

Advice for Immigrant Families



Materials produced by Massachusetts Law Reform Institute in collaboration with the following organizations:

ACLU of Massachusetts, Catholic Charities Archdiocese of Boston, Children's Law Center of Massachusetts, Community Legal Services and Counseling Center, Greater Boston Legal Services, Harvard Immigration and Refugee Clinic, Kids in Need of Defense, Massachusetts Appleseed Center for Law and Justice, Northeast Justice Center, and the Political Asylum/Immigration Representation Project

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Family Emergency Document List

What's included in this packet?

This packet contains information to help your family prepare in case of an emergency, for example in case a parent is detained or deported.

- General Planning and Child Care Plan (2 pages)
 - Talks about how to make an emergency family plan, including how to make plans for childcare.

- Options for Child Care (3 pages)
 - Talks about different options for choosing a person to take care of your children when you can't.

- Know Your Rights and Legal Help (2 pages)
 - Talks about what your rights are with ICE and other law enforcement and where to find legal help.

- Forms
 - Important Document List: a guide of what important documents to collect (1 page)

 - Child's Vital Information: a form to list important information about your child(ren) for the caregiver (2 pages)

 - Caregiver Authorization Affidavit (English/Spanish): a form to give someone the power to make decisions about healthcare and school for your child(ren), which can last up to 2 years (5 pages)

 - Caregiver Authorization Affidavit Sample (4 pages)

 - Temporary Agent Authorization (English/Spanish): a form to give someone the power to make most decisions for your child(ren), which can last up to 60 days (5 pages)

 - Temporary Agent Authorization Sample (4 pages)

 - Referral List: list of free immigration legal services in Massachusetts (2 pages)

Planning for a Family Emergency

All families should plan for who will care for your children in an emergency. This packet includes information to help you make a plan with special advice for immigrant families.

General planning

- **Talk as a family**, about your emergency plan. Include your children. Decide who will take care of the children, where to keep important documents, who to call in an emergency.
- **Gather important documents**: collect important documents like birth certificates and passports. Keep them in a safe place where your family knows where to find them.
- **Know your rights**: Everyone in the U.S. has constitutional rights, learn how they can protect you. Go to a training and find out about your rights.
- **Get immigration help**: if immigration is one of your main worries, try to get immigration advice. See a list of free Massachusetts legal services in this packet.



Child Care Plan

Plan for who will care for your children if you cannot. Talk to your children and the caregiver you choose, so everyone knows the plan and agrees to it. Some steps you can take are:

- **Fill out a caregiver information page for each child**: include important information about your child, like school information, medical information, allergies and medications, and other details that are important to your child's daily life. See the Child's Vital Information Sheet in this packet.
- **Update school contacts**: contact your child's school. Make sure they have the correct contact information for a few people you trust to pick your child up from school in case you cannot.

- Tell the school you want to “opt-out,” or not be included, in any directory information the school puts out. This helps protect your information.
- **You may want to choose someone to care for your child if you cannot:** You can choose from 2 different forms to give someone else the legal responsibility for your child. You do not have to go to court. Both forms are included in this packet.
 - **Caregiver authorization affidavit** gives the caregiver the power and responsibility to make decisions about your child’s education and medical care.
 - **Temporary agent authorization** allows the “agent,” or person you choose, to make any decisions a parent can make for your child for up to 60 days.
- **Register your child’s birth with your foreign consulate:** if either parent is not a U.S. citizen, you may want to register your child’s birth with your consulate. If your child wants to travel or move to your home country, it could be easier if their birth is already registered with the consulate.
- **Apply for passports for your child:** most governments require that both parents give permission for their child to get a passport. If you have sole legal custody you may not need the other parent’s permission. Check with your consulate or the passport agency. Only apply for passports your child is eligible for.
- **Write a travel letter:** If your child needs to travel outside the U.S., they may need a notarized letter that gives them permission to travel with a trusted adult, or the other parent. You may want to contact an airline or your consulate to get exact instructions.

If you have a current family court case, immigration case, involvement with DCF, or are a survivor of domestic violence, you may want to consult an attorney before completing any forms.

This packet has only general information. It is not legal advice. If you have questions about your situation, speak with an Immigration Specialist. An Immigration Specialist is a licensed attorney or non-profit organization.

Who will take care of my child in an emergency?

Think about these questions when you pick a caregiver for your child:

1. Is the person at least 18 years old? Only an adult can be a caregiver
2. Is the person responsible?
3. Is the person able and willing to care for my child?
4. Does the person have any history with the Department of Children and Families (DCF)?
5. Does the person have any criminal history?

After you pick a caregiver, you need to decide the kind of legal arrangement you will have with them. You have options.

Informal option

You can always make an informal plan with your family and friends, but this may not be the best option because it does not give the caregiver legal rights. Your plan can include talking to the people you want to care for your child or writing down what you want to happen in an emergency. An informal plan is the easiest, but your child's school or doctor might not follow your plan and the caregiver may have to go to court to help your child.

Caregiver Affidavit Authorization

A caregiver affidavit authorization is a good option if your main concern is your child's education and health. Many schools and doctors are already familiar with these forms.

The affidavit says who you want to be the caregiver and that your child will live with them. It gives the caregiver the right to make decisions about your child's health care and education for up to **2 years**.

You do not give up any of your rights when you sign it. And you can end the authorization at any time.

