



IMMIGRATION ADVOCACY & SUPPORT CENTER

8 Washington Street  
New London, CT 06320  
(860) 629-7758 ph  
(860) 443-1160 fax  
info@IASCCT.org

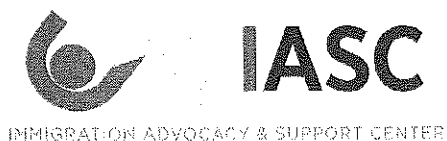
## Plan de Emergencia / Emergency Plan

### **Review and Know Your Rights:** (see Know Your Rights Card and ACLU Website)

- <https://www.aclu.org/know-your-rights/que-debe-hacer-si-la-policia-agentes-de-inmigracion-o-el-fbi-lo-detienen>
  1. **YOU HAVE THE RIGHT TO REMAIN SILENT.**
    - If you wish to exercise that right, then you should say it out loud.
    - Stay calm. Do not be tricked or forced to say anything
    - Anything you say will be used against you
  2. **YOU HAVE THE RIGHT TO SEE ANY ARREST WARRANT**
    - \*\*If not signed by a judge, then not required to open the door\*\*
  3. **YOU HAVE THE RIGHT TO AN ATTORNEY BEFORE ANSWERING ANY QUESTIONS**
  4. **YOU HAVE THE RIGHT TO A PHONE CALL.** Inform police that you have children and **ask to make a call** to your emergency contact or family. Try and give your case number to them.
  5. **YOU HAVE THE RIGHT TO CALL YOUR CONSULATE IF YOU ARE NOT A U.S. CITIZEN.**
  6. **YOU MAY REFUSE TO SIGN ANYTHING.** Just don't sign!
  7. **YOU HAVE THE RIGHT TO REFUSE CONSENT TO ANY POLICE SEARCH OF YOURSELF, YOUR BELONGINGS, YOUR CAR OR YOUR HOME.**
    - For emergency contact: You can potentially find out the person's location using the ICE detainee locator website - <https://locator.ice.gov/odls/homePage.do>

### **Emergency Plan:**

1. Write Down Important Information:
  - Up-to-date Contact info of Parent(s), Spouse, Children
  - Important, trusted contact's name, address, phone, email
  - Contact information of your attorney, and ALL family doctors
  - Family member w citizenship or green card info
2. Memorize an important number of a friend, family member or attorney to call if needed.
3. Collect important documents and keep in a safe place:
4. Medical Records, Rx Records of all family members
  - \*write clear, complete medical instructions if your child has medical conditions and/or takes medications
5. Update the School Database for students
6. Consider Powers of Attorney
7. Birth Certificates, Marriage Certificates, Passports
8. Do not give your originals to ANYONE. Not even the government
9. Seek qualified advice from an attorney. Notarios are NOT attorneys
10. Talk to your children about your plan. They must know who the emergency contact is.
11. Don't be afraid to speak up for yourself or your child



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## EMERGENCY PLAN ITEM CHECKLIST

These are the items that you should have prepared in case you may need them. Please check the box when you have collected the following items. If necessary, add information regarding any of these items to the space below.

Photo Identification	<input type="checkbox"/>	Spare Key to House	<input type="checkbox"/>
Drivers license(s)	<input type="checkbox"/>	Spare Key to Car	<input type="checkbox"/>
Social Security Card (if applicable)	<input type="checkbox"/>	Lease/Deed to House or Apartment	<input type="checkbox"/>
Birth Certificates	<input type="checkbox"/>	Title to Car	<input type="checkbox"/>
Marriage Certificate	<input type="checkbox"/>	Checkbook(s)	<input type="checkbox"/>
Passports	<input type="checkbox"/>	Pet & Veterinary Records	<input type="checkbox"/>
Full copy of medical records	<input type="checkbox"/>	Any and All Court Documents	<input type="checkbox"/>
Vaccine records	<input type="checkbox"/>	Divorce Documents	<input type="checkbox"/>
Medicine Records & Instructions	<input type="checkbox"/>	Criminal Case Documents	<input type="checkbox"/>
Complete listing of allergies	<input type="checkbox"/>	Immigration Case Documents	<input type="checkbox"/>
	<input type="checkbox"/>	Powers of Attorney	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

### EMERGENCY CONTACTS

	Name	Address	Phone	Email
1				
2				
3				



# IASC

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## EMERGENCY PLAN

Children's Information for \_\_\_\_\_

CHILD #1	CHILD #2
Name:	Name:
Date of Birth:	Date of Birth:
School name: Address: Phone: Teacher:	School name: Address: Phone: Teacher:
Primary Doctor: Address: Phone:	Primary Doctor: Address: Phone:
Health Insurance Co.: Policy Holder: Policy ID #: Group #:	Health Insurance Co.: Policy Holder: Policy ID #: Group #:
Medical Conditions/Allergies: _____ _____ _____ _____	Medical Conditions/Allergies: _____ _____ _____ _____
Pharmacy: _____ Medications: _____ _____	Pharmacy: _____ Medications: _____ _____
Other Important Info: _____ _____	Other Important Info: _____ _____



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CHILD #3	CHILD #4
Name:	Name:
Date of Birth:	Date of Birth:
School name: Address: Phone: Teacher:	School name: Address: Phone: Teacher:
Primary Doctor: Address: Phone:	Primary Doctor: Address: Phone:
Health Insurance Co.: Policy Holder: Policy ID #: Group #:	Health Insurance Co.: Policy Holder: Policy ID #: Group #:
Medical Conditions/Allergies: _____ _____ _____	Medical Conditions/Allergies: _____ _____ _____
Pharmacy: _____ Medications: _____ _____	Pharmacy: _____ Medications: _____ _____
Other Important Info: _____ _____	Other Important Info: _____ _____



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## EMERGENCY PLAN

Personal Financial Information for \_\_\_\_\_

### Banking

Bank #1 Name:	Phone:	Address:
Acct Type:	Acct Owner(s):	Acct #:
Acct Type:	Acct Owner(s):	Acct #:

Bank #2 Name:	Phone:	Address:
Acct Type:	Acct Owner(s):	Acct #:
Acct Type:	Acct Owner(s):	Acct #:

### Credit Card Info

Account #	Send Pmts to:
Type: MC VISA AMEX OTHER	Exp. Date

Account #	Send Pmts to:
Type: MC VISA AMEX OTHER	Exp. Date

### Housing

Send Mortgage/Rent to:	Mortgage/Rent Amount: \$
Name:	Account #, if any:
Address:	Phone:
	Email:

\* Keep all housing documents, mortgage papers, deeds, rental agreements, etc. together in safe place

Cell Phone(s)

Account #	Send Pmts to:
Ph.#	

Account #	Send Pmts to:
Ph.#	

UTILITIES

Electricity

Account #	Send Pmts to: (Name)
Ph.#	Address:

Gas/Oil/Heat

Account #	Send Pmts to: (Name)
Ph.#	Address:

Water

Account #	Send Pmts to: (Name)
Ph.#	Address:

Internet

Account #	Send Pmts to: (Name)
Ph.#	Address:

Telephone

Account #	Send Pmts to: (Name)
Ph.#	Address: