FAMILY SAFETY PLANNING TOOLKIT FOR ENFORCEMENT PREPAREDNESS

Immigrant Services Network of Austin

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Dedication

The Immigrant Services Network of Austin dedicates this Toolkit to Stephanie Neely. Stephanie was a long-time advocate for immigrant families. In her work as a managing librarian at Little Walnut Creek and Ruiz libraries in Austin, TX, she dramatically increased the number of resources available to Vietnamese and Spanish speakers. Stephanie was a driving force behind this project. Austin’s immigrant community is safer and stronger because of her work.

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- Casa de Maryland
- CHIRLA (Coalition for Human Immigrant Rights of Los Angeles)
- Detention Watch Network
- Latino Union of Chicago
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Chapter 1

Frequently Asked Questions
What is the toolkit for?

This toolkit was developed by the Immigrant Services Network of Austin to assist individuals and families with preparing to respond effectively in the event of a local worksite raid by Immigration and Customs Enforcement (ICE). Our intent is two-fold and includes (1) educating immigrants about their rights, and (2) assisting individuals and families with preparing an emergency plan for their household. The knowledge and application of these tools and information can also apply to other types of enforcement and emergency situations.

How can it be used?

This toolkit was created to disseminate accurate information within Austin’s immigrant and larger communities. Social service providers and other interested parties working with immigrants can use the toolkit as a guide to help inform immigrants about their rights, and to engage in planning for their families’ well-being. Service providers are invited to distribute materials and make this information readily available to clients.

Why are we concerned with workforce enforcement?

Following the events of September 11, 2001 workplace enforcement became one of several activities utilized to enforce federal immigration laws. In March 2003, the federal government disbanded the agency known as the Immigration and Naturalization Service (INS). Immigration and Customs Enforcement (ICE) assumed much of the enforcement authority of the former INS. ICE is the largest investigative arm of the Department of Homeland Security.

Worksite raids are increasing. From 2002-2006 the number of workplace raids taking place nationally rose from 500 to 3,600 (The Urban Institute, 2007). In 2007 there were 4,940 workplace enforcement arrests, of which 863 were criminal charges and 4,077 were administrative charges. By the end of August, 2008 there were more than 1,000 criminal arrests and 3,900 administrative arrests as a result of workplace raids (U.S. Immigration and Customs Enforcement, 8/12/2008).

In Texas, ICE is increasing enforcement efforts. Worksites are one of several “trigger sites” being targeted. Other trigger sites include U.S. borders, residences, day labor sites, and various points of contact within the criminal justice system.

Workplace raids create a burden on communities. Reports have documented short and long term effects of large scale workplace raids in various communities, including: Greeley, Colorado, Grand Island, Nebraska; and New Bedford, Massachusetts.

The Immigrant Services Network of Austin (ISNA) is concerned with the potential burden an ICE workplace raid would create within our community. In keeping with its mission to better serve the immigrant community, ISNA presents this toolkit to proactively prepare the community to respond in the event of a workplace raid.
Why should the community be concerned with workplace enforcement?

The entire community experiences emotional and financial costs during and following a workplace raid. These costs include:

- The due process rights of documented and undocumented immigrants involved in raids are at risk.
- United States citizens have been caught up in workplace raids.
- Families of detained workers experience economic hardships, family separation, isolation, and emotional stress.
- Other employers not directly involved in the raid experience a decrease in worker attendance and productivity.
- Children, many of whom are U.S. citizens, experience emotional stress and trauma when separated from their parents. When parents are detained the burden of care falls to family, friends, schools and other organizations such as Child Protective Services.
- Schools experience a drop in attendance because of heightened concerns.
- Individuals fear interacting with law enforcement, which deters reporting victimization and crime.
- A climate of fear leads to isolation and withdrawal from the community.
- Dealing with the aftermath of workplace raids strains the limited resources of social service providers, faith-based organizations, and community partners.

What is ISNA?

The Immigrant Services Network of Austin is a working group of diverse community stakeholders and immigrant service providers and advocates operating together to coordinate efforts, increase public awareness, and inform policy in order to better serve the immigrant community. It is the vision of ISNA to promote the success and well-being of immigrants in order to secure the long-term prosperity of the entire community.

Where can I get more information?