The caregiver authorization affidavit only needs the signature of one parent.

You need 2 witnesses to sign the form with you. And you all must sign it in front of a notary.

The caregiver must also sign the affidavit. The caregiver will sign the form and use it whenever the child lives with him or her.

This packet includes a Caregiver Affidavit Authorization form you can use. This form is different from the form you can get from the court. There is space for you to add another caregiver if the one you picked is not available.

Caregiver Affidavit Authorizations are useful for any family.

Temporary Agent Authorizations are useful if the caregiver needs to make decisions about your child's finances or property.

Give the original form to the caregiver and keep a copy with your important documents.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different caregivers.

Temporary Agent Authorization

The temporary agent authorization gives a caregiver more powers than the Caregiver Affidavit Authorization. A Temporary Agent Authorization gives a caregiver the power and responsibility to make more than healthcare and education decisions for your child. A Temporary Agent can also make decisions about your child's property and finances. The person you choose to be the Agent can have any power you do. **But** the Agent cannot give permission for your child to marry or be adopted.

The authorization says you give the agent the power to make decisions in your child's life for up to **60 days** after you are detained or unavailable. You have the right to end the authorization at any time. After 60 days, you can renew the authorization, but you must complete a new form.

If you know where the other parent is and they are able and willing to care for your child, both parents must sign the Temporary Agent Authorization. If the other parent can care for the child, you may not need to fill out this form.

You need 2 witnesses to sign the form with you.

The agent must also sign the authorization.

You can add a second person to the form, in case the person you picked to be Temporary Agent is not available.

This packet includes a Temporary Agent Authorization form you can use. This form is for families who are afraid that immigration enforcement may separate them from their child. If you need an authorization for a different reason, like you are having surgery and you will not be available for a few weeks, the form in this packet is not right for you.

Give the original form to the Agent and keep a copy with your important documents.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different caregivers or parents.

Guardianship

A legal guardian has all the rights a parent has to make decisions for your child. Only a court can make someone a guardian, or end a guardianship. Someone that you choose to be a caregiver may need to become a legal guardian in the future if they need to take care of your child for a long time. If you plan for your child to live in the U.S. permanently, with the caregiver, you may want to prepare the guardianship paperwork so it can be filed if needed.

If someone becomes the legal guardian of your child, they have the right to make decisions about your child **instead** of you. If you want to end the guardianship, you will have to ask a judge to end it and the guardian can object. Think carefully before you decide to make someone you're your child's guardian. You will be giving up your rights as a parent. You can find information about guardianship online (<http://www.mass.gov/courts/selfhelp/guardians/guardian-child.html>) or at the probate and family court closest to you.

Advice for Survivors of Domestic Violence

If you are a survivor of domestic violence the person who abused you may try to take your child. You may need to collect documents that show why your abuser should not get custody. The caregiver you choose may need to go to court if the person who abused you tries to get custody of your child. Talk to your domestic violence counselor if you have one or reach out to a domestic violence program for more information and for safety planning. You can find a list of domestic violence organization here – http://www.janedoe.org/who_we_are/members_list.

Know Your Rights and How to Find Legal Help

Every person in the United States has rights. If you are a citizen, or an immigrant, or if you are undocumented – you have rights. The constitution protects everyone. Some of your most important rights are the ones you have when you talk to anyone from law enforcement, including Immigration and Customs Enforcement (ICE).

What Are My Rights?

- You do not have to talk to an immigration officer (ICE) or answer their questions – you can tell them that you want to stay silent.
- You can ask to talk to a lawyer.
- You can ask if you are free to leave – if the officer says yes, calmly and slowly leave.
- You can refuse to sign anything before talking to a lawyer.
- You do not have to open your door for ICE if they do not have a “warrant.” A warrant is a court order, signed by a judge. If ICE knocks on your door:
 - Ask if they have a warrant, ask them to slide it under the door
 - Check if the information is correct – if your name and address are not correct on the warrant, you can ask them to leave.
 - Check if a judge actually signed the warrant – often ICE uses warrants that are signed by an ICE supervisor. This warrant, does not give ICE permission to come into your house.
- If you are arrested you have the right to call your family, a lawyer, and your consulate.

Red Cards

Red cards can help you tell an immigration officer that you are using your rights. Show the card to the officer or slide it under the door.

<p>Usted tiene derechos constitucionales.</p> <ul style="list-style-type: none">• NO ABRA LA PUERTA SI UN AGENTE DE SERVICIO DE INMIGRACION ESTA TOCANDO A LA PUERTA• NO CONTESTE NINGUNA PREGUNTA DEL AGENTE DEL SERVICIO DE INMIGRACION SI EL TRATA DE HABLAR CON USTED. Usted tiene derecho a mantenerse callado. No tiene que dar su nombre al agente. Si está en el trabajo, pregunte al agente si está libre para salir y si el agente dice que sí, váyase. Usted tiene derecho de hablar con un abogado.• Entregue esta tarjeta al agente. No abra la puerta!	<p>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.</p> <p>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, 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.</p> <p>I choose to exercise my constitutional rights. <i>These cards are available to citizens and noncitizens alike.</i></p>
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Things to Remember

- Stay calm

- Do not run away
- Do not answer questions
- Do not show fake documents
- Do not sign anything
- Carry your red card and use it
- Ask to speak to a lawyer
- Ask for an interpreter if you are detained or questioned

More Resources

For more information, look at these websites for know your rights material.

