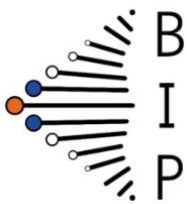


# Planes de Seguridad y Documentos en caso de Detención o Deportación

*Paquete*



# Conozca Sus Derechos

*TODOS TIENEN DERECHOS CONSTITUCIONALES  
MANTENGA LA CALMA, NO CORRA, NO MIENTA*

## **SI ICE O LA POLICÍA LE ENCUENTRA, TIENE EL DERECHO DE:**

- Negarse a mostrar ID (PERO le pueden detener hasta que le puedan identificar).
  - Es más segura que no lleve ID con datos de su lugar de nacimiento. Considere IDNYC.
- Negar entrada a su hogar.
- Negar una búsqueda de su hogar.
- Mantener el silencio.
- Negar dar información sobre su historia inmigratoria o criminal.
- No firmar nada.

## **LA POLICÍA O INMIGRACIÓN SÍ PUEDEN ENTRAR A SU HOGAR SI:**

- Muestran una orden firmada por un juez con su información; O
- Un adulto en el hogar les da permiso para entrar; O
- Hay una emergencia.
- Si entran, le pueden examinar a usted y el área alrededor de usted.

## **SI LA POLICÍA O INMIGRACIÓN LE PARA EN SU AUTO:**

- Debe de entregar su licencia, registro y comprobante de seguro del auto.
- Dígales que no consiente a una revisión de su auto (pero es posible que lo revisen a pesar de su negación).
- Si le arrestan, su auto puede ser revisado.

## **PROTEJA SUS DERECHOS:**

- No abra la puerta.
- Pida identificación.
- Pida la orden del juez.
- Mantenga la calma, no corra, no resista, y NO MIENTA.

## **SI ICE OR LA POLICÍA**

**No quiero contestar preguntas sin un abogado/a.**

## **LE ENCUENTRA, DIGA:**

**No quiero hablar con ustedes.**

**No los quiero en mi hogar O ¿puedo irme?**

**No quiero que revisen mi hogar O a mi persona.**

**Mantenga el silencio, aunque le sigan haciendo preguntas.**

**You have constitutional rights:**

- **DO NOT OPEN THE DOOR** if an immigration agent is knocking on the door.
- **DO NOT ANSWER ANY QUESTIONS** from an immigration agent if they try to talk to you. You have the right to remain silent.
- **DO NOT SIGN ANYTHING** without first speaking to a lawyer. You have the right to speak with a lawyer.
- If you are outside of your home, ask the agent if you are free to leave and if they say yes, leave calmly.
- **GIVE THIS CARD TO THE AGENT.** If you are inside of your home, show the card through the window or slide it under the door.

**Usted tiene derechos constitucionales:**

- **NO ABRA LA PUERTA** si un agente de inmigración está tocandola puerta.
- **NO CONTESTE NINGUNA PREGUNTA** de un agente de inmigración si trata de hablar con usted. Usted tiene el derecho a guardar silencio.
- **NO FIRME NADA** sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.
- Si usted está fuera de su casa, pregúntele al agente si tiene la libertad de irse y si le dice que sí, váyase con tranquilidad.
- **ENTRÉGUELE ESTA TARJETA EL AGENTE.** Si usted está dentro de su casa, muestre la tarjeta por la ventana o pásela debajo de la puerta.

**La constitution des États-Unis vous donne des droits :**

- Si un agent d'immigration frappe chez vous, **N'OUVREZ PAS LA PORTE.**
- Si un agent d'immigration essaie de vous parler, **NE REPONDEZ PAS A SES QUESTIONS.** Vous avez le droit de garder le silence.
- **NE SIGNEZ RIEN** sans avoir d'abord consulté un avocat. Vous avez le droit de parler à un avocat.
- Si vous êtes à l'extérieur, demandez à l'agent d'immigration si vous pouvez partir librement, et si l'agent vous dit oui, partez calmement.
- **DONNEZ CETTE CARTE À L'AGENT.** Si vous êtes chez vous, montrez-lui la carte à la fenêtre ou glissez-la sous la porte.

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.*

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

NO ES UNA ORDEN  
JUDICIAL, NO ES  
SUFICIENTE PARA ENTRAR  
A UN ESPACIO PRIVADO

**WARRANT OF REMOVAL/DEPORTATION**

File No: \_\_\_\_\_

Date: \_\_\_\_\_

**To any immigration officer of the United States Department of Homeland Security:**

\_\_\_\_\_  
(Full name of alien)

who entered the United States at \_\_\_\_\_ on \_\_\_\_\_  
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- an immigration judge in exclusion, deportation, or removal proceedings
- a designated official
- the Board of Immigration Appeals
- a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homeland Security under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of:

\_\_\_\_\_  
(Signature of immigration officer)

\_\_\_\_\_  
(Title of immigration officer)

\_\_\_\_\_  
(Date and office location)

Esta es una orden judicial. Debe estar firmada por el juez. Debe incluir el nombre de la persona.

**SAMPLE ARREST WARRANT #1**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_: CRIMINAL TERM

\_\_\_\_\_ X

IN THE MATTER OF THE APPLICATION  
OF \_\_\_\_\_, SPECIAL  
ASSISTANT ATTORNEY GENERAL FOR  
MEDICAID FRAUD CONTROL, FOR AN  
ORDER ADJUDGING \_\_\_\_\_, ESQ.,  
IN CONTEMPT OF COURT PURSUANT TO  
SECTIONS 750(A)(3), (4) AND 751 OF THE  
JUDICIARY LAW FOR HIS WILLFUL  
DISOBEDIENCE TO THE LAWFUL  
MANDATE OF THE COURT AND  
COMMITTING \_\_\_\_\_, ESQ.,  
TO JAIL FOR A PERIOD NOT TO EXCEED  
THIRTY (30) DAYS AND FINING  
\_\_\_\_\_, ESQ., A SUM OF  
MONEY NOT TO EXCEED \$1,000,

WARRANT OF  
ARREST

INDEX NO.  
\_\_\_\_\_

\_\_\_\_\_, Petitioner,

-against-

\_\_\_\_\_, ESQ.,

Respondent.

\_\_\_\_\_ X

TO: ANY POLICE OFFICER OF THE STATE OF NEW YORK AND SPECIFICALLY SPECIAL  
INVESTIGATORS OF THE OFFICE OF THE DEPUTY ATTORNEY GENERAL FOR  
MEDICAID FRAUD CONTROL:

GREETINGS:

YOU ARE HEREBY COMMANDED to apprehend \_\_\_\_\_, ESQ., of  
\_\_\_\_\_, \_\_\_\_\_, New York, and bring him before a Justice of the Supreme Court at a  
Trial Term, Part \_\_\_ thereof, held at the Courthouse at \_\_\_\_\_, \_\_\_\_\_, New York,  
forthwith, to answer for his disobedience to a subpoena and order to show cause issued by said court and  
duly served on the said \_\_\_\_\_, ESQ., on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, and pursuant to  
Judiciary Law § 2-b(3), you have this warrant.

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Justice of the Supreme Court



El Proyecto de Defensa al Inmigrante (Immigrant Defense Project — IDP) ha estado observando los arrestos por parte del ICE en la comunidad.

# ¡Entérate de tus derechos!



## ¿Quién está en riesgo de ser arrestado por el ICE?

La ley permite al gobierno federal deportar a ciertas inmigrantes, incluyendo:

- Cualquier persona que está indocumentada
- Personas con estatus legal (p.ej. residentes permanentes legales (en inglés, lawful permanent residents), refugiados y visa tenedores) que tienen ciertas condenas o infracciones penales

El gobierno federal le indica a la agencia de ICE a quién debe de arrestar. Los oficiales de ICE entonces decidirán que las personas considerados una prioridad para el arresto son las personas que supuestamente:

- Son amenaza a la “seguridad nacional”
- Ingresaron sin autorización a los EE.UU. a partir del 1 de noviembre del 2020, o
- Representan una amenaza actual para la “seguridad pública”. ICE puede considerar factores como:
  - los casos penales recientes de una persona y los arrestos por parte de la policía
  - Cualquier cargo penal involucrando pistolas o armas de fuego

Estas prioridades han cambiado dos veces bajo la Administración del Presidente Biden y podrían cambiar de nuevo. Aunque crea que usted no cae entre las prioridades, ICE aún podría decidir arrestarlo si es vulnerable a la deportación.

### Para personas con estatus legal y condenas o infracciones anteriores:

**Tenga cuidado:** Ud. puede estar en riesgo aunque:

- Su condena es de hace muchos años;
- No tuvo que cumplir una sentencia en la cárcel;
- El caso era relacionado a un delito u ofensa menor;
- Es Residente permanente legal desde hace mucho tiempo;
- Los demás miembros de su familia son ciudadanos estadounidenses

El Servicio de Inmigración y Control de Aduanas (Immigration and Customs Enforcement, o “ICE”) es una de las agencias federales responsables por deportar a personas en los Estados Unidos. El ICE es parte del Departamento de Seguridad Nacional de los Estados Unidos (U.S. Department of Homeland Security).

## ¿El ICE se está acercando a todo aquel que le parece deportable?

Los agentes del ICE normalmente identifican con anticipación a la persona que desean arrestar. Después visitan a las casas, juzgados, refugios, y hasta sitios de trabajo en busca de esta persona.

Cada vez con mayor frecuencia, esperan en la calle para hacer el arresto.

## Si se que estoy en riesgo de ser deportado, ¿qué puedo hacer?

- **Haz un plan** de antemano con tu familia por si te detiene ICE.
- **Evita el contacto con la Inmigración** — no apliques por un ajuste de estatus, la ciudadanía o para renovar tu tarjeta de residencia, y no viajes afuera de los Estados Unidos sin hablar con un abogado primero.
- **Evita el contacto con el sistema criminal legal** (la policía comparte tus huellas con las agencias de inmigración)

## SI UD. O UN SER QUERIDO ES VULNERABLE A LA DEPORTACIÓN, ¡HAGA UN PLAN!

¡Ten cuidado! Ejercer tus derechos puede ser difícil.

Para más información acerca de los arrestos comunitarios de ICE, favor de consultar: [immdefense.org/derechos](https://immdefense.org/derechos) o comunicar con [KYR@immdefense.org](mailto:KYR@immdefense.org).

Para reportar una redada en Nueva York, llame a IDP: 212-725-6422

## ¿Cuales son mis derechos si el ICE me detiene en la calle o en la corte criminal?

Tienes menos protecciones legales si ICE te encuentra en la calle, en un auto, o en la corte que en tu casa. Las interacciones ocurren rápidamente y quizás te llamarán por nombre y pedirán que confirmes tu nombre o identidad para luego arrestarte.

