigration Services (USCIS) Official named in Block 3 at the place, date, and time specified, to testify and give information relating to the matter indicated in Block 2.
- (B) ☒ **PRODUCE** the records (books, papers, or other documents) indicated in Block 4, to the CBP, ICE, or USCIS Official named in Block 3 at the place, date, and time specified.

Your testimony and/or production of the indicated records is required in connection with an investigation or inquiry relating to the enforcement of U.S. immigration laws. Failure to comply with this subpoena may subject you to an order of contempt by a federal District Court, as provided by 8 U.S.C. § 1225(d)(4)(B).

3. (A) CBP, ICE or USCIS Official before whom you are required to appear	(B) Date
Name	
Title	
Address	(C) Time ☒ a.m. ☐ p.m.
Telephone Number	
4. Records required to be produced for inspection	



If you have any questions regarding this subpoena, contact the CBP, ICE, or USCIS Official identified in Block 3.

5. Authorized Official

(Signature)

(Printed Name)

(Title)

(Date)

Información de Contacto de Emergencia

Números de Emergencia e Información Importante de Contacto

Mantenga esta información en un lugar para que usted y su familia la puedan encontrar fácilmente.

Números de Emergencia	
Emergencia Inmediata	911
Departamento de Policía	
Departamento de Bomberos	
Control de Envenenamiento	
Oficina de la Congresista Torres	(909) 481-6474
El número de la línea directa de 24/7 de la Congresista Norma Torres	(909) 409-5421
Contactos Familiares	
Madre/Guardian	
Número de Casa	
Número Celular	
Domicilio del Trabajo	
Número del Trabajo	
Padre/Guardian	
Número de Casa	
Número Celular	
Domicilio del Trabajo	
Número del Trabajo	
Otro Contacto de Emergencia	
Número Celular	
Otro Contacto de Emergencia	
Número Celular	
Otro Contacto de Emergencia	
Número Celular	

Información de Contacto de Emergencia

Información Importante de Niños	
Nombre de Niño	
Fecha de Nacimiento	
Número de Teléfono de su Niño (Si es aplicable)	
Nombre de Escuela	
Domicilio de Escuela	
Número de Teléfono de la Escuela	
Nombre de Maestro	
Información de Contacto del Maestro	
Número de Aula	
Nombre del Programa después de escuela (Si es aplicable)	
Número del Programa después de escuela (Si es aplicable)	
Información de Contacto del Programa después de escuela (Si es aplicable)	
Información de Contacto del Programa después de escuela (Si es aplicable)	
Información de Contacto de Otro Campamento/Deporte/Programa (Si es aplicable)	
Alergias (Si es aplicable)	
Condiciones Médicas (Si es aplicable)	
Medicamentos (Si es aplicable)	
Número de Teléfono del Doctor	
Domicilio del Doctor	
Proveedor de Seguro médico	
Número de Grupo médico	
Número de identificación	
Titular del Seguro Primario	

Lista de Verificación de Documentos Importantes

Guarde un archivo de estos documentos (o una copia de estos documentos) en un lugar seguro. Avisenle a miembros de su familia, cuidadores de emergencia, y a sus hijos de donde encontrar este archivo en una emergencia

- ☐ Formularios de Autorización de la Representativa Norma Torres pre-llenados (Solo Congressional) (Paginas 10 - 11)
- ☐ DHS Form G-28 (Para Abogados) (Pagina 14-17)
- ☐ ICE Form I-246 (Para Abogados) (Pagina 18-21)
- ☐ Pasaportes
- ☐ Certificado de Nacimiento
- ☐ Licencia de Matrimonio (Si es aplicable)
- ☐ Papeles de Divorcio (Si es aplicable)
- ☐ Declaración Jurada de Autorización del Cuidador (Paginas 40-43)
- ☐ Alguna orden de alejamiento que pueda tener contra alguien (Si es aplicable)
- ☐ Documentos demostrando su residencia y presencia física en los
- ☐ Estados Unidos (biles, talones de pago, extractos de cuenta, y archivos de la escuela)
- ☐ Licencia de Manejo y otras tarjetas de identificación
- ☐ Tarjeta de Seguro Social o Número de ITIN
- ☐ Registro de Nacimiento (Para niños nacido en los Estados Unidos y registrados en el país de origen de sus padres) (Si es aplicable)
- ☐ Información de Contacto de Emergencia (Paginas 48-49)
- ☐ Información médica de los niños (aseguranza de servicios médicos, lista de medicación, información de contacto de su doctor)
- ☐ Cualquier otros documentos importantes

Previos refugios seguros tal vez ya no sean protegidos

El Enero 20, 2025, la administración Trump rescindió una política previa que requirió agentes de ICE a evitar áreas sensitivas como: institutos de veneración, escuelas, hospitales, demostraciones públicas (protestas, reuniones, desfiles). Director Interino de ICE Caleb Vitello hizo un seguimiento con un memo el Enero 31, 2025, indicando que ICE no emitiría áreas de refugio donde las leyes de inmigración no serían enforcadas. Este memo no requiere que agentes consulten con el consejo legal de ICE antes de tomar acción de aplicación en demostraciones públicas.

Áreas Protegidas de California

En Octubre 5, 2017, la ley AB 699 de California fue firmada, que establece equidad educacional sobre inmigración y estatus de ciudadanía. Esto requiere que instituciones escolares de California (K-12, colegios, universidades, y instituciones en pos de la preparatoria) implementen protecciones para que todos estudiantes, a pesar de estatus de inmigración, tengan acceso a educación sin riesgo.

Requisitos de AB 699:

- Prohíbe discriminación, acoso, o intimidación por estatus de inmigración
- Instructa a las escuelas que protejan a archivos privados de enforzamiento de inmigración
 - Abstenerse de la colección innecesaria del estatus de inmigración de estudiantes o familias, a menos que sea requerido por ley
 - Obligando a escuelas a reportar cualquier requisito por información o acceso a la escuela por el propósito de enforzamiento al cuerpo de gobierno de la agencia local de educación
- Requiere que las escuelas adopten prácticas de apoyo en respuesta a inquietudes potenciales sobre enforzamiento de inmigración
 - Asegure que escuelas estén siguiendo el plan de emergencia designado de una familia
 - Obligando a escuelas a adoptar una política limitando asistencia con enforzamiento de inmigración en escuelas públicas

Por favor verifique con su escuela local y distrito sobre sus políticas de seguridad de estudiantes y sus protocolos sobre enforzamiento de inmigración.
No hay una promesa que los agentes de ICE no vengán dentro de o alrededor de instituciones escolares de California.