- National Immigrant Law Center: <https://www.nilc.org/get-involved/community-education-resources/know-your-rights/>
- American Civil Liberties Union: <https://www.aclu.org/know-your-rights>
- Immigrant Legal Resource Center: <https://www.ilrc.org/community-resources>
- Immigrant Defense Project: <https://www.immigrantdefenseproject.org/category/resources-for-communities/>
- Catholic Legal Immigration Network Inc.: <https://cliniclegal.org/resources/know-your-rights>

Finding Legal Help

You may want to talk to an Immigration Specialist. They can help you figure out the best options for you. Be careful of immigration fraud and scams. Check with an organization you trust before you start any immigration process. See a list of free legal service providers.

Important Documents

Make a file of important documents or copies of important documents. Make sure you, your family, and your caregiver know where to find these documents in case of an emergency.

These are examples of documents (or copies) that you may want to get together:

- Passports
- Birth Certificates
- Marriage License
- Insurance documents
- Any family court documents, like guardianship or custody paperwork
- Any immigration documents (work permit, green card, visa, etc.), especially documents that have your “A” number
- Driver’s License and/or Other Identification Cards
- Social Security Card or ITIN number
- Registry of birth for children
- Children’s vital information page
- Emergency Contact Information
- Caregiver’s Authorization Affidavit
- Temporary Agent Authorization
- Any other documents that you think are important

Child's Vital Information

This document has important information about your child. It should be given to the person who will take care of your child, or kept with your important documents. You should fill one out for each child.

Child's name	
Date of Birth	
School name and address	
Teacher's name	
Afterschool activities/program information	
Doctor's name	
Doctor's phone number	
Medications	
Allergies	
Medical conditions	
Health insurance	

Family and Emergency Contacts	
Parent 1's Information	Name: Phone Number(s): Address:
Parent 2's Information	Name: Phone Number(s): Address:
Other emergency contact: _____	Name: Phone Number(s): Address: Relationship to child (grandfather, aunt, family friend):
Other emergency contact: _____	Name: Phone Number(s): Address: Relationship to child (grandfather, aunt, family friend):

Other emergency contact:

Name:

Phone Number(s):

Address:

Relationship to child (grandfather, aunt, family friend):

Any additional information or notes for the caregiver:

CAREGIVER AUTHORIZATION AFFIDAVIT
DECLARACIÓN JURADA DE AUTORIZACIÓN PARA CUIDADOR(A)

Massachusetts General Laws Chapter 201F
Capítulo 201F de las Leyes Generales de Massachusetts

1. **AUTHORIZING PARTY** (Parent/Guardian/Custodian)
PARTE QUE OTORGA LA AUTORIZACIÓN (padre/madre/tutor(a)/guardián(a))

I, _____, residing at _____
Yo, _____, que vivo en _____

am the parent legal guardian legal custodian of the minor child(ren) listed below.
soy (padre/madre) (tutor(a)) (guardián(a)) del niño/a/os/as que aparece(n) a continuación.

I do hereby authorize _____, residing at _____
Por medio de la presente autorizo a _____, quien reside en _____

_____ to exercise concurrently the rights
para que ejerza de manera concurrente los derechos

and responsibilities, except those prohibited below, that I possess relative to the education and
y responsabilidades, excepto aquellos prohibidos a continuación, que poseo en cuanto a la educación y

health care of the minor children whose names and dates of birth are:
cuidados de la salud de los(as) menores cuyos nombres y fechas de nacimiento son:

_____	_____	_____	_____
name/nombre	date of birth/fecha de nacimiento	name/nombre	date of birth/fecha de nacimiento
_____	_____	_____	_____
name/nombre	date of birth/fecha de nacimiento	name/nombre	date of birth/fecha de nacimiento

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

El(la) cuidador(a) NO se le permite hacer lo siguiente: (Si hay algo en específico que usted no quiere que el(la) cuidador(a) haga, escríbalo aquí)

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver,
[Opcional – se puede elegir un(a) cuidador(a) suplente si desea] En caso de que el individuo antes mencionado no está disponible o dispuesto a servir como el(la) cuidador(a),

I hereby appoint _____, residing at _____,
as the alternate caregiver.

Por medio de la presente nombro _____, que vive en _____, como el(la) cuidador(a) suplente.

The following statements are true: *(Please read)*
Las declaraciones siguientes son verdad: (Por favor lea)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the

legal guardian or custodian, attach the court order appointing you.)

No hay ninguna orden del tribunal que prohíba que ejerza o que confiera los derechos y responsabilidades que deseo conferir a el(la) cuidador(a). (Si usted es el(a) tutor(a) legal o custodio(a), anexe la orden del tribunal en la cual usted fue nombrado(a)).

- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.

No estoy utilizando esta declaración jurada para eludir las leyes estatales o federales, con el fin de asistir a una escuela en particular o de volver a conferir derechos a un(a) cuidador(a) a quien un tribunal se los ha retirado.

- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.

Le confiero estos derechos y responsabilidades de manera libre y consciente para mantener al niño/a/os/as y no como resultado de presión, amenazas o pagos recibidos de ninguna persona o agencia.

- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

Entiendo que si la declaración jurada se modifica o se revoca, debo proporcionar la declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado.