For more information on this and other immigration topics, visit the ISNA website at www.isnaustin.org. To speak with an ISNA representative, contact info@isnaustin.org.
Chapter 2

Know Your Rights
1. Right to remain silent

- You have the right to refuse to answer any question.
- You don’t have to reveal your immigration status.
- Don’t lie – just stay silent!

2. Ask to speak to a lawyer

- You have the right to contact an immigration attorney.
- Don’t sign any document until you talk to an attorney.

3. Presenting false documents is a crime

- Don’t carry false documents.
- False documents include both fake papers and real, government-issued identification with someone else’s information.

4. Have a plan

- Prepare your family for any emergency, including your detention or arrest.
- Use the “Family Safety Planning Toolkit” to plan for child care, finances, emergency contacts, medical needs, and legal issues.
Family Safety Planning Toolkit

Know Your Rights

**At Work**

- **Stay calm.** Don’t panic and don’t run. If you act guilty, you’ll be treated like a criminal.
- **Stay silent, use your “Rights Card.”** Don’t lie and do not admit guilt.

Create a “solidarity plan” with your coworkers, even if your immigration statuses are different. There’s safety in unity – don’t split up, stay silent together. “The community that is united cannot be divided.”

**At Home**

- **Don’t let officers into your home unless you see a valid warrant.**
- **Look for:** a judge’s signature, your exact address, your correct name, and the specific areas to be searched.
- **You have the right to remain silent at home, too.**
You can cut out this card and carry it with you in your wallet.

If you are questioned by federal law enforcement/ICE, show them this card and remain silent.

RIGHTS CARD

I am giving you this card because I am exercising my right to remain silent and will not answer questions. If I am arrested, I will continue to exercise my right to remain silent. I want to speak to a lawyer before answering any questions.

In addition, I do not consent to a search of my vehicle, residence, or property.

I want to contact this attorney/organization: ____________
Phone Number: ______________
Consulate: ______________
Phone Number: ______________

If you are questioned by federal law enforcement/ICE, show them this card and remain silent.

RIGHTS CARD

I am giving you this card because I am exercising my right to remain silent and will not answer questions. If I am arrested, I will continue to exercise my right to remain silent. I want to speak to a lawyer before answering any questions.

In addition, I do not consent to a search of my vehicle, residence, or property.

I want to contact this attorney/organization: ____________
Phone Number: ______________
Consulate: ______________
Phone Number: ______________

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I am giving you this card because I am exercising my right to remain silent and will not answer questions. If I am arrested, I will continue to exercise my right to remain silent. I want to speak to a lawyer before answering any questions.

In addition, I do not consent to a search of my vehicle, residence, or property.

I want to contact this attorney/organization: ____________
Phone Number: ______________
Consulate: ______________
Phone Number: ______________
Chapter 3

Family and Children’s Safety Planning
Family and Children’s Safety Planning

Family Communication Plan

It is likely that your family will not be together in the case of an emergency, like a raid, so it is important to plan beforehand. Use this worksheet to discuss how your family members would communicate with each other in the event of an emergency.

Beginning Conversations With Your Family

In case of an emergency …

1. Do you know all of the full names, birth dates, and social security numbers or A-numbers for everyone in your family? Do you have this information memorized or written down somewhere safe?

2. Where would you find all of your family members in an emergency? Do you know how to find them or contact them at home, work, school, or other places where your family spends time?

3. If you could not meet at home, where could your family meet in an emergency? Does everyone in the family know this meeting spot?

4. If you can’t get in touch with each other, is there someone outside of the family whom you could contact? Does everyone in the family know this person and how to reach him/her?

5. If you have children, do you have a signed Power of Attorney? If not, please read the Legal Safety Planning section of this toolkit.

A “Power of Attorney” is someone to whom you give the right to act on your behalf regarding financial, medical, and legal matters during a temporary period of time that you are unavailable. You can select a trusted family member or friend. To formally assign this role, fill out the Power of Attorney form (found in the Legal Safety Planning section of this toolkit).
If you choose to, you can write down information using this form. If you write information on this form, it is important to keep it in a safe and private place.