- Antes de dar tu nombre o contestar a preguntas, pregunta: **“¿Soy libre de irme?”**
  - **Si dicen que sí**, entonces deberías irte y respetuosamente decir, “No quiero responder a ninguna pregunta.”
  - **Si dicen que no**, ejerce tu derecho de permanecer callado! Di, “No quiero responderle a ninguna pregunta,” y luego, “Quiero hablar con un abogado.”
- **Si te examinan los bolsillos o pertenencias, di, “No tiene mi permiso para hacer esta búsqueda.”**
- **NO MIENTAS y no le des ninguna documentación extranjera o falsa.** No te huyas. No te resistas al arresto.
- No contestes preguntas sobre tu estatus migratorio o donde naciste. Cualquier información que proporciones será usada en tu contra. No entregues ningún documento extranjero, tales como un pasaporte, identificación consular, o visas expiradas.
- Si estas en la Corte Criminal para una cita, pidele al ICE que te dejara hablar con tu abogado penal antes del arresto.



## ¿Pueden entrar los agentes del ICE a mi casa para arrestarme?

Si los agentes del ICE no tienen una orden firmada por un juez, no pueden entrar a la casa sin el permiso de un residente que es mayor de edad. Abrir la puerta cuando tocan no significa concederles el derecho de entrar.

## Entonces, ¿qué puedo hacer si agentes del ICE están en la puerta de mi casa?

- Pregúntales si trabajan por el DHS o el ICE (Inmigración).
- Trata de mantenerte tranquilo y respetuoso. No mientas. Diles, **“No quiero hablar con ustedes ahora.”**
- Pídeles que te muestren una orden judicial y que la pasen por debajo de la puerta. Si no la tienen, diles, **“No les doy permiso de entrar.”**
- Si buscan a otra persona, pídeles que dejen su información de contacto. No tienes que decirles cómo localizar a la persona que desean arrestar. **No mientas.**

## ¿Qué puedo hacer si el ICE está en mi casa para hacer un arresto?

- Diles de inmediato si hay niños o ancianos presentes.
- Si no tienen una orden firmada por un juez, pídeles que salgan de la casa.
- Si entraron sin tu permiso, diles, **“No les doy permiso de estar en mi casa. Favor de irse.”**
- Si empiezan a tocar cosas o caminar por la casa, diles, **“No consiento a esta búsqueda.”**
- Si el ICE te arresta, diles si tienes una condición médica o si necesitas coordinar cuidado de niños.



## Si el ICE me arresta en la casa, ¿cuales son mis derechos?

- Tienes **el derecho de permanecer callado. Tienes el derecho de hablar con un abogado.**
- **NO MIENTAS.** Sólo te puede hacer daño.
- **No tienes que dar ningún tipo de información** sobre tu lugar de nacimiento, tu estatus migratorio, o tu record criminal. De hecho, si te lo das, puede dañar tu caso.
- **No tienes que entregarle al ICE tus documentos consulares o pasaporte** a menos que tienen una orden firmada por un juez.
- **No tienes que firmar ningún documento.**

## **BUENAS PRÁCTICAS PARA PERSONAS BUSCANDO AYUDA**

### **PROTÉJASE A SÍ MISMO:**

- Busque consejo legal antes de solicitar un beneficio de inmigración, especialmente si ha tenido algún contacto con la policía o la inmigración.
- Sólo los abogados con licencia y los representantes acreditados por el Departamento de Justicia pueden brindar asesoramiento y representación en solicitudes de inmigración. Solicite un comprobante de su licencia.
- Pague con cheque personal, giro postal o cheque de cajero. Solicite recibo. Se dispone de excepciones de pago en ciertos casos. Todos los formularios e instrucciones de inmigración están disponibles y son gratuitos en <https://www.USCIS.gov>.
- Todas las solicitudes de inmigración y declaraciones juradas deben interpretarse en su idioma principal. No firme formularios en blanco.

### **SI CREE QUE HA SIDO UNA VÍCTIMA DE FRAUDE:**

- Línea Directa de la Oficina del Procurador General, Unidad de Fraude de Servicios de Inmigración - 1-800-771-7755 o visite <https://ag.ny.gov/resources/individuals/consumer-issues/immigration-services-fraud>
- Departamento de Asuntos del Consumidor - 311

### **DERECHOS DE LOS RESIDENTES DE LA CIUDAD DE NUEVA YORK**

- Bajo la ley de la ciudad de Nueva York, los empleados de la ciudad, incluyendo a los oficiales de la policía, no pueden solicitar el estatus migratorio de alguien a menos que sea directamente relevante para determinar si alguien es elegible para un programa, servicio o beneficio.
- El Departamento de Policía no está autorizado a solicitar el estado de inmigración de las víctimas de delitos, testigos u otras personas que buscan ayuda.

### **PARA ENCONTRAR INFORMACIÓN DE INMIGRACIÓN**

- ICE Detainee Locator: <https://locator.ice.gov> (para encontrar a alguien detenido por ICE)
- Para conocer las fechas de los tribunales y si hay un orden de deportación, llame a EOIR al 1-800-898-7180 o visite <https://acis.eoir.justice.gov/>
- Para verificar el estado de su caso o descargar y presentar formularios, visite <https://USCIS.gov>
- Para consultar el I-94 y el historial de viajes, visite <https://i94.cbp.dhs.gov>

## La Creación de un Plan de Seguridad

- Reúname con miembros de la familia y cuidadores para discutir los planes en caso de que usted sea detenido o deportado
- Considere ahorrar dinero para un bono / fianza
- Complete el Formulario de Designación De Una Persona En Una Relación Paternal/Maternal
- Complete el Formulario de Designación de Tutor de Reserva
- Mantenga información importante de usted y sus hijos. Guarde esta información para que la persona que usted nombre como tutor de sus hijos en su ausencia tenga la información que necesite.
- Mantenga un archivo de los siguientes documentos o una copia de ellos en un lugar seguro. Hágales saber a sus hijos, familiares y al cuidador de emergencia donde pueden encontrar este archivo en caso de emergencia:
  - Pasaportes
  - Tarjetas de identidad nacionales
  - Actas de Nacimiento
  - Actas de Matrimonio
  - OCFS Designación De Una Persona En Una Relación Paternal/Maternal
  - Designación de Tutor de Reserva
  - Órdenes de la corte – Custodia, Visitación, Juicio de Divorcio, Manutención de Niños, Órdenes de Protección
  - Número de extranjero (A-Number)
  - Documentos de inmigración (permiso de trabajo, tarjeta de residencia permanente, visa, etc.)
  - Documentos que demuestran su residencia en los Estados Unidos y el tiempo que ha estado físicamente presente en los Estados Unidos
  - Licencia de conducir y/u otras formas de identificación
  - Tarjeta del seguro social o número ITIN
  - Información médica, incluyendo seguro de salud, lista de medicamentos, e información de sus doctores
  - Registro de nacimiento (para hijos nacidos en los EE.UU. pero registrados en el país de origen de sus padres) (si es aplicable)
  - Formulario de “Contactos de Emergencia y Información Importante”

# DESIGNACIÓN DE UNA PERSONA EN UNA RELACIÓN PATERNAL/MATERNAL

- **Párrafo 1**
  - Escriba el nombre del padre o de la madre
- **Párrafo 2**
  - Escriba una dirección segura y número de teléfono donde el padre o la madre puede ser contactado. Direcciones y números de teléfono de personas sin estatus migratorio no deben usarse si eso se puede evitar.
- **Párrafo 3**
  - Escriba el nombre de la persona (el designado) a quien el padre o la madre le desea confiar el cuidado de la salud y las responsabilidades educativas de sus hijos u otras personas a cargo del padre o de la madre.
  - Escriba una dirección segura y número de teléfono donde el designado puede ser contactado. Direcciones y números de teléfono de personas sin estatus migratorio no deben usarse si eso se puede evitar.
  - Escriba los nombres y las fechas de nacimiento de los niños o las otras personas que serán cuidado por el designado.
- **Párrafo 4**
  - Marque la caja y escriba las iniciales junto a la opción d., y luego escriba después:
    - *“Mi detención o deportación por parte de los funcionarios de inmigración de los Estados Unidos”*
    - Continuar hasta *“la fecha en que expire esta designación”*
- **Párrafo 5**
  - Tacha y ponga las iniciales al lado de cada poder que el padre o la madre no quiere ceder al designado
  - Escriba cualquier condición adicional que aplica
- **Párrafo 7**
  - El padre o la madre firma ante un notario público
- **Párrafo 8**
  - El segundo padre o madre firma ante un notario si hay una orden judicial que requiere el acuerdo de ambos padres en decisiones de salud y educación
  - Escriba la dirección y número de teléfono del segundo padre o madre. Direcciones y números de teléfono de personas sin estatus migratorio no deben usarse si eso se puede evitar.
- **Párrafo 9**
  - La persona a quien le confía las decisiones de salud y educación del niño (el designado) firma ante un notario

*Complete el formulario en inglés y un formulario en su propio idioma. Guarde copias para usted y entregue los originales a la persona a quien le confiará el cuidado de sus hijos o miembros de la familia.*

ESTADO DE NUEVA YORK  
 OFICINA DE SERVICIOS PARA NIÑOS Y FAMILIAS  
**DESIGNACIÓN DE UNA PERSONA EN UNA RELACIÓN PATERNAL/MATERNAL**  
 De conformidad con la Sección 5-1551 de la Ley de Obligaciones Generales del  
 Estado de Nueva York  
 (New York State General Obligations Law)

1. Yo, \_\_\_\_\_, por la presente declaro que soy el padre/madre del niño(a)/niños(as)/persona(s) discapacitada(s) mencionada(s) a continuación y que no existe hasta la fecha una orden judicial en vigencia en ninguna jurisdicción que me prohíba ejercer la autoridad que ahora exijo ejercer.

2. El domicilio y el/los número(s) de teléfono(s) donde se me puede ubicar mientras esta designación esté en vigencia es/son:

Domicilio: \_\_\_\_\_  
 \_\_\_\_\_

Teléfono: Particular ( ) - \_\_\_\_\_; Trabajo ( ) - \_\_\_\_\_  
 (Otro) ( ) - \_\_\_\_\_

3. Temporalmente otorgo a \_\_\_\_\_, persona mayor de 18 años de edad que reside en \_\_\_\_\_, Nueva York, de teléfono ( ) - \_\_\_\_\_ el cuidado del siguiente niño(a)/niños(as)/persona(s) discapacitada(s):

(NOMBRE)	Fecha de nacimiento / /
(NOMBRE)	Fecha de nacimiento / /
(NOMBRE)	Fecha de nacimiento / /
(NOMBRE)	Fecha de nacimiento / /

4. Toda autoridad otorgada a la persona en una relación paternal/maternal en virtud de este formulario tendrá validez (marque la casilla apropiada y coloque sus iniciales):

a. durante 12 meses desde la fecha de la firma de esta designación o hasta la fecha de la revocación, lo que ocurra primero (debe incluir los domicilios y los números de teléfono de todas las partes, y todas las partes deben firmar ante la presencia de un notario público); o

b. durante 30 días desde la fecha de la firma de esta designación o hasta la fecha de la revocación, lo que ocurra primero; o

c. desde \_\_\_\_/\_\_\_\_/\_\_\_\_ (fecha) hasta e inclusive \_\_\_\_/\_\_\_\_/\_\_\_\_ (fecha) o hasta la fecha de la revocación, lo que ocurra primero; o

d. a partir de \_\_\_\_\_ (indique el evento) y continuando hasta \_\_\_\_\_ o hasta la fecha de la revocación, lo que ocurra primero.