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

En caso de mi indisponibilidad, la residencia del menor de edad nombrado será considerada ser donde viva el(la) cuidador(a) nombrado(a).

This document shall remain in effect until _____ (not more than two years from date of signing) or until I notify the caregiver in writing that I have amended or revoked it.

Este documento tendrá vigencia hasta _____ (no más de dos años a partir de la fecha de la firma) o hasta que notifique a el(la) cuidador(a) por escrito que lo he modificado o revocado.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.

Authority Party Signature/*Firma de parte que otorga:* _____
(parent/guardian/custodian)

Printed name/*nombre con letra de molde:* _____

Telephone number/*número de teléfono:* _____

2. **WITNESSES TO AUTHORIZING PARTY SIGNATURE**

TESTIGOS DE LA FIRMA DE LA PERSONA QUE OTORGA LA AUTORIZACIÓN

(To be signed by persons over the age of 18 who are not the designated caregiver)

(A ser firmado por las personas mayores de 18 años que no sean el(la) cuidador(a) asignado(a))

Witness #1 Signature/*Firma del testigo #1*

Witness #2 Signature/*Firma del testigo #2*

Printed Name/*Nombre con letra de molde*

Printed Name/*Nombre con letra de molde*

Phone Number/*Número de teléfono*

Phone Number/*Número de teléfono*

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE
NOTARIADA DE LA FIRMA DE LA PARTE QUE OTORGA LA AUTHORIZACIÓN

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the caregiver*)
RECONOCIMIENTO DEL(A) CUIDADOR(A) (*Para ser rellenado y firmado por el(la) cuidador(a)*)

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____.

Yo, _____, tengo por lo menos 18 años y el niño/a/os/as que se menciona(n) arriba actualmente residen conmigo en _____.

This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such.

Este documento surtirá efecto cuando el niño reside con mí. Mi atestación de la residencia del niño será prueba suficiente de tal.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos y responsabilidades de manera concurrentes sobre la educación y cuidados de la salud de estos, excepto aquellos derechos y responsabilidades prohibidos arriba. Sin embargo, sé que no puedo conscientemente tomar una decisión que esté en conflicto con la decisión del (la) padre/madre, tutor(a) o custodio(a) legal del niño/a/os/as.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.

Signature of caregiver/*Firma de cuidador(a)*: _____

Printed name/*Nombre con letra de molde*: _____

Telephone Number/*Número de teléfono*: _____

Date/*Fecha*: _____

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT *(To be completed and signed by the alternate caregiver, if you choose one)*

RECONOCIMIENTO DEL(A) CUIDADOR(A) SUPLENTE *(Para ser rellenado y firmado por el(la) cuidador(a), si elige uno)*

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____.

Yo, _____, tengo por lo menos 18 años y el niño/a/os/as que se menciona(n) arriba actualmente residen conmigo en _____.

This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such.

Este documento surtirá efecto cuando el niño reside conmigo. Mi atestación de la residencia del niño será prueba suficiente de tal.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos y responsabilidades de manera concurrentes sobre la educación y cuidados de la salud de estos, excepto aquellos derechos y responsabilidades prohibidos arriba. Sin embargo, sé que no puedo conscientemente tomar una decisión que esté en conflicto con la decisión del padre/madre, tutor(a) o custodio(a) legal del niño/a/os/as.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.

Signature of caregiver/*Firma de cuidador(a)*: _____

Printed name/*Nombre con letra de molde*: _____

Telephone Number/*Número de teléfono*: _____

Date/*Fecha*: _____

This document gives someone the right to make school and healthcare decisions for your child(ren).
It can last for 2 years.

CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian)

I, Parent, residing at 123 Main Street, Boston, MA 01234,
am the parent/legal guardian/legal custodian (circle one) of the minor child(ren) listed below.

I do hereby authorize Jessica Jones, residing at
321 Main Street, Boston, MA 04321 to exercise concurrently the rights
and responsibilities, except those prohibited below, that I possess relative to the education and health care
of the minor children whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the caregiver." This person can make school and medical decisions for your child(ren).

<u>Child #1</u>	<u>01/01/2010</u>	<u>Child #2</u>	<u>01/01/2007</u>
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

(for example) the caregiver cannot change my child's school

Write down anything you don't want the caregiver to do.

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate caregiver.

If the person you pick for the caregiver cannot help, you can pick a second person just in case. Write their name and address here.

The following statements are true: (Please read)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?
• No court has said you cannot make decisions for your child(ren)
• You are not filling out this form so your child(ren) can go to a different school, or to give rights to a caregiver that a court took away
• No one is forcing you to sign this form
• If you change this form or end the authorization, you will give a new form to everyone who has a copy

Initial

Initial each page

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

The caregiver only has rights to make decisions about your child if you are unavailable.

This document shall remain in effect until 01/01/2019 (not more than two years from date of signing) or until I notify the caregiver in writing that I have amended or revoked it.

You decide how long the document is valid – it cannot be for more than 2 years.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: Parent

Attention! You must sign the document in front of a notary public.

Printed name: Parent

Telephone number: 617-555-5555

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated caregiver)

Witness #1
Witness #1 Signature

Witness #2
Witness #2 Signature

Witness #1
Printed Name

Witness #2
Printed Name

617-555-5556
Phone Number

617-555-5557
Phone Number

Attention! Two adults have to watch you sign the document and then sign here – you all must sign in front of a notary public. The two adults cannot be the caregiver or the second person you picked to be the caregiver.