### Family Information

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>A-NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>3.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<tr>
<td>8.</td>
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<tr>
<td>9.</td>
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<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Where to Find Family Members During an Emergency:

<table>
<thead>
<tr>
<th>PLACES WHERE FAMILY SPEND TIME (HOME, WORK, SCHOOL, ETC.)</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<tr>
<td>9.</td>
<td></td>
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<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Family Safety Planning Toolkit

Family and Children’s Safety Planning

Our Non-Family Emergency Contact:

Name of Non-Family Contact: ____________________________________________
Phone Number: ________________________________________________________
Alternate Phone Number: _______________________________________________
Email Address: __________________________________________________________

Emergency Meeting Place (if we cannot meet at home):

Family Meeting Place: ________________________________________________
Address: _____________________________________________________________
Phone Number: _______________________________________________________
## Family & Pet Medical Information

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>DATE OF BIRTH</th>
<th>MEDICAL CONDITION</th>
<th>PRESCRIPTIONS</th>
<th>REFILLS</th>
<th>DOCTOR</th>
<th>PHARMACY</th>
<th>INSURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>Mendez</td>
<td>Sara</td>
<td>10/08/85</td>
<td>Asthma</td>
<td>2</td>
<td>Dr. Patel</td>
<td>HEB</td>
<td>CHIP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Singulair 0774836</td>
<td></td>
<td>(512) 457-3887</td>
<td>2800 S. Congress</td>
<td>(512) 447-7864</td>
</tr>
</tbody>
</table>
You can cut out this card and carry it with you in your wallet.

Family Communication Plan

In an emergency, I can contact:

Contact Name: _______________________
Phone Number: _______________________

Contact Name: _______________________
Phone Number: _______________________

Use this space to write down any other important information for emergencies (such as other people to contact, family meeting spot, etc.)

____________________________________
____________________________________
_____________________________________________________________________________
____________________________________

For emergencies call 9-1-1!
Chapter 4

Financial Safety Planning
Financial Planning

In an emergency, your family could encounter various financial issues. Use this worksheet to discuss your household’s financial matters.

Beginning Conversations With Your Family

1. Who has Power of Attorney in case of an emergency? Does everyone know who this person is and how to contact them?

   What is Power of Attorney? It is someone’s right to act on your behalf regarding financial, medical, and legal matters in the event that you are unable or unavailable. You can select a trusted family member or friend to act as your Power of Attorney. To formally assign this role, fill out the Power of Attorney form (found in the Legal Safety Planning section of this toolkit).

2. Where does everyone in your family work? Does everyone know how to reach them at work?

3. If someone is unable to pick up their paycheck due to an emergency, who could pick up their paycheck for them? Does this person know how to pick up the paycheck?

4. Does everyone in the family know which bank the family uses? Who has access to financial information such as the checking account or savings account number, PIN number, etc.? If this person is unavailable, who else can access the bank?

   Why is it important to have a bank account? A bank account provides a safe place to store your money. Cash can be stolen or lost if you keep large amounts at home or carry it with you. Also, banks do not charge check cashing fees when you have an account with them. You can open a bank account regardless of your immigration status. Several banks, including BBVA Compass Bank and Wells Fargo, accept matricula cards and other identification issued by other countries.

5. What monthly bills does your family have to pay? Who usually pays them? If this person is unavailable, who else could make sure that the bills are paid during an emergency?
Financial Safety Planning

If you choose to, you can write down information using this form. If you write information on this form, it is important to keep it in a safe and private place.

**Power of Attorney Information**

Name of Power of Attorney: ____________________________________________
Phone Number: _______________________________________________________
Alternate Phone Number: _____________________________________________
Address: ___________________________________________________________

**Employer Information**

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>EMPLOYER ADDRESS</th>
<th>EMPLOYER PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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</tr>
</tbody>
</table>

**Paycheck Information: Who can pick up paychecks in an emergency?**

Name: _______________________________________________________________
Phone Number: _______________________________________________________
Alternate Phone Number: _____________________________________________
Address: ___________________________________________________________

**Banking Information**

Name of our bank: ___________________________________________________
Who has access to the banking information? ____________________________
What is our checking account number? _________________________________
What is our savings account number? ________________________________

**Monthly Bills Information**

Who usually pays our monthly bills? _________________________________
Who else can make sure bills are paid in an emergency? ________________
### Financial Planning Information