5. En lo que respecta al niño(a)/niños(s)/persona(s) discapacitada(s) mencionada(s) previamente, la persona designada en una relación paternal/maternal tiene la autoridad para:  
(*Tache y coloque sus iniciales en cualquier apartado que no corresponda*).

- revisar los registros escolares
- realizar inscripciones en la escuela
- excusar inasistencias escolares
- autorizar la participación en programas escolares y/o actividades patrocinadas por la escuela
- autorizar la atención médica relacionada con la escuela\*
- realizar inscripciones en planes médicos
- autorizar inmunizaciones\*
- autorizar la atención médica general\*
- autorizar procedimientos médicos\*
- autorizar la atención dental
- autorizar evaluaciones de desarrollo
- autorizar un examen de salud mental y/o tratamiento

\*Excepto lo que se prohíba de conformidad con la Sección 2504 de la Ley de Salud Pública (*Public Health Law*)

Cualquiera de las autorizaciones previas puede estar sujeta a limitaciones adicionales, conforme a condiciones estipuladas por el padre/madre, y, en caso de limitarse la autoridad, las limitaciones se indicarán a continuación (por ej. el padre/madre puede otorgar la autorización para un examen de salud mental, sujeto a la condición de que no se le contacte por teléfono o por otros medios electrónicos).

6. Además, yo autorizo a la persona en una relación paternal/maternal a solicitar, recibir y revisar, y a tener acceso pleno e ilimitado, y a obtener copias completas no redactadas de todo y cualesquiera información de salud, médica, financiera y/o cualesquiera información y/o registros según se define en 45 CFR. § 164.501 y regulado por los Estándares de Privacidad de la Información Médica Identificable Individualmente (*Standards for Privacy of Individually Identifiable Health Information*) que aparece en la Reg. Fed. 65 82462 como registros privados protegidos o de otro modo cubiertos bajo la Ley de Portabilidad y Responsabilidad de Seguro Médico de 1996 (*Health Insurance Portability and Accountability Act—HIPAA*), Ley Pública 104-191, por cada niño(a)/persona discapacitada enumerada en el párrafo 3 precedente. Entiendo que la información que aparece en dichos registros médicos y de salud puede incluir información pertinente a enfermedades de transmisión sexual, síndrome de inmunodeficiencia adquirida (SIDA), complejo relacionado con el SIDA (ARC) y el virus de inmunodeficiencia humano (VIH), servicios por trastornos de conducta o salud mental, tratamiento por alcoholismo y/o abuso de drogas y/o adicción. Asimismo entiendo que puedo tener acceso a y/o recibir una reseña de la información a ser utilizada o divulgada según se dispone en 45 CFR § 164.524, et seq. Asimismo entiendo que autorizar la divulgación de esta información médica es un acto voluntario, y que puedo rehusarme a firmar esta autorización. Asimismo entiendo que cualquier divulgación de esta información conlleva el potencial de una divulgación no autorizada de esta información por parte de terceros, y que dicha divulgación puede no estar protegida bajo la HIPAA. A fin de inducir a la parte reveladora a divulgar la información privada y/o confidencial previamente mencionada, eximo o excuso para siempre a dicha parte reveladora, quien se basa en este instrumento, de cualesquiera responsabilidad u obligación que pudiera surgir en virtud del reglamento de confidencialidad conforme a la HIPAA a causa de dicha divulgación.

7. NOTIFICACIÓN A LOS PADRES Y PERSONAS EN UNA RELACIÓN PATERNAL/MATERNAL: La autorización de acuerdo con este formulario es válida hasta lo que ocurra primero: la revocación por parte del padre/madre o la fecha especificada en el párrafo 4 precedente. El padre/madre que firmó esta designación podrá revocarla a voluntad, y podrá notificar a las escuelas pertinentes y a los proveedores de atención médica sobre dicha revocación. Una persona en una relación paternal/maternal que reciba notificación de un padre/madre sobre tal revocación deberá notificar a las escuelas, a los proveedores de atención médica o a los planes médicos ante quienes se presentó una autorización en virtud de esta subdivisión. En la eventualidad de que la persona en una relación paternal/maternal no notifique a los destinatarios sobre la autorización o la revocación, esto no anulará la efectividad de la notificación de revocación por parte de los padres.

Esta autorización es temporal, pero puede ser renovada por los padres. No obstante, los padres y las personas en una relación paternal/maternal involucrados en un acuerdo de cuidado a largo plazo pueden procurar un acuerdo legal más permanente iniciando un procedimiento judicial para designar un tutor(a) legal o determinar la custodia.

**Nota:** Todas las firmas a continuación se deben autenticar si la autorización es por un período que excede los 30 días.

Fecha: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Firma del padre/madre) \_\_\_\_\_

Juramentado ante mí este

\_\_\_\_\_ día de \_\_\_\_\_ 20 \_\_\_\_\_

Notario Público \_\_\_\_\_

8. Yo, \_\_\_\_\_, soy también el padre/madre del niño(a)/niños(as)/persona(s) discapacitada(s) mencionada(s) en la presente, reconozco que existe también una orden judicial que indica que ambos padres deben estar de acuerdo con las decisiones sobre la educación y/o la salud relacionadas con dicho niño(s)/niños(as)/persona(s) discapacitada(s) y por la presente acepto esta designación mediante mi firma que estampo a continuación.

El domicilio y el/los número(s) de teléfono(s) en los que se me puede ubicar mientras esta designación esté en vigencia es/son:

Domicilio: \_\_\_\_\_

Teléfono: Particular ( ) - \_\_\_\_\_ ; Trabajo ( ) - \_\_\_\_\_

Otro ( ) - \_\_\_\_\_

Fecha: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Firma del padre/madre) \_\_\_\_\_

Juramentado ante mí este

\_\_\_\_\_ día de \_\_\_\_\_ 20 \_\_\_\_\_

Notario Público \_\_\_\_\_

9. Yo, \_\_\_\_\_, la persona designada en una relación paternal/maternal para el niño(a)/niños(as)/persona(s) discapacitada(s) mencionadas en el presente formulario, acepto esta designación mediante mi firma que estampo a continuación.

Fecha: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Firma) \_\_\_\_\_

Juramentado ante mí

\_\_\_\_\_ día de \_\_\_\_\_ 20 \_\_\_\_\_.

Notario Público \_\_\_\_\_

DE UNA PERSONA EN UNA RELACIÓN PATERNAL/MATERNAL, de acuerdo con la Sección 5-1551 de la Ley de Obligaciones Generales del Estado de Nueva York (*New York State General Obligations Law*).

**OBJETIVO DE ESTE FORMULARIO:**

Este formulario le permite designar a otra persona para que tome decisiones médicas y educacionales para su hijo(a)/hijos(as) o persona(s) discapacitada(s) bajo su cuidado si usted no puede hacerlo por sí mismo(a) durante un período de tiempo específico. Esta autorización sólo se puede usar por un período de hasta 12 meses. Si usted necesita que su hijo(a)/hijos(as)/persona(s) discapacitada(s) estén bajo el cuidado de otra persona durante más de 12 meses, quizás desee considerar otras opciones.

Si existe una orden judicial que exija que ambos padres estén de acuerdo con respecto a las decisiones sobre educación y/o salud de sus hijos, entonces ambos padres deben firmar este formulario. En caso contrario, sólo se requiere la firma del padre/madre.

Usted conserva todos sus derechos paternales/maternales con esta autorización, y puede cancelar (revocar) esta autorización en cualquier momento. La persona que usted designe tendrá la autoridad para hablar con el personal de la escuela que atiende a su(s) hijo(s), maestros y proveedores de atención médica y podrá tomar decisiones de rutina. La persona que usted designe no podrá autorizar una cirugía u otro procedimiento médico importante, pero podrá autorizar asuntos médicos de rutina. Si usted no quiere que la persona que designe esté autorizada para tomar ciertas decisiones, como por ejemplo decisiones sobre vacunación, puede especificarlo en el formulario. Si la persona que usted designe toma una decisión con respecto a su hijo(a)/hijos(as)/persona(s) discapacitada(s) con la que usted no está de acuerdo, puede anular dicha decisión.

La persona que usted designe debe aceptar ser una "persona con autoridad paternal/maternal", y no estará obligada a asumir responsabilidad por la manutención financiera del niño(a)/niños(as)/persona(s) discapacitada(s). Su hijo(a)/hijos(as) no tendrá(n) que cambiar de distrito escolar si esa persona reside en otro distrito escolar. En la eventualidad de su muerte o discapacidad, esta designación terminará automáticamente.

**INSTRUCCIONES PARA EL USO DE ESTE FORMULARIO:**

**Párrafo 1:** Escriba su nombre legal completo en el espacio provisto. Si existe una orden judicial en vigencia que exige que ambos padres firmen, el otro padre/madre escribirá su nombre en el espacio provisto en el Párrafo 7.

**Párrafo 2:** Escriba su domicilio y número(s) de teléfono. En caso de no incluirse esta información, la autorización no tendrá validez por más de 30 días. Escriba el domicilio donde vivirá durante el período en que esté vigente esta autorización, aunque no sea su domicilio legal. Por ejemplo, si esta autorización se utilizará durante su hospitalización, debe escribir el domicilio del hospital.

**Párrafo 3:** Escriba el nombre, el domicilio y el número de teléfono de la persona a quien desea designar para que tome decisiones educacionales y/o de salud para su hijo(s)/persona(s) discapacitada(s). Escriba el/los nombre(s) y la(s) fecha(s) de nacimiento para CADA niño(a)/persona discapacitada.

**Párrafo 4:** Especifique durante cuánto tiempo quiere que esta autorización esté en vigencia marcando la casilla correspondiente y colocando sus iniciales al lado. Recuerde, puede revocar (cancelar) esta designación antes de esa fecha si así lo desea. Al final de estas instrucciones se incluye información sobre cómo hacerlo.

- **Use (a)** si quiere que esta designación tenga validez por 12 meses. Si elige esta opción, debe indicar el domicilio y el número de teléfono del padre/madre y la otra persona, y todas las firmas deben estar autenticadas.

- **Use (b)** si quiere que esta designación tenga validez por 30 días. No es necesario que incluya los domicilios y los números de teléfono con esta opción, pero le sugerimos que lo haga en caso de que los proveedores médicos o educacionales necesiten ponerse en contacto con usted.