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

You and the two adults have to sign the document in front of a notary public. You have to show ID, like a passport or license, to the notary.

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)

I, Jessica Jones, am at least 18 years of age and the above child(ren) will reside with me at 123 Main Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such.

Write the caregiver's name and address.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The caregiver knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The caregiver signature does not have to be signed in front of a notary public.

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the alternate caregiver, if you choose one)

I, John Smith, am at least 18 years of age and the above child(ren) will reside with me at 1234 Center Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such.

If you choose a backup caregiver, write the person's name and address.

I understand that I may, without obtaining further consent from a parent, legal guardian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The backup caretaker knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: John Smith

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The alternate caregiver signature does not have to be signed in front of a notary public.

TEMPORARY AGENT AFFIDAVIT
DECLARACIÓN JURADA DE AGENTE TEMPORAL

Massachusetts General Laws Chapter 190B, § 5-103
Capítulo 190B, §5-103 de las Leyes Generales de Massachusetts

1. **AUTHORIZING PARTY** (Parent/custodian/guardian)
PARTE QUE OTORGA LA AUTORIZACIÓN (padre/madre/tutor(a)/guardián(a))

I, _____, residing at _____
Yo, _____, que vivo en _____

am the parent legal guardian legal custodian of the minor child(ren) listed below.
soy (padre/madre) (tutor(a)) (guardián(a)) del niño/a/os/as que aparece(n) a continuación.

I do hereby appoint _____, residing at _____
Por medio de la presente nomino a _____, quien reside en _____

_____ as temporary agent to exercise any power regarding the
como agente temporal para ejercer cualquier poder que pertenece

care, custody, or property [except the power to consent to marriage or adoption and any additional
el cuidado, la custodia o la propiedad [excepto el poder de consentir el matrimonio o adopción y cualquier otros

acts prohibited below], that I possess relative to the minor child(ren) whose names and dates of
actos prohibidos a continuación], que yo poseo de los(as) menores cuyos nombres y fechas de nacimiento son:

actos prohibidos a continuación], que yo poseo de los(as) menores cuyos nombres y fechas de nacimiento son:

name/nombre date of birth/fecha de nacimiento

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

El(la) agente NO se le permite hacer lo siguiente: (Si hay algo en específico que usted no quiere que el(la) agente haga, escríbalo aquí)

[OPTIONAL – you can choose an alternate agent if you want] In the event that the above-named individual is unavailable or unwilling to serve as the agent,

[Opcional – se puede elegir un(a) agente suplente si desea] En caso de que el individuo antes mencionado no está disponible o dispuesto a servir como el(la) agente,

I hereby appoint _____, residing at _____,
as the alternate agent.

Por medio de la presente nombro _____, que vive en _____, como el(la) agente suplente.

The following statements are true: *(Please read)*

Las declaraciones siguientes son verdad: (Por favor lea)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the guardian or custodian, please attach the court order appointing you.)*
No hay ninguna orden del tribunal que prohíba que ejerza o que confiera los derechos y responsabilidades que deseo conferir a el(la) agente. (Si usted es el(a) tutor(a) legal o custodio(a), anexe la orden del tribunal en la cual usted fue nombrado(a)).
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency.
Le confiero estos derechos y responsabilidades de manera libre y consciente para mantener al niño/a/os/as y no como resultado de presión, amenazas o pagos recibidos de ninguna persona o agencia.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.
Entiendo que si la declaración jurada se modifica o se revoca, debo proporcionar la declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado.

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.

Este documento sólo tendrá efecto si y en el momento en que yo sea detenido por cualquier agencia policial, expulsado (deportado) de los Estados Unidos, o si mi agente desconoce mi paradero durante un período de 24 horas. La prueba de mi detención, deportación o indisponibilidad puede ser demostrado por una copia del documento gubernamental que muestre mi detención o deportación, por la atestación de mi abogado, o por la atestación de mi agente.

This document shall remain in effect 60 days after it takes effect or until I notify the agent in writing that I have amended or revoked it.

Este documento tendrá vigencia 60 días después de que tenga efecto o hasta que notifique a el(la) cuidador(a) por escrito que lo he modificado o revocado.

Check applicable statements/*Marque las respuestas apropiadas:*

- The non-appointing parent has given consent to this authorization *(See part 6)*
El/La padre/madre que no otorga este autorización la ha dado consentimiento (Consulta parte 6)
- I have not attached the non-appointing parent consent because the non-appointing parent is: *(The non-appointing, or other parent, does not have to give permission if one of the following statements is true)*
No he incluido el consentimiento de otro padre porque el otro padre: (El/la padre/madre que no otorge este autorización, u otro padre, no necesita consentir si alguna de las siguientes declaraciones es verdadera)
 - deceased/*ha fallecido*
 - whereabouts unknown/*localización está desconocida*
 - unwilling to provide care for the minor child/*no sea dispuesto de cuidar el niño/a(s)*
 - unable to provide care for the minor child/*no sea capaz de cuidar el niño/a(s)*

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.