<table>
<thead>
<tr>
<th>Expense</th>
<th>Name &amp; Address</th>
<th>Telephone Number</th>
<th>Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td>Blue Bonnet Apartments, 123 Main Street, Austin</td>
<td>512-333-4444</td>
<td>$500</td>
<td>The 3rd of the month</td>
</tr>
<tr>
<td>Electric</td>
<td></td>
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<tr>
<td>Gas</td>
<td></td>
<td></td>
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<tr>
<td>Water</td>
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<tr>
<td>Trash</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone/Cell Phone</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cable</td>
<td></td>
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<tr>
<td>Car Insurance</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Car Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter 5

Legal Safety Planning
Legal Planning

In emergency situations, your family could encounter legal issues. Use this worksheet to discuss your household’s legal matters.

Beginning Conversations With Your Family

1. **Who has Power of Attorney in case of emergency? Does everyone know who this person is and how to contact them?**

   A “Power of Attorney” is someone to whom you give the right to act on your behalf regarding financial, medical, and legal matters during a temporary period of time that you are unavailable. You can select a trusted family member or friend. To formally assign this role, fill out the Power of Attorney form.

2. **Who could post bond for you?**

   If you are arrested, often someone else can pledge money as bail for your appearance in court. Before you assign someone to post bond for you in an emergency, talk to this person and make sure they are willing and able to do it. This person must be a legal permanent resident or U.S. citizen. Make sure this person has access to the money necessary to post your bond.

3. **Do you or do any of your family members have an attorney? If yes, does everyone in the family know how to contact the attorney?**

   Because the American court system is very complex, many people choose hire an attorney in advance. This often requires paying a retainer, which is a fee you pay up front in order to secure the attorney’s services.

   If you hire a lawyer, make sure that your lawyer is an immigration attorney. Keep your lawyer’s contact information with you and make sure that your family has the lawyer’s contact information at home. If you do not have a lawyer and you need one, you can call the Lawyer Referral Service at 1-866-303-8303. If you are looking for other legal services in the community, you can call 2-1-1 for a referral.

4. **Is there any other person or organization (such as a social services provider, church, or advocacy group) that could give you legal advice?**

5. **Is there a local consulate for your country of origin? If yes, does everyone in the family know how to contact the consulate?**
Family Safety Planning Toolkit
Legal Safety Planning

If you choose to, you can write down information using this form. If you write information on this form, it is important to keep it in a safe and private place.

Who has Power of Attorney in case of emergency?
Name: _____________________________________________
Telephone number: ___________________________________
Address: ____________________________________________

Who could post bond for you?
Name: _____________________________________________
Telephone number: ___________________________________
Address: ____________________________________________

Do you or do any of your family members have an attorney?
Name of attorney: ___________________________________
Telephone number: ___________________________________
Address: ____________________________________________

Is there any other person or organization (such as a social services provider, church, or advocacy group) that could give you legal advice?
Name: _____________________________________________
Telephone number: ___________________________________
Address: ____________________________________________

Is there a local consulate for your country of origin?
Consulate: __________________________________________
Telephone number: ___________________________________
Address: ____________________________________________

www.ISNAustin.org  Immigrant Services Network of Austin  info@isnaustin.org
PODER NOTARIAL
POWER OF ATTORNEY

Si usted desea asegurar que sus hijos permanezcan al cuidado de una persona o familiar designada/elegida por usted hasta que usted tenga acceso a sus hijos, favor de rellenar la siguiente información.

If you wish to make sure that your children remain under the physical care of a person or family member designated/chosen by you until you have access to your children, please fill out the following information.

DATOS BIOGRAFICOS DE LOS PADRES / BIOGRAPHIC INFORMATION THE PARENTS

Nombre, apellido del padre / First name and last name of the father
_____________________________________________________________________________________
Fecha y lugar de nacimiento / Date and place of birth of the father
_____________________________________________________________________________________
Nombre y apellido de la madre / First name and last name of the mother
_____________________________________________________________________________________
Fecha y lugar de nacimiento de la madre / Date and place of birth of the mother
_____________________________________________________________________________________
Nombre, apellido y fecha de nacimiento de sus hijos:
Name, last name and date of birth of children:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
PERSONA/S ASIGNADAS AL CUIDADO TEMPORAL DE SUS HIJOS, TELEFONO Y DOMICILIO (o como localizarlas):
Person(s) designated by you to assume the temporary care of your children, phone and address (or how to locate them):
1. ________________________________________________________________________________
2. ________________________________________________________________________________
FIRMA DE LA MADRE O DEL PADRE: ________________________________________________
Signature of mother or father
FECHA: __________________________________________________________________________
Date
GENERAL DURABLE POWER OF ATTORNEY