- **Use (c)** si quiere usar fechas específicas, por un período de menos o más de 30 días. Recuerde, esta designación no se puede usar por más de 12 meses, y debe incluir los domicilios, los números de teléfono y las firmas autenticadas si quiere que tenga validez por más de 30 días.

- **Use (d)** si quiere que esta designación comience con un evento específico, como por ejemplo si usted es hospitalizado(a). En tal caso, debe escribir el evento específico en el espacio en blanco provisto (ejemplo: "Cuando sea admitido(a) en un hospital") y escribir la fecha o el evento cuando venza la designación en el segundo espacio (ejemplo: "30 días más tarde" o "cuando sea dado(a) de alta del hospital"). Nuevamente, debe incluir los domicilios, los números de teléfono y las firmas autenticadas si quiere que la designación tenga validez por más de 30 días.

**Párrafo 5:** Enumere las cosas que desea que la persona que usted designe tenga autoridad para hacer. Tache y coloque sus iniciales en CADA inciso para indicar que la persona designada NO tiene autoridad para hacerlo. Si hay otras cosas que quiere impedir que la persona haga, enumérelas en los renglones en blanco que aparecen debajo de la lista. Por ejemplo, si quiere que se comuniquen con usted antes de la realización de cualquier examen de salud mental, puede especificarlo en el espacio provisto.

**Párrafo 6:** Este párrafo permite que la persona que usted designe tenga acceso al historial clínico e información médica de su hijo(a)/hijos(as)/persona(s) discapacitada(s).

**Párrafo 7:** Aquí encontrará cierta información sobre este formulario. El padre/madre cuyo nombre aparece en el Párrafo 1 luego firma y fecha el formulario. Si esta autorización estará en vigencia por un período de más de 30 días, la firma debe ser autenticada. En este caso, debe llevar el formulario a un notario público antes de firmarlo, y firmar el formulario ante ese notario público, que a su vez también firmará el formulario para indicar que ha sido testigo de su firma. Si no lo hace, esta autorización vencerá automáticamente en 30 días.

**Párrafo 8:** Si existe una orden judicial en vigencia que exija que ambos padres estén de acuerdo con respecto a las decisiones sobre la educación y/o la salud de sus hijos, entonces el otro padre/madre escribirá su nombre legal completo, domicilio y número de teléfono en los espacios provistos. Al igual que el primer padre/madre, no es necesario que indique su domicilio y número de teléfono si la autorización es por un período de 30 días o menos, pero quizás desee hacerlo. Se debe proporcionar esta información y firmar el formulario ante un notario público, si la autorización estará en vigencia por más de 30 días. Si no existe una orden judicial en vigencia que exija que ambos padres estén de acuerdo, puede dejar este párrafo en blanco.

**Párrafo 9:** Escriba el nombre legal completo de la persona que será designada "en una relación paternal/maternal" con el niño(a)/niños(as)/persona(s) discapacitada(s). Luego la persona debe firmar y fechar el formulario, para mostrar que acepta ser una persona en una relación paternal/maternal. Si esta autorización estará vigente por más de 30 días, también se tendrá que firmar ante un notario público.

**OTRA INFORMACIÓN:**

- Tratamiento médico importante: La persona que usted designe **NO PUEDE** autorizar un "Tratamiento médico importante", lo que se refiere a cualquier intervención o procedimiento médico, quirúrgico o de diagnóstico en el que se utilice anestesia general o que conlleve un riesgo significativo o cualquier invasión considerable de la integridad corporal que requiera una incisión o produzca dolor significativo, molestias, debilitamiento o tenga un período de recuperación prolongado. Esto no incluye: cualquier diagnóstico o tratamiento de rutina como por ejemplo la administración de medicamentos a excepción de quimioterapia para condiciones no psiquiátricas o nutrición o la extracción de fluidos corporales para ser analizados; terapia electro-convulsiva; atención dental con anestesia local; cualquier procedimiento que se realice a causa de una emergencia, en virtud de la sección 2504 de la ley de salud pública; la cancelación o interrupción de un tratamiento médico que mantiene las funciones vitales; o la esterilización o la terminación de un embarazo.

Por ejemplo, la persona designada puede autorizar que un niño(a)/persona discapacitada reciba un tratamiento dental estándar, como por ejemplo el empaste de caries, pero no una cirugía dental en la que la persona estará inconsciente durante el procedimiento, tal como en una extracción de la muela de juicio. Se requerirá el consentimiento del padre/madre para los procedimientos médicos importantes.

- Revocación de esta designación: A fin de revocar (cancelar) esta autorización, sólo tiene que informarle a la persona que designó que desea hacerlo, y él/ella debería notificar a los proveedores educacionales y médicos correspondientes que la autorización ha sido cancelada. Si bien no es necesario que el padre/madre haga la revocación por escrito, o notifique a los proveedores médicos y educacionales del niño(s)/persona(s) discapacitada(s) que ha revocado la autorización, quizás prefiera hacerlo para evitar cualquier tipo de confusión. Si ambos padres firmaron el formulario, tanto el padre como la madre puede cancelar la designación; es decir, no es necesario que ambos padres lo hagan.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP**  
Pursuant to section 5-1551 of the New York State General Obligations Law.

1. I, \_\_\_\_\_, hereby state that I am the parent of the child/children/incapacitated person(s) named below and there are no court orders now in effect in any jurisdiction that would prohibit me from exercising the power that I now seek to authorize.

2. The address and telephone number(s) where I can be reached while this designation is in effect is:

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home ( ) Work ( )  
Other ( ) \_\_\_\_\_

3. I am temporarily entrusting \_\_\_\_\_, a person over the age of eighteen who resides at \_\_\_\_\_ New York, \_\_\_\_\_ telephone number ( ) the care of the following child/children/incapacitated person(s):

NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:
NAME:	DATE OF BIRTH:

4. Any authority granted to the person in parental relationship pursuant to this form shall be valid (check appropriate box and initial):

\_\_\_ a. for 12 months from the date of signature of this designation, or until the date of revocation, whichever occurs first (must include all parties' addresses and telephone numbers and be signed by all parties in the presence of a notary public); or

\_\_\_ b. for 30 days from the date of signature of this designation, or until the date of revocation, whichever occurs first; or

\_\_\_ c. from \_\_\_ / \_\_\_ / \_\_\_ (date) until and including \_\_\_ / \_\_\_ / \_\_\_ (date), or until the date of revocation, whichever occurs first; or

\_\_\_ d. commencing upon \_\_\_\_\_ (state event) and continuing until \_\_\_\_\_ or until the date of revocation, whichever occurs first.

5. As to the above named child/children/incapacitated person(s), the person in parental relationship named above is authorized to:  
(check those that apply)

- review school records
- enroll in school
- excuse absences from school
- consent to participation in school program and/or school-sponsored activity
- consent to school-related medical care\*
- enroll in health plans
- consent to immunizations\*
- consent to general health care\*
- consent to medical procedures\*
- consent to dental care
- consent to developmental screening
- consent to mental health examination and/or treatment

\* Except as prohibited by Section 2504 of the Public Health Law

Any of the above authorizations may be further limited by conditions defined by the parent, and, if limited, the limitations are written below (e.g., the parent may grant the authority to consent to a mental health examination, subject to the condition that they cannot be reached by telephone or other electronic means).

6. I further authorize the person in parental relationship to request, receive and review, and be granted full and unlimited access to, and obtain complete unredacted copies of any and all of health, medical, financial information and/or any information and/or records as defined in 45 CFR. §164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, for each child/incapacitated person listed in paragraph 3 above. I understand that the information contained in such health and medical records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, treatment for alcohol and/or drug abuse and/or addiction. I further understand that I may have access to and/or receive an accounting of the information to be used or disclosed as provided in 45 CFR §164.524, et seq. I further understand that authorizing the disclosure of this health information is voluntary; that I can refuse to sign this authorization. I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure.

7. NOTICE TO PARENTS AND PERSONS IN PARENTAL RELATION: Authorization pursuant to this form is valid until the earlier of revocation by a parent or the date specified in paragraph 4 above. Any parent having signed this designation may revoke such authorization at will, and may notify relevant schools and health care providers of such revocation. A person in parental relationship who receives notification from a parent of such revocation shall forthwith notify any school, health care provider or health plan to which an authorization pursuant to this subdivision has been presented. Failure by the person in parental relation to notify recipients of the authorization or the revocation shall not make notification of revocation by the parent ineffective.

This authorization is temporary, but may be renewed by the parent(s). However, parents and persons in parental relationship involved in a long-term, care-giving arrangement may seek a more permanent legal arrangement by commencing a judicial proceeding to appoint legal guardianship or to determine custody.

Note: All signatures below must be notarized if authorization is for a period exceeding 30 days.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Parent's signature) \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

8. I, \_\_\_\_\_, am also the parent of the child/children/incapacitated person(s) named herein, there is a court order directing that both parents must agree on education and/or health decisions concerning such child/children/incapacitated person(s), and I hereby consent to this designation by my signature below.

The address and telephone number(s) where I can be reached while this designation is in effect is:

Address: \_\_\_\_\_

Telephone: Home ( ) - \_\_\_\_\_ Work: ( ) - \_\_\_\_\_

Other: ( ) - \_\_\_\_\_

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Parent's signature) \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

9. I, \_\_\_\_\_, the person designated in parental relationship for the child/children/incapacitated person(s) named herein, hereby consent to this designation by my signature below.

Dated: \_\_\_ / \_\_\_ / \_\_\_      Signature \_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

Instructions for DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP, pursuant to section 5-1551 of the New York State General Obligations Law.

**PURPOSE OF THIS FORM:**

This form will allow you to designate another person to make medical and educational decisions for your child(ren) or incapacitated person(s) in your care if you can't do so yourself for a specific period of time. This authorization can only be used for a period of up to 12 months. If you will need to have your child(ren)/incapacitated person(s) in the care of someone else for more than 12 months, you may wish to consider other options.

If there is a court order that requires both parents to agree on education and/or health decisions regarding the child(ren), then both parents must sign the form. If not, only one parent's signature is required.

You keep all of your parental rights with this authorization and can cancel (revoke) this authorization at any time. The person you designate will be able to talk with your child(ren)'s school, teachers and medical providers, and will be able to make routine decisions. The person you designate will not be able to give consent for surgery or other major medical procedures but will be able give consent for routine medical matters. If you do not want the person you designate to be able to make certain decisions, such as decisions concerning immunizations, you can specify that with this form. If the person you designate makes a decision concerning your child(ren)/incapacitated person(s) that you do not agree with, you can override that decision.

The person designated must agree to be "a person in parental authority," and will not be required to assume responsibility for financial support of the child(ren)/incapacitated person(s). Your child(ren) will not have to change their school district if that person resides in another school district. In the event of your death or incapacitation, this designation automatically terminates.