Authority Party Signature/*Firma de parte que otorga:* _____
(parent/guardian/custodian)

Printed name/*nombre con letra de molde:* _____

Telephone number/*número de teléfono:* _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated caregiver)

TESTIGOS DE LA FIRMA DE LA PERSONA QUE OTORGA LA AUTORIZACIÓN

(A ser firmado por las personas mayores de 18 años que no sean el(la) cuidador(a) asignado(a))

Witness #1 Signature/*Firma del testigo #1*

Witness #2 Signature/*Firma del testigo #2*

Printed Name/*Nombre con letra de molde*

Printed Name/*Nombre con letra de molde*

Phone Number/*Número de teléfono*

Phone Number/*Número de teléfono*

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE (OPTIONAL)

NOTARIADA DE LA FIRMA DE LA PARTE QUE OTORGA LA AUTORIZACIÓN (OPCIONAL)

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

4. TEMPORARY AGENT ACKNOWLEDGMENT (To be signed and completed by the agent)
RECONOCIMIENTO DEL(A) AGENTE (Para ser firmado y rellenado por el(la) agente)

I, _____, am at least 18 years of age.
Yo, _____, tengo por lo menos 18 años de edad.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos que pertenece(n) el/la(s) niño/a(s), excepto aquellos derechos prohibidos arriba.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.

Signature of agent/Firma del(a) agente: _____

Printed name/Nombre con letra de molde: _____

Telephone Number/Número de teléfono: _____

Date/Fecha: _____

5. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT (If you choose an alternate agent, please have complete and sign)
RECONOCIMIENTO DEL(A) AGENTE SUPLENTE (Para ser rellenado y firmado por el(la) agente, si elige uno)

I, _____, am at least 18 years of age.
Yo, _____, tengo por lo menos 18 años de edad.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

Entiendo que puedo, sin obtener el consentimiento adicional del padre o madre, tutor(a) o custodio(a) legal del(a) o de los(as) niños(as), ejercer los derechos que pertenece(n) el/la(s) niño/a(s), excepto aquellos derechos prohibidos arriba.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

Entiendo que, si la declaración jurada se modifica o se revoca, debo proporcionar una declaración jurada modificada o la revocación a todas aquellas personas a las que se la he proporcionado antes de ejercer cualquier derecho o responsabilidad estipulado en la misma.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Por medio del presente afirmo que las declaraciones anteriores son verídicas, bajo pena de perjurio.

Signature of agent/*Firma del(a) agente:* _____

Printed name/*Nombre con letra de molde:* _____

Telephone Number/*Número de teléfono:* _____

Date/*Fecha:* _____

6. NONAPPOINTING PARENT CONSENT (*The other parent must give permission if you know where they are and they are willing and able to care for the child*)

Consentimiento de padre que no otorga la autorización (Otro padre debe dar el consentimiento si usted sabe dónde está y él/ella está dispuesto y capaz de cuidar del(a) niño/a(s))

I, _____, residing at _____, am the nonappointing parent of the child(ren).

Yo, _____, que vivo en _____, soy el padre que no otorga la autorización de el/la(s) niño/a(s).

I consent to the designation of _____ to be a temporary agent for my
Yo doy permiso a la designación de _____ para ser el agente temporal de mi(s)

child(ren). I understand that the temporary agent will have any power regarding the care,
niño(s). Entiendo que el(la) agente temporal tendrá los derechos que pertence el cuidado,

custody, or property of the child(ren), [except as stated in Section 1].
la custodia o la propiedad de el/a(s) niño(s), [excepto aquellos derechos prohibidos de parte 1].

Signature/*Firma:* _____ Date/*Fecha:* _____

Printed Name/*Nombre con letra de molde:* _____

Telephone number/*Número de teléfono:* _____

This document gives someone the right to make decisions for your child about anything a parent can decide – such as school, healthcare, property, and finances. It can last for up to 60 days.

TEMPORARY AGENT AFFIDAVIT

Massachusetts General Laws Chapter 190B §5-103

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234, am the (circle one) parent/legal guardian/legal custodian of the minor child(ren) listed below.

I do hereby appoint Jessica Jones, residing at 321 Main Street, Boston, MA 04321 as temporary agent to exercise any power regarding the care, custody, or property [except the power to consent to marriage or adoption and any additional acts prohibited below], that I possess relative to the minor child(ren) whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the agent." This person can make any decisions for your children that you could make.

Child #1 01/01/2010
Name Date of Birth

Child #2 01/01/2007
Name Date of Birth

Name Date of Birth

Name Date of Birth

Write down anything you don't want the agent to do.

The agent may NOT do the following: (If there are any specific acts you do not want the agent to perform, please state those acts here.)

(for example) the agent cannot change my child's school

If the person you pick for the agent cannot help, you can pick a second person if you want. Write their name and address here.

[OPTIONAL – you can choose an alternate agent if you want] In the event that the above-named individual is unavailable or unwilling to serve as the agent, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate agent.

The following statements are true: (Please read)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to an agent from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?
• No court has said you cannot make decisions for your child(ren)
• You are not filling our this form so your child(ren) can go to a different school, or to give rights to someone the court took them away from
• No one is forcing you to sign this form
• If you change this form, you will give a new form to everyone who has a copy

Initial each page.

Initial

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.

The agent only has rights to make decisions about your child(ren) if you are arrested, or are missing for 48 hours.

This document shall remain in effect until 60 days from the date it becomes effective, or until I notify the agent in writing that I have amended or revoked it.