THE POWERS YOU GRANT BELOW ARE EFFECTIVE EVEN IF YOU BECOME DISABLED OR INCOMPETENT

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I ____________________________________________
______________________________________________ [insert your name and address]
appoint _______________________________________
______________________________________________ [insert the name and address of the person appointed] as my Agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.

TO GRANT ONE OR MORE, BUT FEWER THAN ALL, OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER WITHHELD.

Note: If you initial Item A or Item B, which follow, a notarized signature will be required on behalf of the Principal.

INITIAL ______

(A) Real property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any interest in real property whatsoever, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, tear down, alter, rebuild, improve manage, insure, move, rent, lease, sell, convey, subject to liens, mortgages, and security deeds, and in any way or manner deal with all or any part of any interest in real property whatsoever, including specifically, but without limitation, real property lying and being situated in the State of Texas, under such terms and conditions, and under such covenants, as my Agent shall deem proper and may for all deferred payments accept purchase money notes payable to me and secured by mortgages or deeds to secure debt, and may from time to time collect and cancel any of said notes, mortgages, security interests, or deeds to secure debt.
(B) Tangible personal property transactions. To lease, sell, mortgage, purchase, exchange, and acquire, and to agree, bargain, and contract for the lease, sale, purchase, exchange, and acquisition of, and to accept, take, receive, and possess any personal property whatsoever, tangible or intangible, or interest thereto, on such terms and conditions, and under such covenants, as my Agent shall deem proper; and to maintain, repair, improve, manage, insure, rent, lease, sell, convey, subject to liens or mortgages, or to take any other security interests in said property which are recognized under the Uniform Commercial Code as adopted at that time under the laws of the State of Texas or any applicable state, or otherwise hypothecate (pledge), and in any way or manner deal with all or any part of any real or personal property whatsoever, tangible or intangible, or any interest therein, that I own at the time of execution or may thereafter acquire, under such terms and conditions, and under such covenants, as my Agent shall deem proper.

(C) Stock and bond transactions. To purchase, sell, exchange, surrender, assign, redeem, vote at any meeting, or otherwise transfer any and all shares of stock, bonds, or other securities in any business, association, corporation, partnership, or other legal entity, whether private or public, now or hereafter belonging to me.

(D) Commodity and option transactions. To buy, sell, exchange, assign, convey, settle and exercise commodities futures contracts and call and put options on stocks and stock indices traded on a regulated options exchange and collect and receipt for all proceeds of any such transactions; establish or continue option accounts for the principal with any securities or futures broker; and, in general, exercise all powers with respect to commodities and options which the principal could if present and under no disability.

(E) Banking and other financial institution transactions. To make, receive, sign, endorse, execute, acknowledge, deliver and possess checks, drafts, bills of exchange, letters of credit, notes, stock certificates, withdrawal receipts and deposit instruments relating to accounts or deposits in, or certificates of deposit of banks, savings and loans, credit unions, or other institutions or associations. To pay all sums of money, at any time or times, that may hereafter be owing by me upon any account, bill of exchange, check, draft, purchase, contract, note, or trade acceptance made, executed, endorsed, accepted, and delivered by me or for me in my name, by my Agent. To borrow from time to time such sums of money as my Agent may deem proper and execute promissory notes, security deeds or agreements, financing statements, or other security instruments in such form as the lender may request and renew said notes and security instruments from time to time in whole or in part. To have free access at any time or times to any safe deposit box or vault to which I might have access.