**INSTRUCTIONS FOR USING THIS FORM:**

**Paragraph 1:** Fill in your full legal name in the space provided. If there is a court order in effect that requires both parents to sign, the other parent will fill in their name in the space provided in Paragraph 7.

**Paragraph 2:** Fill in your address and telephone number(s). If this information is not included, the authorization will not be valid for more than 30 days. Use the address where you will be staying during the period this authorization is in effect, even if it is not your legal residence. For example, if this authorization is to be used while you are hospitalized, you would use the hospital's address.

**Paragraph 3:** Fill in the name, address, and telephone number of the person whom you wish to designate as able to make educational and/or health decisions for your child(ren)/incapacitated person(s). Fill in the name(s) and date(s) of birth for EACH child/incapacitated person.

**Paragraph 4:** Specify how long you wish this authorization to be in effect by checking the appropriate box and initialing next to it. Remember, you can always revoke (cancel) this designation sooner if you wish. Information about how to do that is included toward the end of these instructions.

- **Use (a)** if you want this designation to be valid for 12 months. If you choose this option, you must provide the address and telephone number for the parent(s) and the other person, and all the signatures must be notarized.

- **Use (b)** if you want this designation to be valid for 30 days. You do not have to include addresses and telephone numbers with this choice, but it is suggested that you do so in the event that medical or educational care providers need to contact you.

- **Use (c)** if you want to use specific dates, for a period of less than or more than 30 days. Remember, this designation cannot be used for more than 12 months, and you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than 30 days.

- **Use (d)** if you want this designation to begin when something specific, such as in the event you are hospitalized. For this, you write the specific event in the first space provided (example: "When I am admitted to a hospital") and write the date or the event upon which the designation should expire in the second space (example: "30 days later" or "when I am released from the hospital"). Again, you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than 30 days.

**Paragraph 5:** List each of the things you wish the person you designate to be able to do. Cross out and initial EACH item that you do NOT wish to allow the person you designate to perform. If there are other things you want to prevent the person from doing, use the blank lines below the list to write those down. For example, if you want to be contacted before any mental health examination is performed, you can write that in the space provided.

**Paragraph 6:** This paragraph allows the person you designated to have access to your child(ren)'s/incapacitated person(s)' medical records and medical information.

**Paragraph 7:** This provides some information regarding this form. The parent whose name appears in Paragraph 1 then signs and dates the form. If this authorization is to be in effect for a period of more than 30 days, the signature must be notarized. In this case, you need to take the form to a notary public before you sign it, and sign the form in front of that notary public, who will then also sign the form to indicate that they witnessed your signature. If don't do this, the authorization will automatically expire after 30 days.

**Paragraph 8:** If there is a court order in effect that requires both parents to agree on education and/or health decisions regarding the child(ren), then the other parent will fill in their full legal name, address, and telephone number in the spaces provided. As with the first parent, they do not have to provide their address and telephone number if the authorization is for a period of 30 days or less, but may wish to. They must provide this information, and sign the form in front of a notary public, if the authorization is to be good for more than 30 days. If there is no court order in effect that requires both parents to agree, you can leave this paragraph blank.

**Paragraph 9:** Fill in the full legal name of the person to be designated "in parental relationship" to the child(ren)/incapacitated person(s). They then sign and date the form, to show that they agree to be a person in parental relationship. If this authorization is to be good for more than 30 days, they will also need to sign the form in front of a notary public.

**OTHER INFORMATION:**

- Major medical treatment: The person you designate **CANNOT** give consent for "major medical treatment" which is any medical, surgical, or diagnostic intervention or procedure where a general anesthetic is used or which involves any significant risk or any significant invasion of bodily integrity requiring an incision or producing substantial pain, discomfort, debilitation, or having a significant recovery period. This does not include: any routine diagnosis or treatment such as the administration of medications other than chemotherapy for non-psychiatric conditions or nutrition or the extraction of bodily fluids for analysis; electroconvulsive therapy; dental care performed with a local anesthetic; any procedures which are provided under emergency circumstances, pursuant to section twenty-five hundred four of the public health law; the withdrawal or discontinuance of medical treatment which is sustaining life functions; or sterilization or the termination of a pregnancy.

For example, the person designated can give consent for a child/incapacitated person to have standard dental procedures, such as fillings, but not dental surgery where they would be unconscious during the procedure, such as having their wisdom teeth extracted. A parent's consent will still be required for major medical procedures.

- Revoking this designation: In order to revoke (cancel) the authorization, you simply have to tell the person you designated that you wish to do so, and they are required to notify the appropriate education and medical providers that the authorization has been terminated. While the parent is not required to do this in writing, or to notify the child(ren)/incapacitated person(s) education and medical providers that they have revoked the authorization, they may want to, so that there is no confusion. If two parents signed the form, either parent can cancel the designation by themselves, you do not need both parents.

## **COMPLETAR EL FORMULARIO DE DESIGNACIÓN DE TUTOR RESERVA**

- **Escriba el nombre del padre o madre**
- **Escriba el nombre del tutor de reserva**
- **Escriba la dirección y el número de teléfono del tutor de reserva**
- **Seleccione la casilla “persona”, “propiedad” o “persona y propiedad de mis hijos”**  
para indicar qué poderes desea que tenga el tutor de reserva.
- **Escriba el nombre de los niños**
- **Escriba nuevamente el nombre de la persona designada**
- **Escriba por qué sería lo mejor para los niños que la persona designada fuera el tutor de reserva (y no el otro padre).** *Ejemplo: “...porque mi(s) hijo(s) ha(n) conocido(s) a [Tutor de reserva] durante toda su vida (vidas) y se sienten cómodos con él/ella. El otro padre de mi hijo no puede cuidarlo porque no está cerca”.*
- **Escriba el segundo designado, la dirección y el teléfono, si corresponde.**
- **El padre o madre firma el formulario.**
- **Dos testigos mayores de 18 años firman el formulario, dando fe de que vieron al padre firmar el formulario.**

El Formulario de Designación de Tutor de Reserva será válido durante 60 días a partir de la fecha de la “Separación Administrativa” causada por la detención o deportación de inmigrantes.

Después de los 60 días, el tutor de reserva puede acudir al Centro de ayuda del Tribunal de Familia de su distrito para presentar una petición de tutela, junto con el formulario de designación de tutor de reserva.

El formulario de designación de tutor de reserva puede ser revocado en cualquier momento por el padre o la madre y este conserva todos sus derechos después de firmar el formulario.

### DESIGNACIÓN DE TUTOR DE RESERVA (SCPA 1726 (3))

Yo \_\_\_\_\_, por la presente designo a \_\_\_\_\_,  
(Nombre del padre) (Nombre de la persona designada)  
\_\_\_\_\_ y \_\_\_\_\_  
(DIRECCIÓN) (Número de teléfono)

como tutor suplente de la  persona,  propiedad o  persona y propiedad de mi(s) hijo(s), es decir  
\_\_\_\_\_  
(Nombre del niño(s))

El nombramiento de \_\_\_\_\_, como tutor suplente  
(Nombre de la persona designada/tutor de reserva)

de la persona y/o propiedad de mis hijos sería lo mejor para ellos porque

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La autoridad del tutor suplente entrará en vigor: (1) si mi médico concluye por escrito que estoy mentalmente incapacitado y, por lo tanto, no puedo cuidar de mi(s) hijo(s); (2) si mi médico concluye por escrito que estoy físicamente debilitado y, por lo tanto, no puedo cuidar de mi(s) hijo(s) y doy mi consentimiento por escrito, ante dos testigos, para que la autoridad del tutor suplente entre en vigor; (3) Si estoy sujeto a una separación administrativa tal que el cuidado y la supervisión del niño se verán interrumpidos o no se podrán brindar; o (4) tras mi muerte.

En caso de que la persona que designo arriba no pueda o no quiera actuar como tutor de mi(s) hijo(s), por la presente designo a \_\_\_\_\_,  
(Nombre) (DIRECCIÓN)

\_\_\_\_\_ como tutor suplente de mi(s) hijo(s).  
(Número de teléfono)

También entiendo que la autoridad de mi tutor suplente cesará sesenta días después de comenzar, a menos que para esa fecha él o ella solicite al tribunal su nombramiento como tutor.

Entiendo que conservo todos los derechos de paternidad, tutela, custodia o cuidador incluso después del comienzo de la autoridad del tutor suplente, y puedo revocar la tutela suplente en cualquier momento.

Anticuoado: \_\_\_\_\_

\_\_\_\_\_  
(Firma del peticionario)

\_\_\_\_\_  
(Nombre en letra de imprenta)

Declaro que la persona cuyo nombre aparece arriba firmó este documento en mi presencia, o no pudo firmar físicamente y pidió a otra persona que firmara este documento, quien lo hizo en mi presencia. Declaro además que tengo al menos dieciocho años y no soy la persona designada como tutor suplente.

Fecha: \_\_\_\_\_

\_\_\_\_\_  
Firma del testigo

Nombre del testigo: \_\_\_\_\_

DIRECCIÓN: \_\_\_\_\_

Fecha: \_\_\_\_\_

\_\_\_\_\_  
Firma del testigo

Nombre del testigo: \_\_\_\_\_

DIRECCIÓN: \_\_\_\_\_

**DESIGNATION OF STANDBY GUARDIAN (SCPA 1726 (3))**

I \_\_\_\_\_, hereby designate \_\_\_\_\_,  
(Name of Parent) (Name of Designee)  
\_\_\_\_\_ and \_\_\_\_\_  
(Address) (Telephone No.)

as standby guardian of the  person,  property or  person and property of my child(ren),  
namely

\_\_\_\_\_  
(Name of child(ren))

The appointment of \_\_\_\_\_, as standby guardian  
(Name of Designee/Standby Guardian)

of the person and/or property of my children would be in their best interests because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The standby guardian's authority shall take effect: (1) if my doctor concludes in writing that I am mentally incapacitated, and thus unable to care for my child(ren); (2) if my doctor concludes in writing that I am physically debilitated, and thus unable to care for my child(ren) and I consent in writing, before two witnesses, to the standby guardian's authority taking effect; (3) If I become subject to an administrative separation such that care and supervision of the child will be interrupted or cannot be provided; or (4) upon my death.

In the event the person I designate above is unable or unwilling to act as guardian for my child(ren), I hereby designate \_\_\_\_\_,  
(Name) (Address)

\_\_\_\_\_ as standby guardian of my child(ren).  
(Telephone No.)

I also understand that my standby guardian's authority will cease sixty days after commencing unless by such date he or she petitions the court for appointment as guardian.