This form is only valid starting when you are arrested or missing, and will last for 60 days.

Check applicable statements:

- The non-appointing parent has given consent (*See page 4*)
- I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)
 - deceased
 - whereabouts unknown
 - unwilling to provide care for the minor child
 - unable to provide care for the minor child

You may need to get permission from the other parent. If you do, the other parent will sign section 6.

You may not need permission if one of these statements is true. Check the one that applies.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Authorizing Party Signature: Parent

You must sign the document. You may sign this document in front of a notary public, but it is not required.

Printed name: Parent

Telephone number: 617-555-5555

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated agent)

Witness #1
Witness #1 Signature

Witness #2
Witness #2 Signature

Witness #1
Printed Name

Witness #2
Printed Name

617-555-5551
Phone Number

617-555-5552
Phone Number

Two adults have to watch you sign the document and also sign it. Do not sign without your witnesses.

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE (OPTIONAL)

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: _____
Printed name of notary: _____
My commission expires: _____

You can choose to have a notary public watch you and the two witnesses sign the document and confirm your identities, by looking at your passport, license, or other identification.

4. TEMPORARY AGENT ACKNOWLEDGMENT (To be signed and completed by the agent)

I, Jessica Jones, am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

The agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

Signature of agent: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

The agent can sign at the same time as you, or at a different time. Their signature also does not have to be in front of the notary

5. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT (If you choose an alternate agent, please have complete and sign)

If you choose a backup agent, write his or her name here. The backup agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

I, John Smith, am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of agent: John Smith

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

The backup agent can sign at the same time as you, or at a different time. Their signature also does not have to be in front of a notary public.

6. NONAPPOINTING PARENT CONSENT (if applicable)

I, Parent #2, residing at 123 Massachusetts Street, Boston, MA 01234, am the nonappointing parent of the child(ren). I consent to the designation of _____ to be a temporary agent for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

If you know where the other parent is, and the other parent could take care of the child, but is not going to, you should put their information here and have them sign.

Signature: Parent #2

Date: 06/01/2017

Printed Name: Parent #2

Telephone number: 617-555-5559

The other parent also does not have to sign in front of a notary public.

Immigration Services Referral List

For immigration assistance please contact the following providers

Para asistencia de inmigración, por favor comunicarse con los siguientes proveedores

Para assistência sobre imigração, favor contactar os seguintes provedores de serviços

BOSTON

Action for Boston Community Development, Inc.

21 Meridian St, East Boston MA 02128 // 617-567-8857
30 Bickford St, Jamaica Plain MA 02130 // 617-522-4250
714 Parker St, Roxbury MA 02120 // 617-445-6000

Agencia ALPHA

62 Northampton St, Ste 203, Boston MA 02118 // 617-522-6382

American Civil Liberties Union - MA

211 Congress Street, 3Fl Boston, MA 02110 // (617) 482-3170

Asian American Civic Association

87 Tyler St, 5th Floor, Boston MA 02111 // 617-426-9492

Asian Outreach Unit: Greater Boston Legal Services

197 Friend Street, Boston MA 02114 // 617-371-1234

Brazilian Women's Group

697 Cambridge St, Ste 106, Brighton MA 02135 // 617-202-5775

Brazilian Workers Center

14 Harvard Ave, Allston MA 02134 // 617-783-8001 ext 107

Catholic Charities of Boston

275 W. Broadway, South Boston MA 02127 // 617-464-8100

Council on American Islamic Relations – CAIR-MA

101 Arch St, 1950 Boston MA 02110 // 617-862-9159

Centro Presente

12 Bennington St, Ste 202, Boston MA 02128 // 857-256-2981

Dominican Development Center

42 Seaverns Ave, Jamaica Plain MA 02130 // 617-524-4029

East Boston Ecumenical Community Council

50 Meridian St, East Boston MA 02128 // 617-567-2750

Greater Boston Legal Services

197 Friend Street, Boston MA 02114 // 617-371-1234

Haitian-American Public Health Initiatives

1603 Blue Hill Ave, Mattapan MA 02126 // 617-298-8076

Irish International Immigrant Center

100 Franklin St, LL 1, Boston MA 02110 // 617-542-7654

Immigrant Worker Center Collaborative

192 South St, Boston MA 02111 // 857-237-0984

Mayor's Office for Immigrant Advancement

Boston City Hall, Suite 806, Boston MA 02201 // 617-635-2980
(Consultations: 1st & 3rd Wednesday of the month, 12pm - 2pm)

Massachusetts Alliance of Portuguese Speakers

697 Cambridge St, Brighton MA 02135 // 617-787-0557
1 Stoughton St, Dorchester MA 02125 // 618-825-5897

MA Immigrant and Refugee Advocacy Coalition

105 Chauncy Street, Ste 901, Boston MA 02111 // 617-350-5480

Muslim Justice League

51 Melchor St., Boston MA 02110 // 585-750-9693

Political Asylum/Immigration Representation Project

98 N. Washington St, Boston MA 02114 // 617-742-9296

Project Citizenship (for Citizenship assistance only)

4 Faneuil S Market Bldg, Ste 4025, Boston 02109 // 617-694-5949

Student Immigrant Movement (SIM)

