



Family safety planning guide

*Compiled by the American Civil Liberties Union of Alaska
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ACLU
Alaska

As arrests of immigrants increase across the country, it is important that you and your family know your legal rights and have a safety plan in place in case of an emergency.

A Family Safety Plan is a collection of information and documents that can help a family in an emergency. This guide will help you create a Family Safety Plan in case you are arrested or deported by Immigration and Customs Enforcement (ICE).

Know Your Rights

Everyone in the United States, including ALL immigrants, have rights under the Constitution. Learn more here about your rights and how to use them, at www.aclu.org/know-your-rights/immigrants-rights.



Scan to access
'Know Your Rights'
information

What to do if you are arrested by immigration officials



If you are arrested by immigration officials in Alaska, you will probably be taken into Alaska Department of Corrections custody until you are sent out of state to an ICE jail, usually in Tacoma, Washington. Unless you are able to get a “bond” and be released, you will probably be sent out of state within 48 hours of arrest.

You have the right to speak with an attorney, you have the right to remain silent, and you have the right to an interpreter. **If you are afraid to return to your home country, you must tell immigration officials. Do not sign anything you do not understand!**

It is very important that your family and friends have the information they need to assist you if you are detained by immigration officials. It is also necessary for you to memorize important phone numbers so you can quickly contact someone who can implement your Family Safety Plan.

How to find someone detained by ICE

You can search for someone detained by Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP) using the following website:
www.locator.ice.gov.

Once someone has been detained for at least 48 hours they should be able to be found on this database. This applies to people over the age of 18.

To find someone, you must either know their “A-Number” or date of birth, and their country of birth.

For more detailed information on searching for a loved one after a U.S. Immigration Arrest, please see the National Immigration Law Center’s [How to Find a Loved One After a U.S. Immigration Arrest](#).



Scan to access
locator.ice.gov



Scan to access
NILC Resources



What to include in your Family Safety Plan

Your Family Safety Plan should include what needs to happen if you or someone in your family is arrested by ICE. While it's a scary thought, it's important to think through all the logistical and safety issues that would arise if you were suddenly detained. Your plan should include:

- ☐ Who can pick up and care for the children?
- ☐ Who will take care of your pet?
- ☐ What medicine do you need access to?
- ☐ Who will inform your extended family or employer that you have been detained?
- ☐ Who will contact your lawyer or help you find one?
- ☐ Who can make sure your bills get paid?
- ☐ Who has a spare set of keys to move your car or enter your house to gather important documents?



TIP: Make sure your Family Safety Plan is stored in a safe place that is easy to find. Make multiple copies of your Family Safety Plan and share it with a trusted family member or friend, such as your emergency contact.

What to include in your Family Safety Plan, cont.

A Family Safety Plan should include basic information about you and your family members and include important documents, if you have them, including:

- ☐ Copies of Driver's License/Identification Cards
- ☐ Copies of Passports
- ☐ Copies of Immigration Documents (including A Number, Work Permit, Green Card, Visas, receipt notices for pending applications, etc.)
- ☐ Copies of Social Security Card or ITIN Number
- ☐ Marriage License
- ☐ Birth Certificates
- ☐ Prescriptions, important medical records, vaccination records
- ☐ Important Information about you (see Appendix A)
- ☐ Important Information about your children (see Appendix B)
- ☐ Important Information About Someone For Whom I Am The Primary Caregiver (see Appendix C)
- ☐ Important Information about your pets (Appendix D)
- ☐ Copy of Delegation of Parental Rights (see Appendix E)
- ☐ Affidavit (Appendix F)
- ☐ Documents Demonstrating Your Residence in the U.S. and the Amount of Time you have been physically present in the U.S.

Report on ICE Activity

The ACLU of Alaska is monitoring immigration-related arrests across the state. If you have seen or heard of immigration enforcement in your community, please fill out this [brief survey](#).



Scan to report on
ICE activity



Need help?

If you need help filling out any part of the Family Safety Plan, please email the ACLU of Alaska at info@acluak.org.