I understand that I retain full parental, guardianship, custodial or caretaker rights even after the commencement of the standby guardian's authority, and may revoke the standby guardianship at any time.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

I declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness's Signature

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness's Signature

Witness Name: \_\_\_\_\_

Address: \_\_\_\_\_

## Contactos de Emergencia y Información Importante para

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### Contactos de Emergencia para Miembros de la Familia y Amigos

Miembros de la familia y amigos	Información
Nombre: Fecha de Nacimiento: Papel: A#:	Celular: Número de hogar: Dirección de Hogar:  Número de Trabaja: Dirección de Trabaja:
Nombre: Fecha de Nacimiento: Papel: A#:	Número Celular: Número de hogar: Dirección de Hogar:  Número de Trabaja: Dirección de Trabaja:
Nombre: Fecha de Nacimiento: Papel: A#:	Número Celular: Número de hogar: Dirección de Hogar:  Número de Trabaja: Dirección de Trabaja:
Nombre: Fecha de Nacimiento: Papel: A#:	Número Celular: Número de hogar: Dirección de Hogar:  Número de Trabaja: Dirección de Trabaja:

ICE Detainee Locator: <https://locator.ice.gov> (para encontrar alguien detenido por ICE)

Línea directa de Número A: 1-800-898-7180 (para buscar fechas de corte y órdenes)

## Información de los Hijos

Nombre de hijo	
Fecha de nacimiento	
Número del celular de su hijo (si aplica)	
Nombre de la escuela	
Dirección de la escuela	
Número de teléfono de la escuela	
Nombre del maestro/a	
Programa después de escuela y número de teléfono	
Nombre de niñera	
Número de teléfono de niñera	
Enfermedades	
Medicamentos	
Número de teléfono y dirección del doctor	
Número de teléfono y dirección de la dentista	
Compañía del seguro de salud	
Alergias	
Comidas favoritas	
Juguetes, libros, juegos y actividades favoritos	
Programas de TV y películas favoritos y cuánto tiempo se le permite verlos	
Horas de dormir y rutinas para dormir	
Otra información importante	

## Información de los Hijos

Nombre de hijo	
Fecha de nacimiento	
Número del celular de su hijo (si aplica)	
Nombre de la escuela	
Dirección de la escuela	
Número de teléfono de la escuela	
Nombre del maestro/a	
Programa después de escuela y número de teléfono	
Nombre de niñera	
Número de teléfono de niñera	
Enfermedades	
Medicamentos	
Número de teléfono y dirección del doctor	
Número de teléfono y dirección de la dentista	
Compañía del seguro de salud	
Alergias	
Comidas favoritas	
Juguetes, libros, juegos y actividades favoritos	
Programas de TV y películas favoritos y cuánto tiempo se le permite verlos	
Horas de dormir y rutinas para dormir	
Otra información importante	

## **Necesidades Especiales de Miembros Adultos de la Familia**

Nombre de Miembro de la Familia	Describe las Necesidades

### **Mi Abogado/a**

Nombre	Número de Teléfono

### **Mi Consulado**

Nombre	Número de Teléfono

### **Mi Empleador**

Nombre	Número de Teléfono

### Mis Doctores

Nombre	Especialidad	Número de Teléfono

### Mis Medicamentos

Nombre	Dosis



Fecha:

Dear Principal,

Yo escribo esta carta para actualizar el Blue Card(s) para mi hijo/a, \_\_\_\_\_, para incluir a las personas enumeradas abajo a la lista de los que pueden recoger a mi hijo/a en caso de emergencia.

Nombre

Número de Teléfono

1.

2.

3.

4.

Gracias.

Firma: \_\_\_\_\_

Nombre: \_\_\_\_\_

Date:

Dear Principal,

I write to update the Blue Card(s) for my child(ren), \_\_\_\_\_  
\_\_\_\_\_, to include the emergency pick up people listed below.

Name

Phone Number

1.

2.

3.

4.

Thank you.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



U.S. Department of State  
**APPLICATION FOR A U.S. PASSPORT**

OMB Control No. 1405-0004  
 Expiration Date: 04-30-2025  
 Estimated Burden: 85 Minutes

**Please read all instructions first and type or print in black ink to complete this form.**

For information or questions, visit [travel.state.gov](http://travel.state.gov) or contact the National Passport Information Center (NPIC) at 1-877-487-2778 (TDD/TTY: 1-888-874-7793) or [NPIC@state.gov](mailto:NPIC@state.gov).

**SECTION A. ELIGIBILITY TO USE THIS FORM**

This form is used to apply for a U.S. passport book and/or card **in person** at an acceptance facility, a passport agency (by appointment only), or a U.S. embassy, consulate, or consular agency (if abroad). The U.S. passport is a travel document attesting to one's identity and issued to U.S. citizens or non-citizen U.S. nationals. To be eligible to use this form you must **apply in person** if at least one of the following is true:

- ✓ I am applying for my first U.S. passport
- ✓ I am under age 16
- ✓ My previous U.S. passport was either: a) issued under age 16; b) issued more than 15 years ago; c) lost, stolen, or damaged

**If none of the above statements apply to you, then you may be eligible to apply using form DS-82 or DS-5504 depending on your circumstances. [Visit travel.state.gov](http://travel.state.gov) for more information.**

- **Notice to Applicants Under Age 16:** You must appear in person to apply for a U.S. passport with your parent(s) or legal guardian(s). See Section D of these instructions or [travel.state.gov](http://travel.state.gov) for more details.
- **Notice to Applicants Ages 16 and 17:** At least one of your parent(s) or legal guardian(s) must know that you are applying for a U.S. passport. See Section D of these instructions or [travel.state.gov](http://travel.state.gov) for more details.
- **Notice to Applicants for No-Fee Regular, Service, Official, or Diplomatic Passports:** You may use this application if you meet all provisions listed; however, you must consult your sponsoring agency for instructions on proper routing procedures before forwarding this application. Your completed passport will be released to your sponsoring agency and forwarded to you.

**SECTION B. STEPS TO APPLY FOR A U.S. PASSPORT**

1. Complete this form (Do not sign until requested to do so by an authorized agent).
2. Attach one color photograph 2x2 inches in size and supporting documents (See Section D of these instructions).
3. Schedule appointment to apply in person by visiting our website or calling NPIC (see contact info at the top page).
4. Arrive for appointment and present completed form and attachments to the authorized agent who will administer the oath, witness you signing your form, and collect your passport fee.
5. Track application status online at [Passportstatus.state.gov](http://Passportstatus.state.gov).
6. Receive new passport and original supporting documents (that you submitted with your application).

**SECTION C. HOW TO COMPLETE THIS FORM**

Please see the instructions below for items on the form that are not self-explanatory. The numbers match the numbered items of the form.

1. **Name (Last, First, Middle):** Enter the name to appear in the passport. The name to appear in the passport should be consistent with your proof of citizenship and identification. If you have changed your name and are not eligible to use a DS-82 or DS-5504, you must use this form. [Visit travel.state.gov/namechange](http://travel.state.gov/namechange) for more information.
2. **Date of Birth:** Use the following format: Month, Date, and Year (MM/DD/YYYY).
3. **Gender:** The gender markers used are "M" (male), "F" (female) and "X" (unspecified or another gender identity). The gender marker that you check on this form will appear in your passport regardless of the gender marker(s) on your previous passport and/or your supporting evidence of citizenship and identity. If changing your gender marker from what was printed on your previous passport, select "Yes" in this field on Application Page 1. If no gender marker is selected, we may print the gender as listed on your supporting evidence or contact you for more information. **Please Note:** We cannot guarantee that other countries you visit or travel through will recognize the gender marker on your passport. [Visit travel.state.gov/gender](http://travel.state.gov/gender) for more information.
4. **Place of Birth:** Enter the name of the city and state if in the U.S. or city and country as presently known.
5. **Social Security Number:** You must provide a Social Security number (SSN), if you have been issued one, in accordance with Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C 2714a(f). If you do not have a Social Security number, you must enter zeros in this field and submit a statement, signed, and dated, that includes the phrase, *"I declare under penalty of perjury under the laws of the United States of America that the following is true and correct: I have never been issued a Social Security Number by the Social Security Administration."* If you reside abroad, you must also provide the name of the foreign country where you reside. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury which will use it in connection with debt collection and check against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses. If you fail to provide the information, we may deny your application and the Internal Revenue Service (IRS) may enforce a penalty. Refer all questions on this matter to the nearest IRS office.
6. **Email:** By providing your email you are consenting to us communicating with you by email about your application.
7. **Primary Contact Phone Number:** If providing a mobile/cell phone number you are consenting to receive calls and/or text messaging about your application.
8. **Mailing Address Line 1 and 2 "In Care Of":** For line 1 enter applicant's Street/RFD #, or P.O. Box or URB. For line 2, if you do not live at the address listed in this field, put the name of the person who lives at this address and mark it "In Care Of". **If the applicant is a minor child, you must include the "In Care Of" name of the parent or adult registered to receive mail at this address.**
9. **List all other names you have used:** Enter all legal names previously used to include maiden name, name changes, and previous married names. You can enter up to two names one in item A and one in item B. If only your last name has changed just enter your last name. If you need more space to write additional names, please use a separate sheet of paper and attach it to this form.



**Blue Section Application Page 1 - Identifying Documents and Signature Blocks: Skip this section and complete Application Page 2. Do not sign this form until requested to do so by the authorized agent who will administer the oath to you.**



U.S. Department of State  
**APPLICATION FOR A U.S. PASSPORT**

**SECTION D. ATTACHMENTS TO SUBMIT WITH THIS FORM**

Once you have completed Application Pages 1 and 2, attach the supporting documents as outlined in this section.

**1. PROOF OF U.S. CITIZENSHIP** Information can be found on [travel.state.gov/citizenship](https://travel.state.gov/citizenship).

**Applicants Born in the United States**

Your evidence will be returned to you if it is not damaged, altered, or forged. Submit an original or certified copy and a photocopy of the front and back if there is printed information on the back, of one of the following documents:

- U.S. Birth Certificate that meets all the following requirements:
  - Issued by the city, county, or state of birth
  - Lists your full name, birthdate, and birthplace
  - Lists your parent(s)' full names
  - Lists date filed with registrar's office (must be within one year of birth)
  - Shows registrar's signature and the seal of the issuing authority
- Fully valid, undamaged U.S. passport (may be expired)
- Consular Report of Birth Abroad or Certification of Birth Abroad
- Certificate of Naturalization or Citizenship
- Secondary documents may be submitted if the U.S. birth certificate was filed more than one year after your birth **or** if no birth record exists. For no birth record on file, submit a registrar's letter to that effect. For both scenarios, submit a combination of the evidence listed below, with your first and last name, birthdate and/or birthplace, the seal or other certification of the office (if customary), and the signature of the issuing official.
  - A hospital birth record
  - An early baptismal or circumcision certificate
  - Early census, school, medical, or family Bible records
  - Insurance files or published birth announcements (such as a newspaper article)
  - Notarized affidavits (or DS-10, Birth Affidavit) of older blood relatives having knowledge of your birth may be submitted in addition to some of the records listed above.