(F) Business operating transactions. To conduct, engage in, and otherwise transact the affairs of any and all lawful business ventures of whatever nature or kind that I may now or hereafter be involved in. To organize or continue and conduct any business which term includes, without limitation, any farming, manufacturing, service, mining, retailing or other type of business operation in any form, whether as a proprietorship, joint
venture, partnership, corporation, trust or other legal entity; operate, buy, sell, expand, contract, terminate or liquidate any business; direct, control, supervise, manage or participate in the operation of any business and engage, compensate and discharge business managers, employees, agents, attorneys, accountants and consultants; and, in general, exercise all powers with respect to business interests and operations which the principal could if present and under no disability.

_______ (G) Insurance and annuity transactions. To exercise or perform any act, power, duty, right, or obligation, in regard to any contract of life, accident, health, disability, liability, or other type of insurance or any combination of insurance; and to procure new or additional contracts of insurance for me and to designate the beneficiary of same; provided, however, that my Agent cannot designate himself or herself as beneficiary of any such insurance contracts.

_______ (H) Estate, trust, and other beneficiary transactions. To accept, receipt for, exercise, release, reject, renounce, assign, disclaim, demand, sue for, claim and recover any legacy, bequest, devise, gift or other property interest or payment due or payable to or for the principal; assert any interest in and exercise any power over any trust, estate or property subject to fiduciary control; establish a revocable trust solely for the benefit of the principal that terminates at the death of the principal and is then distributable to the legal representative of the estate of the principal; and, in general, exercise all powers with respect to estates and trusts which the principal could exercise if present and under no disability; provided, however, that the Agent may not make or change a will and may not revoke or amend a trust revocable or amendable by the principal or require the trustee of any trust for the benefit of the principal to pay income or principal to the Agent unless specific authority to that end is given.

_______ (I) Claims and litigation. To commence, prosecute, discontinue, or defend all actions or other legal proceedings touching my property, real or personal, or any part thereof, or touching any matter in which I or my property, real or personal, may be in any way concerned. To defend, settle, adjust, make allowances, compound, submit to arbitration, and compromise all accounts, reckonings, claims, and demands whatsoever that now are, or hereafter shall be, pending between me and any person, firm, corporation, or other legal entity, in such manner and in all respects as my Agent shall deem proper.

_______ (J) Personal and family maintenance. To hire accountants, attorneys at law, consultants, clerks, physicians, nurses, agents, servants, workmen, and others and to remove them, and to appoint others in their place, and to pay and allow the persons so employed such salaries, wages, or other remunerations, as my Agent shall deem proper.
(K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service. To prepare, sign and file any claim or application for Social Security, unemployment or military service benefits; sue for, settle or abandon any claims to any benefit or assistance under any federal, state, local or foreign statute or regulation; control, deposit to any account, collect, receipt for, and take title to and hold all benefits under any Social Security, unemployment, military service or other state, federal, local or foreign statute or regulation; and, in general, exercise all powers with respect to Social Security, unemployment, military service, and governmental benefits, including but not limited to Medicare and Medicaid, which the principal could exercise if present and under no disability.

(L) Retirement plan transactions. To contribute to, withdraw from and deposit funds in any type of retirement plan (which term includes, without limitation, any tax qualified or nonqualified pension, profit sharing, stock bonus, employee savings and other retirement plan, individual retirement account, deferred compensation plan and any other type of employee benefit plan); select and change payment options for the principal under any retirement plan; make rollover contributions from any retirement plan to other retirement plans or individual retirement accounts; exercise all investment powers available under any type of self-directed retirement plan; and, in general, exercise all powers with respect to retirement plans and retirement plan account balances which the principal could if present and under no disability.

(M) Tax matters. To prepare, to make elections, to execute and to file all tax, social security, unemployment insurance, and informational returns required by the laws of the United States, or of any state or subdivision thereof, or of any foreign government; to prepare, to execute, and to file all other papers and instruments which the Agent shall think to be desirable or necessary for safeguarding of me against excess or illegal taxation or against penalties imposed for claimed violation of any law or other governmental regulation; and to pay, to compromise, or to contest or to apply for refunds in connection with any taxes or assessments for which I am or may be liable.

(N) This power of attorney shall authorize my agent to manage and conduct my affairs in the State of Texas as if I was physically present. My Agent’s powers shall include the power to:

1. Enroll my child in the public school in the district that the child is residing.
2. Care for the child’s health needs including the signing of medical consents and releases.
3. Enter into contracts as necessary for the care of the child.
4. Care for my child in her home including making parental decisions on behalf of the child.
5. Make other decisions including signing of documents on the child’s behalf.
(O) ALL OF THE POWERS LISTED ABOVE. YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

SPECIAL INSTRUCTIONS:
OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

Authority to Delegate. My Agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my Agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.