Biographical Information	
Name	
A Number (if applicable)	
Date of Birth/Age	
Pronouns	
Address	
Who has access to your house or where is a spare key located?	
Phone Number	
Email	
Country of citizenship	
Status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Driver's License Number and State of Issuance	
Spouse/Partners Information (if applicable)	
Name	
A Number (if applicable)	
Date of Birth/Age	
Pronouns	
Address	
Phone Number	
Relationship status	

How long have you been together?	
Email	
Country of citizenship	
Legal Status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Children and Legal Dependents	
How many children (including legal dependents) do you have?	
Please fill out an Appendix B for each child or dependent.	
Information about your parents	
Mother/Father (1) Name	
Address	
Phone Number	
Email	
Mother/Father (2) Name	
Address	
Phone Number	
Email	
If you are the primary caretaker for your parents or other individuals, please indicate that here.	
Medical Information	
Medical Conditions	

Medications (dosages, frequency, etc.)	
Allergies	
If detained, what medicines or health care services do you need access to right away?	
Doctor's name, address and phone number	
Health insurance information	
Dentist's name, address and phone number	
Dental insurance information	
Employment Information	
Employer Name	
Position Title	
Supervisor's Name	
Supervisor's Contact Information	
If I am detained, I wish for information regarding my situation to be shared with my employer:	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Vehicle Information	
Car Make/Model	
License Plate Number	
Car Insurance Company	
Insurance Policy Number	
Phone Number	
Location of spare key	

Financial Information	
Bank	
Account Number	
Monthly bills (provide company, account number, and mode of payment for each bill)	
Attorney Information	
Attorney/Firm Name	
Address	
Phone Number	
Do you have an existing client/attorney relationship?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you have a pending application? If so, provide the application type and receipt number.	
Are you currently in removal proceedings? If so, what is the date and time of your next hearing?	
Consulate Information	
Address	
Phone Number	
Emergency Contact (1) in U.S.	
Name	
Address	
Phone Number	
Email	
Relationship to you	

Emergency Contact (2) in U.S.	
Name	
Address	
Phone Number	
Email	
Relationship to you	
Emergency Contact in Country of Origin	
Name	
Address	
Phone Number (including country code)	
Email	
Relationship to you	
Other important information:	
If I am detained by ICE, I want my family to do the following:	

Biographical Information	
Child's Name	
A Number (if applicable)	
Date of Birth/Age	
Place of birth	
Pronouns	
Address	
Phone Number	
Email	
Country of citizenship	
Legal status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Information about other parent	
Other parent's full name	
Address	
Phone Number	
Email	
Country of citizenship	
Legal status in the United States	

Medical Information	
Medical Conditions	
Medications (dosages, frequency)	
Allergies	
Doctor's name, address and phone number	
Health insurance information	
Dentist's name, address and phone number	
Dental insurance information	
School Information	
School Name and Address	
School Phone Number	
Teacher's Name	
Classroom Number	
Afterschool program name	
Afterschool program contact person and/or phone number	
Other important information:	
Typical Schedule of My Child [Consider including mealtimes, any routine drop-off or pick-up time and locations, bedtime, etc.]	

Appendix C- Important information for someone for whom I am the primary caregiver

Biographical Information	
Name	
A Number (if applicable)	
Date of Birth/Age	
Place of birth	
Pronouns	
Relationship to you	
Address	
Phone Number	
Email	
Country of citizenship	
Legal status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Medical Information	
Medical Conditions	
Medications (dosages, frequency)	
Allergies	
Doctor's name, address and phone number	
Health insurance information	
Dentist's name, address and phone number	
Dental insurance information	

Other important information:

Typical Schedule Of My Dependent [Consider including mealtimes, any routine drop-off or pick-up time and locations, bedtime, etc.]

Appendix D- Important information about my pet(s)

Pet's Name	
Age	
Breed	
Appearance and markings	
Food and feeding schedule	
Vet's name, address and phone number	
Health insurance information	
Medical conditions/medications	
Allergies	
Name and contact information of the person who I would like to care for my pet in my absence.	
Other important information:	

If you are the only legal guardian of your child(ren), and you know who you want to take care of them in case you are detained or deported, you should give that person “power of attorney” over your child(ren). The Delegation of Parental Rights form grants the person you choose (also known as the “attorney in fact”) the legal authority to make decisions about the care of your child(ren), **ONLY** if you are detained or deported, and only for a year.

The person you choose does **NOT** need to be an actual attorney.

If you are detained or deported, the person who is appointed to care for your child(ren) should complete and sign the Affidavit (Appendix F).