**Applicants Born Outside the United States**

If we determine that you are a U.S. citizen, your lawful permanent resident card submitted with this application will be forwarded to U.S. Citizenship and Immigration Services.

- Claiming Citizenship through Naturalization of One or Both Parent(s), submit all the following:
  - Your parent(s) Certificate(s) of Naturalization
  - Your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable
  - Your foreign birth certificate (and official translation if the document is not in English)
  - Your evidence of admission to the United States for legal permanent residence and proof you subsequently resided in the United States
- Claiming Citizenship through Birth Abroad to At Least One U.S. Citizen Parent, submit all the following:
  - Your Consular Report of Birth Abroad (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English)
  - Your parent's proof of U.S. citizenship
  - Your parents' marriage certificate
  - Affidavit showing all your U.S. citizen parents' periods and places of residence and physical presence before your birth (DS-5507)
- Claiming Citizenship Through Adoption by a U.S. Citizen Parent(s), if your birthdate is on or after October 5, 1978, submit evidence of all the following:
  - Your permanent residence status
  - Your full and final adoption
  - You were in the legal and physical custody of your U.S. citizen parent(s)
  - You have resided in the United States

**2. PROOF OF IDENTITY** Information can be found at [travel.state.gov/identification](https://travel.state.gov/identification).

Present your original identification and submit a front and back photocopy with this form. It must show a photograph that is a good likeness of you. Examples include:

- Driver's license (not temporary or learner's permit)
- Previous or current U.S. passport book/card
- Military identification
- Federal, state, or city government employee identification
- Certificate of Naturalization or Citizenship

**3. A RECENT COLOR PHOTOGRAPH** See the full list of photo requirements on [travel.state.gov/photos](https://travel.state.gov/photos).

Attach one photo, 2x2 inches in size. U.S. passport photo requirements may differ from photo requirements of other countries. To avoid processing delays, be sure your photo meets all the following requirements (Refer to the photo template on Application Page 1):

- Taken less than six months ago
- Head must be 1-1 3/8 inches from the bottom of the chin to the top of the head
- Head must face the camera directly with full face in view
- No eyeglasses and head covering and no uniforms\*
- Printed on matte or glossy photo quality paper
- Use a plain white or off-white background

\*Head coverings are not acceptable unless you submit a signed statement verifying that it is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public or a signed doctor's statement verifying its daily use for medical purposes. Glasses or other eyewear are not acceptable unless you submit a signed statement from a doctor explaining why you cannot remove them (e.g., during the recovery period from eye surgery). Photos are to be taken in clothing normally worn on a daily basis. You cannot wear a uniform, clothing that looks like a uniform, or camouflage attire.



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**4. PROOF OF PARENTAL RELATIONSHIP (FOR APPLICANTS UNDER AGE 16)**

Parents/guardians must appear in person with the child and submit the following:

- Evidence of the child's relationship to parents/guardian(s) (Example: a birth certificate or Consular Report of Birth Abroad listing the names of the parent(s)/guardian(s) and child)
- Original parental/guardian government-issued photo identification and a photocopy of the front and back (to satisfy proof of identity)

If only one parent/guardian can appear in person with the child, you must also submit one of the following:

- The second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. The notarized statement cannot be more than three months old, must be signed and notarized on the same day, and must come with a front and back photocopy of the second parent's government-issued photo identification.
- The second parent's death certificate (if second parent is deceased)
- Evidence of sole authority to apply (Example: a court order granting sole legal custody or a birth certificate listing only one parent)
- A written statement (made under penalty of perjury) or DS-5525 explaining, in detail, why the second parent cannot be reached

**OR**

**PROOF OF PARENTAL AWARENESS (FOR APPLICANTS AGES 16 AND 17)**

We may request the consent of one legal parent/legal guardian to issue a U.S. passport to you. In many cases, the passport authorizing officer may be able to ascertain parental awareness of the application by virtue of the parent's presence when the minor submits the application or a signed note from the parent or proof the parent is paying the application fees. However, the passport authorizing officer retains discretion to request the legal parent's/legal guardian's notarized statement of consent to issuance (e.g., on Form DS-3053).

**5. FEES** Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 51.50-56) and are collected at the time you apply for the passport service. By law, the passport fees are **non-refundable**. Visit [travel.state.gov/passportfees](http://travel.state.gov/passportfees) for current fees and how fees are used and processed. Payment methods are as follows:

**Applicant Applying in the United States  
 At Acceptance Facility**

- Passport fees must be made by check (personal, certified, cashier's, travelers) or money order (U.S. Postal, international, currency exchange) with the applicant's full name and date of birth printed on the front and payable to "U.S. Department of State."
- The execution fee **must be paid separately** and made payable to the acceptance facility in the form that they accept.

**Applicant Applying at a Passport Agency or  
 Outside the United States**

- We accept checks (personal, certified, cashier's, travelers); major credit cards (Visa, Master Card, American Express, Discover); money orders (U.S. Postal, international, currency exchange); or exact cash (no change provided). Make all fees payable to the "U.S. Department of State."
- If applying outside the United States: Please see the website of your embassy, consulate, or consular agency for acceptable payment methods.

**Other Services Requiring Additional Fee** (Visit [travel.state.gov](http://travel.state.gov) for more details):

- **Expedite Service**: Only available for passports mailed in the United States and Canada.
- **1-2 Day Delivery**: Only available for passport book (and not passport card) mailings in the United States.
- **Verification of a previous U.S. Passport or Consular Report of Birth Abroad**: Upon your request, we verify previously issued U.S. passport or Consular Report of Birth Abroad if you are unable to submit evidence of U.S. citizenship.
- **Special Issuance Passports**: If you apply for a no-fee regular, service, official, or diplomatic passport at a designated acceptance facility, you must pay the execution fee. No other fees are charged when you apply.

**SECTION E. HOW TO SUBMIT THIS FORM**

Submitting your form depends on your location and how soon you need your passport.

- **Applicant Located Inside the United States**: For the latest information regarding processing times, scheduling appointments, and nearest designated acceptance facilities visit [travel.state.gov](http://travel.state.gov) or contact NPIC.
- **Applicant Located Outside the United States**: In most countries, you must apply in person at a U.S. embassy or consulate for all passport services. Each U.S. embassy and consulate has different procedures for submitting and processing your application. Visit [travel.state.gov](http://travel.state.gov) to check the U.S. embassy or consulate webpage for more information.

**SECTION F. RECEIVING YOUR PASSPORT AND SUPPORTING DOCUMENTS**

- **Difference Between U.S. Passport Book and Card**: The book is valid for international travel by air, land, and sea. The card is not valid for international air travel, only for entry at land border crossings and seaports of entry when traveling from Canada, Mexico, Bermuda, and the Caribbean. The maximum number of letters provided for your given name (first and middle) on the card is 24 characters. If both your given names are more than 24 characters, you must shorten one of your given names you list on item #1 of Application Page 1.
- **Separate mailings**: You may receive your newly issued U.S. passport book and/or card and your citizenship evidence in two separate mailings. If you are applying for both a book and card, you may receive three separate mailings: one with your returned evidence, one with your newly issued book, and one with your newly issued card. **All documentary evidence that is not damaged, altered, or forged will be returned to you.** Photocopies will not be returned.
- **Passport numbers**: Each newly issued passport book or card will have a different passport number than your previous one.
- **Shipping and Delivery Changes**: If your mailing address changes prior to receipt of your new passport, please contact NPIC. **NOTE**: We will not mail a U.S. passport to a private address outside the United States or Canada.
- **Passport Corrections, Non-Receipt/Undeliverable Passports, and Lost/Stolen Passport**: For more information visit [travel.state.gov](http://travel.state.gov) or contact NPIC.



U.S. Department of State  
**APPLICATION FOR A U.S. PASSPORT**

**WARNING**

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

**Failure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your application.**

**ACTS OR CONDITIONS**

If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.

*I have not been convicted of a federal or state drug offense or convicted of a statutory "sex tourism" crime, and I am not the subject of an outstanding federal, state, or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; or a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.*

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** Collection of this information is authorized by 22 U.S.C. 211 a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. Your Social Security number will be provided to the U.S. Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

**DISCLOSURE:** Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could also result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law on Instruction Page 1 (Section C) to this form.

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1199.

**For more information about your application status, online tools, current fees, and processing times, please visit [travel.state.gov](https://travel.state.gov).**



# APPLICATION FOR A U.S. PASSPORT

Use **black ink only**. If you make an error, complete a new form. Do not correct.

### Select document(s) for which you are submitting fees:

- U.S. Passport Book     U.S. Passport Card     Both

The U.S. passport card is **not** valid for international air travel. See Instruction Page 3

- Regular Book (Standard)     Large Book (Non-Standard)

The large book is for frequent international travelers who need more visa pages.

### 1. Name Last

\_\_\_\_\_

- D     O     S     NFR

End. # \_\_\_\_\_ Exp. \_\_\_\_\_

### First

\_\_\_\_\_

### Middle

\_\_\_\_\_

### 2. Date of Birth (mm/dd/yyyy)    3. Gender (Read Instruction Page 1)    4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)

\_\_\_\_/\_\_\_\_/\_\_\_\_    M    F    X    Changing gender marker?  
Yes

### 5. Social Security Number    6. Email (See application status at [passportstatus.state.gov](http://passportstatus.state.gov))    7. Primary Contact Phone Number

\_\_\_\_-\_\_\_\_-\_\_\_\_    \_\_\_\_\_@\_\_\_\_.\_\_\_\_    \_\_\_\_\_-\_\_\_\_-\_\_\_\_

### 8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB

\_\_\_\_\_

### Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe)

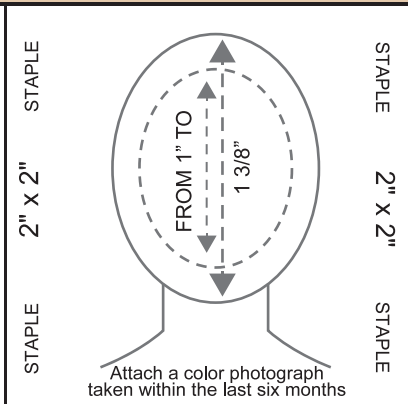
\_\_\_\_\_

### City    State    Zip Code    Country, (if outside the United States)

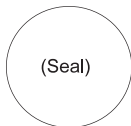
\_\_\_\_    \_\_\_\_    \_\_\_\_-\_\_\_\_-\_\_\_\_    \_\_\_\_\_

### 9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A. \_\_\_\_\_ B. \_\_\_\_\_



- Acceptance Agent     (Vice) Consul USA  
 Passport Staff Agent



## STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

### Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

- Driver's License     State Issued ID Card     Passport     Military     Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No \_\_\_\_\_ Country of Issuance \_\_\_\_\_

### Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

- Driver's License     State Issued ID Card     Passport     Military     Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No \_\_\_\_\_ Country of Issuance \_\_\_\_\_

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

Signature of person authorized to accept applications

Date

By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature.