9A Hamilton Pl, Boston MA 02108 // info@simforum.com

Somali Development Center

205 Green St, Boston MA 02130 // 617-522-0700

The GLBT Domestic Violence Attorney Program

989 Comm Ave, Boston MA 02215 // 617-779-2130

Victim Rights Law Center

115 Broad St, Boston MA 02110 // 617-399-6720 ext 19

VACA: Vietnamese American Civic Association

42 Charles St, Boston MA 02122 // 617-288-7344

CHILDREN AND YOUTH ONLY

Children's Rights Law Center

298 Union Street, Lynn MA 01901 // 781-581-1977

KIND: Kids In Need of Defense

155 Seaport Blvd, Boston MA 02210 // 617-207-4138

CAMBRIDGE/SOMERVILLE

Community Legal Services and Counseling Center

1 West Street, Cambridge MA 02050 // 617-661-1010

CPCS Immigration Impact Unit (criminal matters)

21 McGrath Highway Somerville, MA 02143 // 617-482-6212

Massachusetts Alliance of Portuguese Speakers

1046 Cambridge St, Cambridge MA 02139 // 617-864-7600
92 Union Sq, Somerville MA 02143 // 617-764-2091

UNIVERSITY LEGAL SERVICES

Boston College Legal Services LAB

(Newton, Waltham, Watertown) // 617-522-0248

Boston University Immigrants' Rights Clinic
617-358-6272

**Harvard University Law School,
Immigration and Refugee Clinic**
6 Everett St, Cambridge MA 02138 // 617-384-8165

**Suffolk University Immigration Law Clinic
(Chelsea residents only)** // 617-573-8644

CHELSEA / EVERETT / MALDEN

Action for Boston Community Development, Inc.
18 Dartmouth Street, Malden MA 02148 // 781-321-3431

Chelsea Collaborative
318 Broadway, Chelsea MA 02150 // 617-889-6080

Freedom Hill Community Church
77 Kennedy Drive, Malden MA 02148 // 781-321-2121

HarborCOV
148 Shawmut St, Chelsea MA 02150 // 617-884-9799

LUMA Boston
198 Ferry St, Everett MA 02149 // 617-381-0015

LAWRENCE / LOWELL / LYNN

Bosnian Community Center for Resource Development, Inc.
20 Wheeler St, 4th Floor, Lynn MA 01902 // 781-593-0100

International Institute of New England, Lowell Office
15-17 Warren St, 2 Floor, Lowell MA 01852 // 978-459-9031

Lawrence Family Development & Education Fund, Inc.
34 West St, Lawrence MA 01841 // 978-689-9863

Northeast Justice Center
50 Island St, Ste 203B, Lawrence MA 01840 // 781-588-7730
181 Union St, Ste 201B, Lynn MA 01901 // 781-588-7730
79 Merrimack St, Ste 302, Lowell MA 01852 // 781-588-7730

Refugee and Immigrant Assistance Center, Inc.
20 Wheeler St, Ste 401, Lynn MA 01901 // 617-238-2430

FRAMINGHAM / WALTHAM

Jewish Family and Children's Service
1430 Main St, Waltham MA 02451 // 781-647-5327

Jewish Family Services of MetroWest
475 Franklin St, Framingham MA 01702 // 508-875-3100

MetroWest Legal Services
63 Fountain St, Framingham MA 01702 // 508-620-1830

MetroWest Workers Center
116 Concord St, Framingham MA 01702 // 508-532-0575

SOUTH SHORE/CAPE/ISLANDS

Catholic Social Services of Fall River
1600 Bay St, Fall River MA 02724 // 508-674-4681

Community Action Committee of Cape Cod & Islands
372 North Street, Hyannis, MA 02601 // 508-771-1727

Community Economic Development Center
1285 Acushnet Ave, New Bedford MA 02746 // 508-979-4684

Immigrant's Assistance Center, Inc.
58 Crapo St, New Bedford MA 02740 // 508-996-8113

Justice Center of Southeast Massachusetts
231 Main St, Ste 201, Brockton MA 02301 // 508-586-2110

**University of Massachusetts, School of Law at
Dartmouth, Immigration Law Clinic**
333 Faunce Corner Rd, N. Dartmouth 02747 // 508-985-1174

CENTRAL MASSACHUSETTS

African Community Education Program (ACE) 24
Chatham St, Worcester MA 01609 // 508-799-3653

Ascentria Care Alliance
11 Shattuck St, Worcester MA 01605 // 774-243-3100

Community Legal Aid/Central West Justice Center
405 Main St, 4th Floor, Worcester MA 01608 // 855-252-5342

Refugee and Immigrant Assistance Center
240 Main St, Ste 802, Worcester MA 01608 // 617-238-2430

WESTERN MASSACHUSETTS

ACLU Immigrant Protection Project of Western Mass
413-727-8515, <http://www.ippwma.com/>

Ascentria Care Alliance
593 Main St, West Springfield MA 01089 // 413-787-0725
593 Union St, West Springfield MA 01089 // 413-787-0725

Berkshire Immigrant Center
88 South St, Pittsfield MA 01201 // 413-445-4881

Catholic Charities, Springfield
65 Elliot Street, Springfield, MA // 413-452-0626

Center for New Americans
42 Gothic St, Northampton MA 01060 // 413-587-0084

Community Legal Aid/Central West Justice Center
One Monarch Place, Springfield MA 01144 // 855-252-5342