Right to Compensation. My Agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

Successor Agent. If any Agent named by me shall die, become incompetent, resign or refuse to accept the office of Agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such Agent:
Choice of Law. THIS POWER OF ATTORNEY WILL BE GOVERNED BY THE LAWS OF THE STATE OF TEXAS WITHOUT REGARD FOR CONFLICTS OF LAWS PRINCIPLES.

I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my Agent.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this _______ day of ________________, 2006

________________________________________________
[Your Signature]

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

This document was acknowledged before me on ________________ [Date] by ________________________________ [name of principal].

ACKNOWLEDGMENT OF AGENT

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

________________________________________________
[Typed or Printed Name of Agent]

________________________________________________
[Signature of Agent]
Foreign Consulates Serving Central Texas

**Brazil**

His Excellency Carlos Alberto de Azevedo Pimentel  
Consul General of Brazil  
1233 West Loop South, Suite 1150  
Houston, TX 77027  
Telephone: 713-961-3063  
Fax: 713-961-3070

**El Salvador**

The Honorable Luis E. Carranza  
Consul General of El Salvador  
1720 Hillendale Boulevard  
Houston, TX 77055  
Telephone: 713-270-6239  
Fax: 713-270-9683

**Canada**

The Honorable Norris McKenzie Pettis  
Consul General of Canada  
750 N. St. Paul, Suite 1700  
Dallas, TX 75201  
Telephone: 214-922-9806  
Fax: 214-992-9296

**Germany**

The Honorable Rainer Konsad Muenzel  
Consul General of Germany  
1330 Post Oak Boulevard, Suite 1850  
Houston, TX 77056  
Telephone: 713-627-7770  
Fax: 713-627-0506

**China**

The Honorable Hong Qiao  
Consul General of China  
3417 Montrose Boulevard  
Houston, TX 77006  
Telephone: 713-520-1462  
Fax: 713-521-3064

**Guatemala**

The Honorable Julio Roberto Fong Perez  
Consul General of Guatemala  
3013 Fountainview, Suite 210  
Houston, TX 77057  
Telephone: 713-953-9531  
Fax: 713-953-9383

**Colombia**

The Honorable Maria Cristina Chirolla  
Consul General of Colombia  
5851 San Felipe UN., Suite 300  
Houston, TX 77057  
Telephone: 713-527-8919

**Honduras**

Consul General of Honduras  
6161 Savoy Drive, Suite 625  
Houston, TX 77036  
Telephone: 713-785-5625  
Fax: 713-785-5931

**Ecuador**

The Honorable Veronica Peña Montero  
Consul General of Ecuador  
4200 Westheimer, Suite 218  
Houston, TX 77027
## India

**The Honorable Shashishekhar Madhukar Gavai**  
Consul General of India  
1990 Post Oak Boulevard, Suite 600  
Houston, TX 77056  
Telephone: 713-626-2148  
Fax: 713-626-2450

## Pakistan

**The Honorable Mohammad Akil Nadeem**  
Consul General of Pakistan  
11850 Jones Road  
Houston, TX 77070  
Telephone: 281-890-8525  
Fax: 281-890-1433

## Japan

**The Honorable Tsutomu Osawa**  
Consul General of Japan  
909 Fannin Street, Suite 3000  
Houston, TX 77010  
Telephone: 713-652-2977  
Fax: 713-651-7822

## Peru

Consul General of Peru  
5177 Richmond Avenue, Suite 695  
Houston, TX 77056  
Telephone: 713-355-9517, 713-355-9438  
Fax: 713-355-9377

## Korea

**The Honorable Jung Keun Kim**  
Consul General of Korea  
1990 Post Oak Boulevard, Suite 1250  
Houston, TX 77056  
Telephone: 713-961-0186  
Fax: 713-961-3340

## The United Kingdom

**The Honorable Paul Lynch**  
Consul General of the United Kingdom  
1000 Louisiana, Suite 1900  
Houston, TX 77002  
Telephone: 713-659-6270  
Fax: 713-659-7094

## Mexico

**The Honorable Rosalba Ojeda**  
Consul General of Mexico  
800 Brazos Street, Ste. 330  
Austin, TX 78701  
Telephone: 512-478-2803

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**Note:** This is a partial list of consulates located in and serving the Texas region. For a complete list of consulates in Texas, please see the website of the Texas Secretary of State, [www.sos.state.tx.us](http://www.sos.state.tx.us).