\_\_\_\_/\_\_\_\_/\_\_\_\_

Agent ID Number

Print Facility Name/Location

\_\_\_\_/\_\_\_\_/\_\_\_\_

Facility ID Number

Name of courier company (if applicable)

X \_\_\_\_\_  
**Applicant's Legal Signature - age 16 and older**

X \_\_\_\_\_  
**Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)**

X \_\_\_\_\_  
**Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)**



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For Issuing Office Only → Bk \_\_\_\_\_ Card \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Execution \_\_\_\_\_ Other \_\_\_\_\_

Name of Applicant (Last, First, & Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

10. Parental Information  
Mother/Father/Parent - First & Middle Name (at Parent's Birth) \_\_\_\_\_ Last Name (at Parent's Birth) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth (City & State if in the U.S. or City & Country as it is presently known) \_\_\_\_\_ Gender  M  F  X U.S. Citizen?  Yes  No

Mother/Father/Parent - First & Middle Name (at Parent's Birth) \_\_\_\_\_ Last Name (at Parent's Birth) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth (City & State if in the U.S. or City & Country as it is presently known) \_\_\_\_\_ Gender  M  F  X U.S. Citizen?  Yes  No

11. Have you ever been married?  Yes  No If yes, complete the remaining items in #11.  
Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth \_\_\_\_\_

U.S. Citizen?  Yes  No Date of Marriage (mm/dd/yyyy) \_\_\_\_\_ Have you ever been widowed or divorced?  Yes  No Widow/Divorce Date (mm/dd/yyyy) \_\_\_\_\_

12. Additional Contact Phone Number \_\_\_\_\_  Home  Cell  Work  \_\_\_\_\_ 13. Occupation (if age 16 or older) \_\_\_\_\_ 14. Employer or School (if applicable) \_\_\_\_\_

15. Height \_\_\_\_\_ 16. Hair Color \_\_\_\_\_ 17. Eye Color \_\_\_\_\_ 18. Travel Plans (If no travel plans, please write "none")  
Departure Date (mm/dd/yyyy) \_\_\_\_\_ Return Date (mm/dd/yyyy) \_\_\_\_\_ Countries to be Visited \_\_\_\_\_

19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. Do not list a P.O. Box.)  
Street/RFD # or URB \_\_\_\_\_ Apartment/Unit \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)  
Name \_\_\_\_\_ Address: Street/RFD # or P.O. Box \_\_\_\_\_ Apartment/Unit \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card?  Yes  No If yes, complete the remaining items in #21.  
Name as printed on your most recent passport book \_\_\_\_\_ Most recent passport book number \_\_\_\_\_ Most recent passport book issue date (mm/dd/yyyy) \_\_\_\_\_  
Status of your most recent passport book:  Submitting with application  Stolen  Lost  In my possession (if expired)  
Name as printed on your most recent passport card \_\_\_\_\_ Most recent passport card number \_\_\_\_\_ Most recent passport card issue date (mm/dd/yyyy) \_\_\_\_\_  
Status of your most recent passport card:  Submitting with application  Stolen  Lost  In my possession (if expired)

**PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY**

Name as it appears on citizenship evidence \_\_\_\_\_  
 Birth Certificate SR CR City Filed: \_\_\_\_\_ Issued: \_\_\_\_\_  Sole Parent  
 Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: \_\_\_\_\_ A# \_\_\_\_\_  
 Report of Birth Filed/Place: \_\_\_\_\_  
 Passport C/R S/R See #21 #/DOI: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Attached: \_\_\_\_\_



P/C of Citz  P/C of ID  DS-71  DS-3053  DS-64  DS-5520  DS-5525  PAW  NPIC  IRL  Citz W/S

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If you designate more than one agent above and you do not initial the statement below, they must act together.

( ) My agents may act SEPARATELY.

**(c) DESIGNATION OF SUCCESSOR AGENT(S): (OPTIONAL)**

If any agent designated above is unable or unwilling to serve, I appoint as my successor agent(s):

\_\_\_\_\_  
*(name of successor agent)*

\_\_\_\_\_  
*(address of successor agent)*

\_\_\_\_\_  
*(name of second successor agent),*

\_\_\_\_\_  
*(address of second successor agent)*

If you do not initial the statement below, successor agents designated above must act together.

( ) My successor agents may act SEPARATELY.

You may provide for specific succession rules in this section. Insert specific succession provisions here:

**(d) This POWER OF ATTORNEY shall not be affected by my subsequent incapacity unless I have stated otherwise below, under “Modifications”.**

**(e) This POWER OF ATTORNEY DOES NOT REVOKE any Powers of Attorney previously executed by me unless I have stated otherwise below, under “Modifications.”**

**(f) GRANT OF AUTHORITY:**

To grant your agent some or all of the authority below, either

- (1) Initial the bracket at each authority you grant, or
- (2) Write or type the letters for each authority you grant on the blank line at (P), and initial the bracket at (P). If you initial (P), you do not need to initial the other lines.

I grant authority to my agent(s) with respect to the following subjects as defined in sections 5-1502A through 5-1502N of the New York General Obligations Law:

- ( ) (A) real estate transactions;
- ( ) (B) chattel and goods transactions;
- ( ) (C) bond, share, and commodity transactions;
- ( ) (D) banking transactions;
- ( ) (E) business operating transactions;
- ( ) (F) insurance transactions;
- ( ) (G) estate transactions;



- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five thousand dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) financial matters related to health care; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters \_\_\_\_\_.

You need not initial the other lines if you initial line (P).

**(g) CERTAIN GIFT TRANSACTIONS: (OPTIONAL)**

In order to authorize your agent to make gifts in excess of an annual total of \$5,000 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), and/or to make changes to interest in your property, you must expressly grant that authorization in the Modifications section below. If you wish to authorize your agent to make gifts to himself or herself, you must expressly grant such authorization in the Modifications section below. Granting such authority to your agent gives your agent the authority to take actions which could significantly reduce your property and/or change how your property is distributed at your death. Your choice to grant such authority should be discussed with a lawyer.

I grant my agent authority to make gifts in accordance with the terms and conditions of the Modifications that supplement this Statutory Power of Attorney.

**(h) MODIFICATIONS: (OPTIONAL)**

In this section, you may make additional provisions, including, but not limited to, language to limit or supplement authority granted to your agent, language to grant your agent the specific authority to make gifts to himself or herself, and /or language to grant your agent the specific authority to make other gift transactions and/or changes to interests in your property. Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. In this section, you may make additional provisions if you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, and you may define “reasonable compensation.”

**(i) DESIGNATION OF MONITOR(S): (OPTIONAL)**

If you wish to appoint monitor(s), initial and fill in the section below:

I wish to designate \_\_\_\_\_, whose address(es) is (are) \_\_\_\_\_, as monitor(s). Upon the request of the monitor(s), my agent(s) must provide the monitor(s) with a copy of the power of attorney and a record of all transactions done or made on my behalf. Third parties holding records of such transactions shall provide the records to the monitor(s) upon request.



**(j) COMPENSATION OF AGENT(S):**

Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. If you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, and/or you wish to define “reasonable compensation”, you may do so above, under "Modifications".

**(k) ACCEPTANCE BY THIRD PARTIES:**

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Power of Attorney. I understand that any termination of this Power of Attorney, whether the result of my revocation of the Power of Attorney or otherwise, is not effective as to a third party until the third party has actual notice or knowledge of the termination.

**(l) TERMINATION:**

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

**(m) SIGNATURE AND ACKNOWLEDGMENT:**

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_, 20\_\_

PRINCIPAL signs here: =====> \_\_\_\_\_

STATE OF NEW YORK     )  
  )     ss:  
COUNTY OF \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**(n) SIGNATURE OF WITNESSES:**

By signing as a witness, I acknowledge that the principal signed the Power of Attorney in my presence and in the presence of the other witness, or that the principal acknowledged to me that the principal’s signature was affixed by him or her or at his or her direction. I also acknowledge that the principal has stated that this Power of Attorney reflects his or her wishes and that he or she has signed it voluntarily. I am not named herein as an agent or as a permissible recipient of gifts.

\_\_\_\_\_  
*Signature of Witness 1*

\_\_\_\_\_  
*Signature of Witness 2*



\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Print name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*City, State, Zip Code*

**(o) IMPORTANT INFORMATION FOR THE AGENT:**

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes on you legal responsibilities that continue until you resign or the Power of Attorney is terminated or revoked. You must:

- (1) act according to any instructions from the principal, or, where there are no instructions, in the principal's best interest;
- (2) avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) keep the principal's property separate and distinct from any assets you own or control, unless otherwise permitted by law;
- (4) keep a record of all transactions conducted for the principal or keep all receipts of payments and transactions conducted for the principal; and
- (5) disclose your identity as an agent whenever you act for the principal by writing or printing the principal's name and signing your own name as "agent" in either of the following manners: (Principal's Name) by (Your Signature) as Agent, or (your signature) as Agent for (Principal's Name).

You may not use the principal's assets to benefit yourself or anyone else or make gifts to yourself or anyone else unless the principal has specifically granted you that authority in the modifications section of this document or a Non-Statutory Power of Attorney. If you have that authority, you must act according to any instructions of the principal or, where there are no such instructions, in the principal's best interest.

You may resign by giving written notice to the principal and to any co-agent, successor agent, monitor if one has been named in this document, or the principal's guardian if one has been appointed. If there is anything about this document or your responsibilities that you do not understand, you should seek legal advice.

Liability of agent: The meaning of the authority given to you is defined in New York's General Obligations Law, Article 5, Title 15. If it is found that you have violated the law or acted outside the authority granted to you in the Power of Attorney, you may be liable under the law for your violation.



**(p) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:**

It is not required that the principal and the agent(s) sign at the same time, nor that multiple agents sign at the same time.

I/we, \_\_\_\_\_, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as agent(s) for the principal named therein.

I/we acknowledge my/our legal responsibilities.

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_ 20\_\_

Agent(s) sign(s) here: ==> \_\_\_\_\_

==> \_\_\_\_\_

STATE OF NEW YORK )

) ss:

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**(q) SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:**

It is not required that the principal and the SUCCESSOR agent(s), if any, sign at the same time, nor that multiple SUCCESSOR agents sign at the same time. Furthermore, successor agents can not use this power of attorney unless the agent(s) designated above is/are unable or unwilling to serve.

I/we, \_\_\_\_\_, have read the foregoing Power of Attorney. I am/we are the person(s) identified therein as SUCCESSOR agent(s) for the principal named therein.

In Witness Whereof I have hereunto signed my name on \_\_\_\_\_ 20\_\_

Successor Agent(s) sign(s) here: ==> \_\_\_\_\_

==> \_\_\_\_\_