POWER OF ATTORNEY OVER A MINOR BY PARENT OR GUARDIAN
[Delegation of Parental Rights]

I, _____, of _____, Alaska, certify that I am the parent or guardian of the minor child(ren) listed below, and I designate:

_____ of _____
(legal name of attorney-in-fact)

(address of attorney-in-fact)

(phone number/email of attorney-in-fact)

as the attorney-in-fact of each minor child named below. If the above-named attorney-in-fact is unable or unwilling to serve, I name the following as the alternate attorney-in-fact of each minor child named below:

_____ of _____
(legal name of alternate attorney-in-fact)

(address of alternate attorney-in-fact)

(phone number/email of attorney-in-fact)

I delegate to the attorney-in-fact all of my power and authority regarding the care and custody of each minor child named below, including the right to enroll the child in school, the right to inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical treatment, dental treatment, and other activity, function, or treatment that may concern the minor child. This delegation does not include the power or authority to consent to the marriage or adoption of the minor child, the performance or inducement of an abortion on or for the minor child, or the termination of parental rights to the minor child.

The legal name(s) of my child(ren)/ward(s) is/are:

1. _____, with date of birth: _____
2. _____, with date of birth: _____
3. _____, with date of birth: _____
4. _____, with date of birth: _____
5. _____, with date of birth: _____

This Power of Attorney is executed pursuant to the provisions of AS 13.26.066 relating to delegation of power of a parent or guardian. This Power of Attorney shall remain in force and effect for a period of **one year** from the first date of my incapacitation by detention by U.S. Immigration and Customs Enforcement or deportation/removal from the United States, unless earlier revoked by me in writing.

My child(ren)'s other parent(s) is/are unavailable due to:

- ☐ death
- ☐ detention
- ☐ being located outside the country
- ☐ being unable to locate
- ☐ identity unknown
- ☐ other parent does not share custody of child
- ☐ Other _____

I retain the right to revoke this power of attorney at any time and may execute a new power of attorney naming the same or a different attorney-in-fact upon expiration of this document. This instrument 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.

Third parties that rely on this instrument have no obligation to make any further inquiry or investigation and shall not be held liable by me for actions taken in reliance on this instrument.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____ 20____.

Parent/Guardian Signature

Street Address _____

City, State, Zip code _____

Phone Number/Email _____

ACKNOWLEDGMENT

STATE OF ALASKA)
) ss.
THIRD JUDICIAL DISTRICT)

This is to certify that on this _____ day of _____, 20____, the person who executed the above instrument appeared before me personally in _____, Alaska, and acknowledged to me that they signed the same freely and voluntarily for the purposes stated in it.

[Seal]

NOTARY PUBLIC IN AND FOR ALASKA

My Commission Expires: _____

INTERPRETER CLAUSE (if needed)

I certify that I have interpreted the provisions of the above instrument from the English language to the _____ language to the best of my ability.

Interpreter Name

Interpreter Signature

ACCEPTANCE BY ATTORNEY-IN-FACT OF MINOR CHILD

For Attorney-in-Fact: I accept my designation as attorney-in-fact for the minor child/children identified in this power of attorney.

(Attorney-in-Fact Signature)

(Date)

(Street address, city, state, and zip code)

(Phone)

ACKNOWLEDGMENT

STATE OF _____)
) ss.
_____ JUDICIAL DISTRICT)
Or _____)
_____ COUNTY)

This is to certify that on this _____ day of _____, 20____, the person who executed the above ACCEPTANCE BY ATTORNEY-IN-FACT OF MINOR CHILD appeared before me personally in _____, _____, and acknowledged to me
(City) (State)

that they signed the same freely and voluntarily for the purposes stated in it.

[Seal]

NOTARY PUBLIC IN AND FOR _____

My Commission Expires: _____

If you are detained or deported, the person who is appointed to care for your child(ren) in the Delegation of Parental Rights form (Appendix E), should complete and sign the Affidavit.

If the event you are detained or deported, your child(ren)'s caretakers should have a copy of the signed Delegation of Parental Rights form and the Affidavit to establish their legal right to make decisions about the care and well-being of your child(ren).

AFFIDAVIT

I, _____, declare under penalty of perjury that the following facts are true to the best of my knowledge:

On _____(DATE), I was made aware that _____
(Name of Parent) was made impaired to caring for their minor child(ren) due to:

- ☐ being detained by Immigration and Customs Enforcement
- ☐ being removed or deported from the United States.

I declare that the foregoing is true and correct to the best of my knowledge and that a notary public or other official empowered to administer oaths is unavailable to me. AS 09.63.020.

Dated: _____

Signed