Updated September 2009.  
Source: Texas Secretary of State, [http://www.sos.state.tx.us/border/intlprotocol/embassies/index.shtm](http://www.sos.state.tx.us/border/intlprotocol/embassies/index.shtm)
Chapter 6

Workplace Safety Planning
Family Safety Planning Toolkit

Workplace Safety Planning

Workplace Planning

If immigration authorities came to your workplace, would you and your coworkers be prepared?

Immigration enforcement raids are extremely stressful and confusing. It is best to plan in advance with your coworkers, so that everyone knows what to do.

Each workplace is unique. It is important to consider the reality of your workplace situation before you discuss these sensitive questions with your coworkers or develop a solidarity plan. If there are conflicts between groups of workers or unions, a solidarity plan may not be feasible for the entire workplace.

Beginning Conversations With Your Family

Answering the following questions as a group will help you to develop a plan.

In case of a raid …

1. What do we think our boss might do? Can we approach our boss with questions prior to a raid? Can we discuss a solidarity plan with our boss?

2. What should we do or NOT do?

3. Some of us have papers and some of us don’t; how can we make sure all of us are protected?

4. How can we make sure we all know our rights BEFORE something happens?

5. How could our union help us?

Some unions hire and send attorneys experienced in deportation defense to the worksite raid, home raid or any place of enforcement actions. Is your union one of these? Who is the best contact at the union? Could you contact them during a raid?
6. Does anyone have an immigration attorney on retainer or a signed G-28 with an immigration attorney?

Attorneys and advocates may have an easier time entering a raid site to help you if you have a pre-existing agreement with them. If your attorney or advocate can present a signed contract to immigration authorities as proof of the attorney-client relationship, it increases your chances of speaking to your attorney prior to detention, and perhaps avoiding detention altogether. Even if an advocate or attorney does not represent everyone at a workplace, they can document the situation if they are on site. This may help everyone’s case.

7. Are there any local pro-bono attorneys or organizations that may be able to help our workplace organize prior to an event?

8. Who could/should we contact in the event of a raid and how would we do it?

This list should include any legal immigration or workplace representation that you or your coworkers may have. Furthermore, letting members of the outside community (advocacy groups, social service organizations, or local leaders) know that a raid is occurring may help the greater community organize resources for you and your families. You may want to identify one or more documented coworkers who can make contact with these outside resources.

**If the immigration authorities detain someone from our workplace ...**

1. How could we work together to raise funds to help the family post bail?

2. How could we reach out to the larger community/workplace to ask them to come to a vigil or press conference?

3. Who are some key leaders who could speak at a vigil or press conference?

4. What are some other ways we could support the family that is going through this?


See also:

  (for Spanish language materials)
Creating a Co-Worker Solidarity Plan

One strategy for protecting yourself and your coworkers during an immigration raid is to have a solidarity plan. Some workplace communities have found that solidarity plans can protect participants from immigration detention.

If you and your coworkers, both documented and undocumented, stand together as a group and do not separate, you may be safer as a whole. Sticking together and not revealing your status may lengthen the time that it takes authorities to process the group (providing your attorney or advocate more time to respond). This in turn may increase your chances of receiving counsel and avoiding detention for you and/or your co-workers.

Sample Solidarity Agreement

We the workers of ______________________________ agree to stand together and not to reveal our immigration/citizenship status during an immigration raid.

We further agree to assert our rights by remaining silent, unless given the opportunity to contact our lawyer(s) and the following individuals:

**Union Contact:**
Name: __________________________ Phone: __________________________

**Local Advocacy Group:**
Name: __________________________ Phone: __________________________

**Supportive Local Leader(s):**
Name: __________________________ Phone: __________________________

We have identified the following coworker(s) to make contact with these outside resources:
Names: ___________________________________________________________